NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

June 3-4, 2026

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: May 18, 2026

AGENDA

◈ PUBLIC NOTICE ◈

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, June 3, 2026, at 9:00 am. The meeting will continue Thursday, June 4, 2026, 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 April 15-16, 2026, 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. Apex Health Group – Falls Church, VA
   B. Artheon Orthopedic Devices, Inc – La Verne, CA
   C. Bump Health – Peoria, IL
   D. Healthy.IO (US), Inc – Boston, MA
   E. Kadence Healthcare, Inc – Cypress, CA
   F. Med Supply US LLC – Fort Lauderdale, 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))

   G. Denali Therapeutics, Inc – South San Francisco, CA
   H. Ethicon US, LLC – Raritan, NJ
   I. Vericel Corporation – Burlington, MA

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))

J. Vera Therapeutics, Inc – Brisbane, CA

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))

K. Dutch Opthalmic, USA, Inc – Exeter, NH
L. Hercules Pharmaceuticals, Inc – Port Washington, NY
M. ICU Medical Sales, Inc – Olive Branch, MS
N. Pharma Distribution & Fulfillment Services, Inc – South Beloit, IL
O. Pharmacy Buying Association, Inc – Riverside, MO
P. Safeway Distribution, Inc – Davie, FL

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

Q. Alcresta Therapeutics, Inc – Waltham, MA
R. AMO Manufacturing USA, LLC – Milpitas, CA
S. Amtouch Dental Supply – Santa Fe Springs, CA
T. Bayer Medical Care, Inc – Sayonburg, PA
U. BE Pharmaceuticals, Inc – Cary, NC
V. Beacon Bio Dx, LLC – Cleveland, OH
W. Best Dental Kit – Shavertown, PA
X. Blueprint Medicines Corporation – Cambridge, MA
Y. Citagenix Regen, LLC – Wixcom, MI
Z. Glenmark Pharmaceuticals, Inc USA – Elmwood Park, NJ
AA. HEC Pharm USA, Inc – Plainsboro, NJ
BB. ICU Medical Sales, Inc – Gary, IN
CC. ICU Medical Sales, Inc – Highland, IN
DD. NDC Homecare, LLC – Towson, MD
EE. Ortsuka ICU Medical LLC – Austin, TX
FF. PAI Pharma – Greenville, SC
GG. Sunset Healthcare Solution – Chicago, IL
HH. TearScience Inc – Milpitas, CA
II. Valorum Biologics, LLC – New Hope, PA
JJ. Zimmer Biomet Spine – Olive Branch, MS

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

KK. ICU Medical Sales, Inc – Dublin, OH

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

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

LL. DHL Supply Chain (USA) – Annville, PA
MM. Dry Eye Rescue – Boca Raton, FL
NN. Elevate Solutions Group LLC – Lithia Springs, GA
OO. JAMS Rx – Gwynn Oak, MD
PP. Qualanex LLC – Libertyville, IL

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 639.2328) – Non-Appearance **(FOR POSSIBLE ACTION)**

QQ. Thesis Pharmacy – Plano, TX

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

RR. Advance Care Pharmacy – Indiana, PA
SS. Clinical Solutions, LLC – Franklin, TN
TT. Medicap Pharmacy – Coralville, IA
UU. Pyramids Pharmacy I – Pearland, TX
VV. Quick Meds Direct, LLC – Armonk, NY
WW. Senderra Rx Partners, LLC – Plano, TX
XX. SuperCare Health – City of Industry, CA
YY. TOI Easy Rx – Westminster, CA
ZZ. Truax Patient Services, LLC – Bemidji, MN

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)**

AAA. Daniel Chow
BBB. Joanne Dominguez

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

CCC. ProRx – Exton, PA

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.	Modern Rx	(20-019-PH-S)
B.	Joseph Steidl	(20-019-RPH-S)
C.	Antonino Gumina	(24-430-CS-S)
D.	Darlene Hess	(24-460-PT-S)
E.	Hilco Vision	(25-187-WH-S)
F.	Patricia Sanchez	(26-108-PTT-N)
G.	Raley's Pharmacy #123	(24-366-PH-N)
H.	PharMerica	(24-370-PH-N)
I.	Camilla Kim	(24-370-RPH-N)
J.	Camilla Kim	(26-084-RPH-N)
K.	Jose Escobedo	(24-424-RPH-C-S)
L.	Chad Antonie	(24-424-CS-A-S)
M.	Tiana Hubbard	(24-424-CS-B-S)
N.	Mary Miller-Wilson	(24-424-CS-C-S)
O.	Ashley Thomas	(24-424-PT-S)
P.	Irene Benliro	(25-266-PD-A-S)
Q.	Joanne Mosqueda	(25-266-PD-B-S)
R.	Walgreens Pharmacy #3922	(25-362-PH-S)
S.	Mona Matar	(25-362-RPH-A-S)
T.	Viridiana Martinez	(25-362-RPH-B-S)

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

A.	Kent Holtorf	(25-289-C-O)
B.	Oxus America, Inc	(25-470-O)
C.	Prime Plus Lakeview Pharmacy	(25-110-V-O)

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

   A. AA Medical – Las Vegas, NV
   B. Progressive Recovery – Las Vegas, NV

8. Applications for Nevada Outsourcing Facility (NRS 639.100) – Appearance (**FOR POSSIBLE ACTION**)

   A. Bespoke Pharmaceuticals, LLC – Las Vegas, NV
   B. Orion Specialty Labs, LLC – Henderson, NV

9. Applications for Out-of-State Compounding Pharmacy License (NRS 639.2328) – Appearance – **(FOR POSSIBLE ACTION)**

   A. Helping HandsRx, LLC – Crystal River, FL
   B. Pharmko, Inc – Lawrence, NY

10. Applications for Nevada Pharmacy License (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**

    A. Amazon Pharmacy #051 – North Las Vegas, NV
    B. Genuine Care Pharmacy – Las Vegas, NV
    C. Patient Care Pharmacy – Las Vegas, NV

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

    A. Alto Pharmacy – Lewisville, TX
    B. Janus Rx – Virginia Beach, VA

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

    A. Biowound Solutions – Las Vegas, NV - Background Check Not Required by Law

13. Applications for Advance Practice Registered Nurse – Prescribe Registration (NAC 639.850) – Appearance (**FOR POSSIBLE ACTION)**

    A. Ben Boyer
    B. Kate Cordisco
    C. Samantha Turcotte

◈ WORKSHOP ◈

Thursday, June 4, 2026 – 9:00 am

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

A. Amendment to Nevada Administrative Code (NAC) 639. The proposed amendments establishes record keeping requirements of controlled substances by a pharmacy and other matters properly relating thereto.

B. Amendment to Nevada Administrative Code (NAC) 639. The proposed amendment requires packaging used to ship prescriptions to contain a device which monitors the temperature of the prescription and alerts the patient if the prescription is exposed to temperatures outside the temperature range listed in the manufacturer's package insert.

◈ PUBLIC HEARING ◈

Thursday, June 4, 2026 – 9:00 am

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

A. Amendment to Nevada Administrative Code (NAC) 453. The proposed amendments relate to controlled substances adding N-pyrrolidino metonitazene and N-pyrrolidino protonitazene to the controlled substances listed in Schedule I. (LCB File No. R038-26)

B. 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. (LCB File No. R072-25)

16. 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).

17. Executive Secretary Report:

A. Financial Report
B. Issuance of Temporary Licenses and Registrations
C. Change of Address Business List
D. Meetings with Other Health Care Regulatory Boards
E. Licensing Activities Report

F. Citations & Fines issued pursuant to NRS 632.2895
G. Legislative update

18. Date and Location of Next Scheduled Board Meeting:

July 15-16, 2026 – Las Vegas, NV

19. 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)

20. 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

April 15-16, 2026

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, April 15, 2026, at 9:00 am. The meeting will continue Thursday, April 16, 2026, 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 Ln
Reno, NV

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

Board Members Present:

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

Board Members Absent:

Chanyis Taylor

Board Staff Present:

David Wuest	Yenh Long	Gregory Zunino	Brett Kandt
Laura Tucker	Skylar Young	Todd Weiss	Darlene Nases
Erin Miller	Monica Segedy	Ryan Miller	Pat Comney
Mui Lee	William Kuykendall	Jessette Phaynarikone	

Call to Order and Roll Call – Establishment of Quorum

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

Public Comment on April 15, 2026, 9:03 AM

There was no public comment.

1. Approval of March 4-5, 2026, Board Meeting Minutes (**FOR POSSIBLE ACTION)**

Board Action:

Motion: Jade Jacobo moved to approve the March 4-5, 2026, Board Meeting Minutes.

Second: Adam Porath

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.

3. Approval of the March 4-5, 2026, 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. Aeroflow Inc – Arden, NC
   B. Anodyne Inc – Minnetonka, MN
   C. Comfort Medical LLC – Tigard, OR
   D. HR HealthCare Patient Services – Woodstock, GA
   E. Ivy Technology LLC – Louisville, KY
   F. Livongo Health LLC – Lewisville, TX
   G. Orthofix US LLC – Lewisville, TX
   H. Pediatric Orthotic & Prosthetic Services – Sacramento, CA
   I. Reliable Respiratory Inc – Norwood, MA
   J. Shield California Health Care Center Inc – Valencia, CA
   K. Shield Denver Health Care Center Inc – Aurora, CO
   L. Urological Supplies Inc – Fort Myers, FL
   M. Watkins-Conti Products Inc – Edmond, OK

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))

N. McKesson Medical Surgical – Uxbridge, MA

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))

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))

O. Langham Logistics Inc – Whitestown, IN
P. Langham Logistics Inc – Whiteland, IN
Q. On Target Laboratories Inc – West Lafayette, IN
R. Patterson Veterinary Supply Inc – Saint Paul, MN

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

S. AOSS Medical Supply LLC – Richardson, TX
T. Aryeh Pharma Corp – Skillman, NJ
U. Aurora Pharmaceutical Inc – Northfield, MN
V. Avadel CNS Pharmaceuticals LLC – Chesterfield, MO
W. Bayer Medical Care Inc – Indianola, PA
X. Bayer Medical Care Inc – Pittsburgh, PA
Y. Carl Zeiss Meditec USA Inc – Dublin, CA
Z. Genzyme Corporation – Cambridge, MA
AA. Safecor Health LLC – Rockford, IL
BB. Sanofi Vaccines US Inc – Swiftwater, PA
CC. Scioto Pharmaceuticals LLC – Columbus, OH
DD. Umedica Laboratories USA Inc – Parsippany, NJ
EE. Upsher-Smith Laboratories LLC – Maple Grove, MN

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

FF. Clinical Solutions Wholesale LLC – Franklin, TN

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

GG. EnableCV LLC – West Valley City, UT
HH. Sequel Med Tech LLC – Manchester, NH

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

II. Birdi Inc – Plymouth, MI
JJ. Klutch Cargo LLC – Chicago, IL

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

KK. Renown Pharmacy – Reno, NV

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

LL. Accumix Pharmacy – Elmhurst, IL
MM. Beaker Pharmacy – McKinney, TX
NN. Blue Door Pharmacies LLC – Rockville, MD
OO. Green Stone Rx – Miami, FL
PP. InfuCare Rx – Glendale, CA
QQ. InfuCare Rx – Kenner, LA
RR. InfuCare Rx – Aston, PA
SS. RxCompoundStore.Com – Miami, FL
TT. St. Luke Compounding Pharmacy – New Port Ritchey, FL
UU. Tailor Made Compounding – Nicholasville, KY
VV. University Compounding Pharmacy – San Diego, CA

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

WW. AnovoRx Group LLC – Chandler, AZ
XX. AnovoRx Group LLC – Memphis, TN
YY. ClearMedix Pharmacy LLC – Worthington, OH
ZZ. Customedico Pharmacy + Wellness – Scottsdale, AZ
AAA. Infinite Health Pharmacy Inc – West Palm Beach, FL
BBB. Medbridge Pharmacy – Granada Hills, CA
CCC. MRH Outpatient Pharmacy – Aberdeen, MS
DDD. Specialty Care Rx – Orange, CA

DRAFT

EEE. Spectrum Solutions Rx LLC – Draper, UT
FFF. Swyft Scripts – DFW – Hurst, TX

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

GGG. Desert Rose Surgery Center – 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)**

HHH. Ivan Fernandez

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

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

III. Hyalo Technologies LLC – Somerset, NJ

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

A. Carson Valley Health – Gardnerville, NV

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, stated that Agenda Item 8A would be added to the Consent Agenda.

Board discussion ensued.

Adam Porath recused himself from Agenda Items 4KK and 8A of the Consent Agenda.

Board Action:

Motion: Jade Jacobo moved to approve Consent Agenda Items 4KK and 8A.

Second: Richard Tomasso

Action: Motion passed (Porath recused).

Board Action:

Motion: Jade Jacobo moved to approve the Consent Agenda with the exception to Agenda Items 4KK and 8A.

Second: Anna Carr

Action: Passed unanimously.

◈ REGULAR AGENDA ◈

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

C. Renown Pharmacy (25-139-PH-N)
D. Oliver Swafford (25-139-RPH-N)

Adam Porath recused himself from this matter due to his employment.

Marie Ellerton, Esq. (counsel for Renown), Israa Mahmood (Pharmacy Director for Renown), Bill Stilling, Esq. (counsel for Oliver Swafford), and Oliver Swafford were present.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Renown Pharmacy, alleging that, as pharmacy/pharmacy owner, Renown Pharmacy is responsible for the acts of its employees who made an error in a prescription that resulted in a negative outcome to the patient.

The proposed stipulated penalties for Renown Pharmacy, Pharmacy License No. PH04283, are the following: 1) Respondent fined $10,000 for the violations; and 2) Respondent assessed $1,000 in attorney's fees and costs, both to be due and payable by June 1, 2026.

Mr. Kandt prosecuted the case against Oliver Swafford alleging that Respondent Swafford made an error in a prescription that resulted in a negative outcome to the patient.

The proposed stipulated penalties for Oliver Swafford, Certificate of Registration No. 17452, are the following: 1) Respondent's Certificate of Registration No. 17452 is placed on probation for a period of one (1) year from the effective date of the Order; 2) Respondent fined $2,000 for the violations; and 3) Respondent assessed $500 in attorney's fees and costs, both to be due and payable by June 1, 2026.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Orders for Renown Pharmacy and Oliver Swafford as presented by Mr. Kandt.

Second: Anna Carr

Action: Motion passed (Porath recused).

E. Martin Farrell (25-233-RPH-O)

Lyn Beggs, Esq., was present on behalf of Martin Farrell.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Martin Farrell alleging that Respondent Farrell was disciplined by the Pennsylvania Board of Pharmacy for submitting altered endotoxin and sterility test certificates for equine glucosamine injections and for misrepresenting acceptable levels to FDA inspectors. The Nevada Board of Pharmacy imposed reciprocal discipline.

The proposed stipulated penalties for Martin Farrell, Certificate of Registration No. 22316, are the following: 1) Respondent's Certificate of Registration No. 22316 is placed on probation for a period of one (1) year from the effective date of the Order; and 2) Respondent fined $1,000 for the violations.

Board discussion ensued.

Board Action:

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

Second: Jade Jacobo

Action: Passed unanimously.

F. CVS Pharmacy #8792 (25-247-PH-N)
G. Joshua Lee (25-247-RPH-N)

Jade Jacobo recused herself from this matter.

Brian Convery, Esq. (Representative for CVS Pharmacy #8792) and Joshua Lee were present.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against CVS Pharmacy #8792, alleging that, as pharmacy/pharmacy owner, CVS Pharmacy #8792 is responsible for the acts of its employees who made an error in a prescription.

Mr. Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Joshua Lee alleging that as the supervising pharmacist, Respondent Lee is responsible for the acts of an intern pharmacist who made an error in a prescription.

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The proposed stipulated penalties for CVS Pharmacy #8792, Pharmacy License No. PH00637 are the following: 1) Respondent fined $2,000 for the violations; 2) Respondent assessed $1,000 in attorney's fees and costs, both to be due and payable by June 1, 2026.

The proposed stipulated penalties for Joshua Lee, Certificate of Registration No. 24163 are the following: 1) Respondent fined $1,000 for the violations; 2) Respondent assessed $500 in attorney's fees and costs, both to be due and payable by June 1, 2026.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Stipulation and Orders for CVS Pharmacy #8972 and Joshua Lee as presented by Mr. Kandt.

Second: Anna Carr

Action: Motion passed (Jacobo recused).

U. CVS Pharmacy #9586 (25-350-PH-N)
V. Mark Pardini (25-350-RPH-N)

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

Brian Convery, Esq. (Representative for CVS Pharmacy #9586) and Mark Pardini were present.

Laura Tucker, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against CVS Pharmacy #9586, alleging that, as pharmacy/pharmacy owner, CVS #9586 is responsible for the act of a pharmacist who made an error in a prescription.

Ms. Tucker, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Mark Pardini alleging that Respondent Pardini made an error in a prescription.

The proposed stipulated penalties for CVS Pharmacy #9586, Pharmacy License No. PH01821, are the following: 1) Respondent fined $1,000 for the violations; 2) Respondent assessed $500 in attorney's fees and costs, both to be due and payable within thirty (30) days of this order.

The proposed stipulated penalties for Mark Pardini, Certificate of Registration No. 08849, are the following: 1) Respondent fined $1,000 for the violations; 2) Respondent assessed $500 in attorney's fees and costs, both to be due and payable within thirty (30) days of this order.

DRAFT

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to approve the Stipulation and Order for Mark Pardini as presented by Ms. Tucker.

Second: Adam Porath

Action: Motion passed (Jacobo recused).

The proposed amended stipulated penalties for CVS Pharmacy #9586, Pharmacy License No. PH01821, are the following: 1) Respondent fined $5,000 for the violations; 2) Respondent assessed $500 in attorney's fees and costs, both to be due and payable within thirty (30) days of this order.

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to approve the amended Stipulation and Order for CVS Pharmacy #9586.

Second: Anna Carr

Action: Motion passed (Jacobo recused).

I. Patrick Awa (24-366-RPH-N)

Patrick Awa was present.

Gregory Zunino, Senior General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Patrick Awa alleging that Respondent Awa failed to document whether counseling was offered or provided for a dispensed prescription as required by state regulation.

The proposed stipulated penalties for Patrick Awa, Certificate of Registration No. 20399, are the following: 1) Respondent fined $1,000 for the violations; 2) Respondent assessed $500 in attorney's fees and costs; and 3) Respondent shall complete two (2) additional continuing education hours on pharmacy record keeping and provide proof to the Board by May 31, 2026.

Board discussion ensued.

Board Action:

DRAFT

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

Second: Jade Jacobo

Action: Passed unanimously.

Q. Michael Stellmacher (24-364-CS-S)

Anthony Cortez, Esq. (counsel), and Michael Stellmacher were present.

Laura Tucker, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Michael Stellmacher alleging that during Respondent Stellmacher's tenure as Premier Beauty's medical director, he rarely visited the spa while dangerous drugs were stored, ordered, and administered. Employees injected prescription medications without the medical director present, without a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug was medically necessary. Additionally, the spa also obtained drugs from an unlicensed Florida wholesaler and kept multiple injectable products intended for foreign markets and not approved for distribution or use in the United States.

The proposed stipulated penalties for Michael Stellmacher, Certificate of Registration No. CS21884, are the following: 1) Respondent fined $2,500 for the violations; 2) Respondent assessed $1,000 in attorney's fees and costs, both to be due and payable by June 30, 2026.

Board discussion ensued.

The proposed amended stipulated penalties for Michael Stellmacher, Certificate of Registration No. CS21884, are the following: 1) Respondent fined $5,000 for the violations; 2) Respondent assessed $1,000 in attorney's fees and costs; and 3) Respondent Stellmacher cannot serve as medical director of any practice site in the State of Nevada where injectable dangerous drugs and controlled substances are in the possession of individuals who do not hold a license to possess them in Nevada for a period of five (5) years from the effective date of the Order.

Board discussion ensued.

Board Action:

Motion: President Park moved to approve the amended Stipulation and Order for Michael Stellmacher as presented by Ms. Tucker.

Second: Jade Jacobo

Action: Passed unanimously.

M. Sean Arora (24-509-CS-N)

Lyn Beggs, Esq., was present on behalf of Sean Arora.

Gregory Zunino, Senior General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Sean Arora alleging that Respondent Arora was the medical director of Youth, Inc. During this period, the owner and/or employees stored and possessed prescription drugs and administered injectable prescription drugs at times when no practitioner was on-site.

The proposed stipulated penalties for Sean Arora, Certificate of Registration No. CS31476, are the following: 1) Respondent accepts this Stipulation as a public reprimand for having assisted or permitted the unauthorized storage, possession and administration of drugs; 2) Respondent fined $5,000 for the violations; and 3) Respondent assessed $500 in attorney's fees and costs, both to be due and payable by May 31, 2026.

Board discussion ensued.

Board Action:

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

Second: Anna Carr

Action: Passed unanimously.

R. Philip Rich (25-021-CS-N)

Lyn Beggs, Esq., was present on behalf of Philip Rich.

Laura Tucker, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Philip Rich alleging that Respondent Rich did not check the PMP database for a patient's controlled-substance history or review the patient's utilization report before issuing a prescription. He also failed to review his own prescriber activity in the PMP system for the period between August 21, 2023, and August 12, 2025.

The proposed stipulated penalties for Philip Rich, Certificate of Registration No. CS02308, are the following: 1) 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; 2) Respondent fined $5,000 for the violations; and 3) Respondent assessed $1,000 in attorney's fees and costs, both to be due and payable within sixty (60) days of this Order.

Board discussion ensued.

Board Action:

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

Second: Adam Porath

Action: Passed unanimously.

S. Laura Oki (25-112-CS-A-N)

Craig Perry, Esq., was present on behalf of Laura Oki.

Laura Tucker, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Laura Oki alleging that Respondent Oki was medical director of Skin Lab from April 23, 2023, to February 18, 2024, again from December 18, 2024, to May 31, 2025, and from June 1, 2025, to the present. During this time, Respondent allowed all employees unrestricted access to the facility's dangerous drug inventory and failed to maintain the security of the dangerous drugs within her possession.

The proposed stipulated penalties for Laura Oki, Certificate of Registration No. CS24180, are the following: 1) Respondent fined $5,000 for the violations; and 2) Respondent assessed $500 in attorney's fees and costs, both to be due and payable within six (6) months of this Order.

The proposed amended stipulated penalties for Laura Oki, Certificate of Registration No. CS24180, are the following: 1) Respondent fined $5,000 for the violations; 2) Respondent assessed $500 in attorney's fees and costs, both to be due and payable within six (6) months of this Order; and 3) Respondent Oki cannot serve as medical director of any practice site in the State of Nevada where injectable dangerous drugs and controlled substances are in the possession of individuals who do not hold a license to possess them in Nevada for a period of five (5) years from the effective date of the Order.

Board discussion ensued.

Board Action:

Motion: President Park moved to approve the amended Stipulation and Order for Laura Oki as presented by Ms. Tucker.

Second: Anna Carr

Action: Passed unanimously.

T. Apria Healthcare LLC (25-138-MP-N)

Jay DeVoy, Esq., was present on behalf of Apria Healthcare LLC.

Laura Tucker, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Apria Healthcare LLC alleging that Apria Healthcare, a licensed medical products provider, received a CPAP prescription for a patient in June 2024 but did not deliver the device until July 2025, despite billing the patient's insurer for its use from August to October 2024 and for additional supplies in 2025. The delay stemmed from an error in Respondent's system. Apria Healthcare's actions fell below Nevada's professional and billing standards, and Apria Healthcare also failed to document patient communications, respond timely to Board inquiries, and maintain required records.

Both parties stipulated to dismiss Count Three and Count Four in the accusation.

The proposed stipulated penalties for Apria Healthcare LLC, License No. MP00030, are the following: 1) Respondent fined $3,000 for the violations; and 2) Respondent assessed $1,000 in attorney's fees and costs, both to be due and payable within thirty (30) days of this Order.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order for Apria Healthcare LLC as presented by Ms. Tucker.

Second: Adam Porath

Action: Passed unanimously.

W. Lyfe Pharmacy (25-360-PH-S)
X. Nazokat Nigmatova (25-360-RPH-S)
Y. Tera Pharmacy (25-370-PH-S)
Z. Nazokat Nigmatova (25-370-RPH-A-S)

George Koury, Esq. (Counsel), was present on behalf of Lyfe Pharmacy, Tera Pharmacy, and Nazokat Nigmatova.

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

Laura Tucker, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Lyfe Pharmacy alleging that the pharmacy owner, Nazokat Nigmatova,

caused the assets of Lyfe Pharmacy to be sold to Ramy Massoud on September 26, 2024, without providing the required advance notice to the Board or filing a change-of-ownership application, as mandated by Nevada Law. As a result, Mr. Massoud operated the pharmacy without a valid license, continuing to handle and dispense dangerous drugs and controlled substances unlawfully. Lyfe Pharmacy is responsible for the acts of its employees who enabled unlicensed pharmacy operations.

Ms. Tucker, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Tera Pharmacy alleging that the pharmacy owner, Nazokat Nigmatova, sold its assets to Mark Mahfouz on September 19, 2025, without providing the required advance notice to the Board or filing a change-of-ownership application, as mandated by Nevada Law. Also, a pharmacist processed at least ten prescriptions lacking information required under Nevada law. Tera Pharmacy is responsible for the acts of its employees who enabled unlicensed pharmacy operations and processed ten prescriptions without the required information required by Nevada Law.

Ms. Tucker, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Nazokat Nigmatova alleging that as pharmacy owner, Respondent Nigmatova, sold the pharmacy assets for Lyfe Pharmacy to Ramy Massoud on September 26, 2024, and the pharmacy assets for Tera Pharmacy to Mark Mahfouz on September 19, 2025, without providing the required advance notice to the Board or filing a change-of-ownership application, as mandated by Nevada Law.

The pharmacy licenses for Tera Pharmacy and Lyfe Pharmacy have been placed on inactive status.

The proposed stipulated penalties for Nazokat Nigmatova, Certificate of Registration No. 20601, are the following: Respondent's Certificate of Registration No. 20601 is suspended for a period of two (2) years. The suspension is stayed and Respondent is placed on probation, subject to the following conditions: 1) Respondent fined $5,000 for the violations; 2) Respondent assessed $2,000 in attorney's fees and costs, both to be due and payable within six (6) months of the date of this Order; 3) as a condition of probation, Respondent Nigmatova shall not engage in any conduct for which disciplinary action may be imposed; and 4) Respondent may not own a pharmacy in Nevada for a period of three (3) years from the effective date of this Order, and Respondent shall seek Board approval for any ownership of a pharmacy after the prohibition of ownership has ended.

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to approve the Stipulation and Order for Nazokat Nigmatova, Lyfe Pharmacy, and Tera Pharmacy as presented by Ms. Tucker.

Second: Adam Porath

Action: Passed unanimously.

H. Raymond Graber (23-340-CS-N)

No one was present on behalf of Raymond Graber.

Gregory Zunino, Senior General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Raymond Graber alleging that Respondent Graber was disciplined by the Nevada Board of Pharmacy on October 11, 2023, and placed on five (5) years of probation with a requirement to complete substance-abuse counseling and provide proof of progress. He failed to renew his certificate of registration on November 1, 2024, and thereafter failed to provide proof of continuing participation in substance-abuse counseling.

Mr. Zunino called Darlene Nases as a witness.

Darlene Nases, Board Coordinator, answered questions and gave testimony.

Mr. Zunino requested that the Board make a Finding of Fact that Respondent Graber did not satisfy the terms and conditions of his probation, and to revoke his Certificate of Registration No. CS27126 retroactively to October 31, 2024.

Board discussion ensued.

Board Action:

Motion: President Park moved to find that Board staff properly noticed the Respondent of the charges and this hearing in conformance with Nevada law.

Second: Jade Jacobo

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to make the Findings of Fact that Respondent Graber did not comply with the terms and conditions of his probation.

Second: Adam Porath

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to retroactively revoke Respondent Graber's Certificate of Registration No. CS27126 to October 31, 2024.

Second: Adam Porath

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to not allow Respondent Graber to petition for reinstatement for a period of one (1) year from the effective date of the Order.

Second: President Park

Action: Passed unanimously.

A. Festus Ebonka (19-012-CS-S)
B. Festus Ebonka (25-215-CS-S)

Liborius Agwara, Esq. (counsel), and Festus Ebonka were present.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the cases against Festus Ebonka; 25-215-CS-S alleging that Respondent Ebonka was convicted of a federal crime for the unlawful conversion of Medicare funds for personal use, and was also appearing on an order to show cause alleging that respondent had failed to comply with the Board's order in 19-012-CS-S.

Mr. Kandt amended the charging document in 25-215-CS-S on the record to reflect the exact language used in the criminal conviction, noted that the paragraphs were misnumbered and that Respondent's Certificate of Registration No. CS23430 was currently suspended pursuant to NRS 639.2107, and gave an opening statement.

Mr. Agwara gave his opening argument; stated that Mr. Ebonka was now compliant with the Board order in 19-012-CS-S, as he paid the past due attorney's fees and costs assessed.

Mr. Kandt gave no closing argument.

Mr. Agwara gave his closing argument.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to deny the Order to Show Cause for Case No. 19-012-CS-S.

Second: Richard Tomasso

Action: Passed unanimously.

Mr. Kandt requested the Board make Findings of Fact consistent with the factual allegations in the Accusation as amended in 25-215-CS-S.

Board Action:

Motion: Jade Jacobo moved to make Findings of Fact consistent with the factual allegations in the Accusation as amended in 25-215-CS-S.

Second: Anna Carr

Action: Passed unanimously.

Mr. Kandt requested the Board to make Conclusions of Law consistent with paragraphs 3-7 of the Accusation in 25-215-CS-S and to find respondent guilty on Counts One through Four as set forth in the Accusation as amended.

Board Action:

Motion: Jade Jacobo moved to make Conclusions of Law consistent with paragraphs 3-7 of the Accusation in 25-215-CS-S and to find respondent guilty on Counts One through Four as set forth in the Accusation as amended.

Second: Anna Carr

Action: Passed unanimously.

Mr. Kandt submitted a Memorandum of Attorney's Fees and Costs in the amount of $670.37 to be entered into the record and assessed against Respondent.

Mr. Agwara had no objection to the Memorandum of Attorney's Fees and Costs.

President Park admitted the Memorandum of Attorney's Fees and Costs as Exhibit 1.

Board discussion ensued.

Board Action:

Motion: President Park moved that Respondent Ebonka's Certificate of

Registration No. CS23430 remain suspended until October 31, 2026.

Second: Jade Jacobo

Action: Passed unanimously.

N. Gezel Ashley Gonzalez (26-092-PTT-N)

Adam Porath recused himself from this matter due to his employment with Renown Pharmacy.

Gezel Ashley Gonzalez was present.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Gezel Gonzalez alleging that Respondent Gonzalez provided false information on her Pharmaceutical Technician-in-Training application by claiming she had obtained a high school diploma or GED, despite never having completed or received either credential.

Ms. Gonzalez requested to submit her proof of high school equivalency test and professional reference letters as exhibits.

Mr. Kandt had no objection to the exhibits being entered.

President Park admitted Ms. Gonzalez' proof of equivalency test and professional reference letters as Exhibit 1.

Yenh Long, Deputy Secretary for the Nevada Board of Pharmacy, requested the Board to allow Board staff to process a new application submitted by Ms. Gonzalez without her needing to reappear in front of the Board on the application, and to accept the 1,500 hours that Ms. Gonzalez acquired during her time when she was practicing as a pharmaceutical technician-in-training.

Ms. Gonzalez gave no closing statement.

Mr. Kandt requested the Board to make Findings of Fact consistent with paragraphs 1-3 of the Accusation.

Board Action:

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

Second: President Park

Action: Motion passed (Porath recused).

Mr. Kandt requested the Board to make Conclusions of Law consistent with paragraphs 4-10 of the Accusation and to find the respondent guilty on Counts One and Two.

Board Action:

Motion: Jade Jacobo moved to make Conclusions of Law consistent with paragraphs 4-10 of the Accusation and to find the respondent guilty on Counts One and Two.

Second: Anna Carr

Action: Motion passed (Porath recused).

Mr. Kandt submitted a Memorandum of Attorney's Fees and Costs in the amount of $586.34 to be entered into the record and assessed against Respondent.

President Park admitted Memorandum of Attorney's Costs and Fees into evidence as Exhibit 2.

Mr. Kandt requested that the Board cancel Ms. Gonzalez' Certificate of Registration No. PT28532 pursuant to NRS 639.281, fine Respondent $500 for the violations, and assess Respondent $586.34 in attorney's fees and costs, effective immediately.

Board Action:

Motion: Jade Jacobo moved to cancel Certificate of Registration No. PT28532; no fine; and Respondent assessed $586.34 in attorney's fees and costs as reasonable, necessary and actually incurred, both to be due and payable within six (6) months of the date of this Order, effective immediately.

Second: Anna Carr

Action: Motion passed (Porath recused).

I. Raley's Pharmacy #123 (24-366-PH-N)

This matter was continued.

K. PharMerica (24-370-PH-N)

This matter was continued.

L. Camilla Kim (24-370-RPH-N)

This matter was continued.

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M. Cassie Gifford (24-509-PR-A-N)

This matter was continued.

N. Gabrielle McIntyre (24-509-PR-B-N)

This matter was continued.

O. Allison Jaggard (24-509-PR-C-N)

This matter was continued.

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

A. Oxus America, Inc (25-470-O)

This matter was continued.

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

B. Montgomery DME – Las Vegas, NV

Jay Devoy (counsel), Ramiro Velazquez (Facility Manager), Tom Fisher (CEO and President), and Yolanda Greene (consultant) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Nevada Medical, Devices, Equipment and Gases registration for Montgomery DME, pending a favorable inspection, with the addition of quarterly inspections by Board staff at the owner's expense, and that the Board receives GenuCare's inspection reports, updated policies and procedures, and updated respiratory therapist training plan.

Second: Jade Jacobo

Action: Passed unanimously.

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

B. LUX Infusion 13 – Henderson, NV

Bill Stilling, Esq. (counsel), Jonathan Chan (Managing Pharmacist), Morgan Harber (Chief Administrative Officer and General Counsel), Allison Croft (Vice President of Compliance and Quality), Kim Moore (Senior Vice President of Pharmacy Operations), and Robyn Hansen (Regulatory Compliance Consultant) were present.

The Board heard testimony and asked questions of the applicant.

Joe Dodge, Board inspector, gave insight on his previous inspection.

Board discussion ensued.

Board Action:

Motion: Dick Tomasso moved to approve the Nevada Pharmacy License for LUX Infusion 13, pending a favorable inspection.

Second: Jade Jacobo

Action: Passed unanimously.

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

A. Frances Anne Puesta

Lyn Beggs, Esq. (counsel), and Frances Anne Puesta were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Anna Carr moved to approve the controlled substance registration for Frances Anne Puesta.

Second: Adam Porath

Action: Passed unanimously.

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

DRAFT

E. Specialty Care Rx – Las Vegas, NV

Blanca Monterroza, Director of Contracts and Regulatory Affairs, was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Nevada Pharmacy registration for Specialty Care Rx.

Second: Adam Porath

Action: Passed unanimously.

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

A. Dignified Medical Equipment LLC – Las Vegas, NV

Maan Simon (Owner and Manager) and Yordanys Diaz (Administrative Assistant) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: President Park moved to approve the Nevada Medical, Devices, Equipment and Gases registration for Dignified Medical Equipment LLC, with the amendment to only include assistive equipment and incontinence supplies as their products offered, and pending a favorable inspection.

Second: Jade Jacobo

Action: Passed unanimously.

C. Sora Health LLC – Las Vegas, NV

Mimi Deng, CEO and founder, was present.

The Board heard testimony and asked questions of the applicant.

DRAFT

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Nevada Medical, Devices, Equipment and Gases registration for Sora Health LLC.

Second: Anna Carr

Action: Passed unanimously.

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

B. Jeffrey Gross

Jeffrey Gross 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 Gross, to match the stipulations of the DEA memorandum.

Second: Jade Jacobo

Action: Passed unanimously.

Public comment at April 15, 2026, at 5:01 PM:

Mark Brennan, public member.

Emily Smith, public member.

Kelly Turner, Practitioner.

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

Board Members Present:

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

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Board Members Absent:

Chanyis Taylor

Board Staff Present:

David Wuest	Yenh Long	Gregory Zunino	Brett Kandt
Laura Tucker	Skylar Young	Todd Weiss	Darlene Nases
Erin Miller	Dena McClish	Darla Zarley	Jessette Phaynarikone
John Castaldo	Ken Scheuber	Clayton Bailey	William Kuykendall
Michael Castaneda			

Call to Order and Roll Call – Establishment of Quorum

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

Public comment at April 16, 2026, at 9:05 AM:

There was no public comment.

◈ WORKSHOP ◈

Thursday, April 16, 2026 – 9:00 am

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

B. Amendment to Nevada Administrative Code (NAC) 453. The proposed amendments relate to controlled substances adding mitragynine, 7-hydroxymitragynine and mitragynine pseudoindoxyl to the controlled substances listed in Schedule I.

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, presented the proposed regulation workshop to the Board.

Shayla Holmes, representative from the Nevada Substance Use Response Working Group (SURG) which was established in 2021 through Assembly Bill 374 to develop and recommend strategies for preventing, treating, and responding to substance misuse and disorders in Nevada, gave background on the recommendation given to the Board of Pharmacy.

Darla Zarley, Grant and Project Analyst for Nevada Board of Pharmacy, presented background information regarding the proposed regulation workshop to the Board.

Laura Knight, Chief Medical Examiner and Coroner for the Washoe County Regional Medical Examiner's Office, gave background on Kratom fatalities in Northern NV.

President Park opened the floor for public comment.

The following person(s) offered public comment in opposition:

Martin Beimer, public member.

Andrew Sarrels, public member.

Dr. Jack Henningfield, public member.

Tony Vargas, public member.

Adriana Vargas, public member.

Sinjen Smith, public member and GreenVibe World nonprofit organizer.

Mac Haddow, public member.

Dr. Michele Ross, Addiction Neuroscientist.

Creighton McCain, public member.

The following person(s) offered public comment in support:

Lea Cartwright, public member.

Hilary Tesluck, Executive Director for End Kratom Addiction and public member.

Dan Gibbs, public member.

Matthew Winterhawk, public member.

Wendy Chamberlain, public member.

Susan Cave, public member.

Jade Jacobo left the meeting at 10:13 AM.

Jade Jacobo returned to the meeting at 10:15 AM.

Dick Tomasso left the meeting at 10:15 AM.

Dick Tomasso returned to the meeting at 10:17 AM.

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DeNae Jones, public member.

Susan Eppard, public member.

President Park closed the period for public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the proposed regulation as presented by Board staff, and to have Board staff capture any of the known Kratom derivatives.

Second: Adam Porath

Action: Passed unanimously.

A. Amendment to Nevada Administrative Code (NAC) 639. The proposed amendments establishes record keeping requirements of controlled substances by a pharmacy and other matters properly relating thereto.

Yenh Long, Deputy Secretary for the Nevada Board of Pharmacy, presented the proposed regulation workshop to the Board.

President Park opened the floor for public comment.

The following person(s) offered public comment:

Liz McMenamin, Retail Association of Nevada.

President Park closed the floor to public comment.

Board discussion ensued.

This item was tabled to be re-agendized to a future board meeting.

C. Amendment to Nevada Administrative Code (NAC) 639.708. Regulation authorizing the delivery of a commercially manufactured prescription drug product to a practitioner.

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, presented the proposed regulation workshop to the Board.

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President Park opened the floor for public comment.

The following person(s) offered public comment:

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

Laura Watkins, Professional Practices Leader for Walgreens Pharmacy.

Liz McMenamin, Retail Association of Nevada.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the proposed regulation as presented by Board staff, with the amendment to remove “other than controlled substances” in Section 1 Sub A; for Board staff to address the time frame that a practitioner can hold onto a prescription medication delivered to the practitioner to 90 days; and for a practitioner to be able to assist in delivering the prescription from the pharmacy to the patient for a patient enrolled and receiving the prescription through a patient assistant program.

Second: Jade Jacobo

Action: Passed unanimously.

17. 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.

18. Executive Secretary Report

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

◈ PUBLIC HEARING ◈

Thursday, April 16, 2026 – 9:00 am

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

A. A REGULATION relating to the authority of a homeopathic physician who is not licensed as an allopathic or osteopathic physician in Nevada to possess, administer, prescribe and dispense controlled substances and dangerous drugs; and providing other matters properly relating thereto. (LCB File No. R106-25)

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:

Michael Gerber, public member.

Mary Linde, public member.

Renée Burch, public member.

Michael Gerber made another public comment.

Board discussion ensued.

Board Action:

Motion: Dick Tomasso moved to adopt LCB File No. R106-25 as presented by Board staff.

Second: Jade Jacobo

Action: Passed unanimously.

B. Amendment to Chapter 639 of the Nevada Administrative Code. The proposed amendments reduce the minimum age to register to become a pharmaceutical technician in training along with modify certain requirements to become a pharmaceutical technician in training. (LCB FILE NO. R010-26)

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, presented the proposed regulation workshop to the Board.

President Park opened the floor for public comment.

The following person(s) offered public comment:

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Liz McMenamin, Retail Association of Nevada.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt LCB File No. R010-26 as presented by Board staff.

Second: Anna Carr

Action: Passed unanimously.

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

A. Mark Mullins

Mark Mullins was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the pharmacist registration for Mark Mullins.

Second: Adam Porath

Action: Passed unanimously.

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

C. Kelly Turner

Kelly Turner was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

DRAFT

Motion: Jade Jacobo moved to approve the controlled substance registration for Kelly Turner.

Second: Adam Porath

Action: Passed unanimously.

14. Discussion and possible action to amend, revise and/or approve proposed FY27 budget **(FOR POSSIBLE ACTION)**

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

Board discussion ensued.

Board Action:

Motion: Anna Carr moved to approve the proposed FY27 budget as presented by Board staff.

Second: Jade Jacobo

Action: Passed unanimously.

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

    D. Supercare Health – Las Vegas, NV
    E. Supercare Health – Sparks, NV

Susean Nichols, Compliance Officer, was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Nevada Medical, Devices, Equipment and Gases registration for Supercare Health in Las Vegas, NV and Sparks, NV.

Second: Adam Porath

Action: Passed unanimously.

Jade Jacobo and Dick Tomasso left the meeting at 2:08 PM.

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

B. Las Vegas Apothecary – Las Vegas, NV

Andrew Roth, Owner and Designated Representative, was present.

President Park and Krystal Freitas disclosed that they are familiar with Andrew Roth and Desiree Roth, but could participate fairly in this matter and without bias.

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 Las Vegas Apothecary.

Second: Anna Carr

Action: Passed unanimously.

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

A. Elizbiz Limited Liability Company – Henderson, NV - Background Check completed in compliance with NRS 639.500

Elizabeth Gichanga, Owner, was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

President Park asked Ms. Gichanga if she would like to table her application.

This application was tabled.

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

D. Saint Mary Pharmacy – Las Vegas, NV

This matter was continued.

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9. Application for Out-of-State Compounding Pharmacy License (NRS 639.2328) – Appearance – **(FOR POSSIBLE ACTION)**

    A. Med Solutions Compounding Pharmacy – Winston Salem, NC

This application was withdrawn.

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

    A. Camila Gonzalez

This application was withdrawn.

20. Public Comment:

President Park opened the floor for public comment.

There was no public comment.

President Park closed the floor for public comment.

19. Date and Location of Next Scheduled Board Meeting:

    June 3-4, 2026 – Las Vegas, NV

21. Adjournment

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4A

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

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

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

Section 1: General Information

Facility Name: Apex Health Group, LLC

MDEG Physical Address: 7245 Arlington Blvd. Ste 221

City: Falls Church State: VA Zip: 22042

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 703-258-2802 Website: apexhg.com

Email: michael@apexhg.com

Name of MDEG Administrator (NAC 639.694): Michael Twining

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: _____
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 9a-5p Eastern	■ Tue: 9a-5p Eastern	■ Wed: 9a-5p Eastern	■ Thurs: 9a-5p Eastern	■ Fri: 9a-5p Eastern
☐ 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))
PTAN: 8381210001

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

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Virginia

Parent Company (if any): _____

Corporation/Organization Name: Apex Health Group, LLC

Mailing Address: 7245 Arlington Blvd. Ste 221

City: Falls Church State: VA Zip: 22042

Telephone: 703-258-2802 Email: michael@apexhg.com

Contact Person Name: Michael Twining

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.

Michael Twining

Print Name of Authorized Person Submitting Application

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

04/21/2026

Date

Board Use Only	Date Received: 4/27/26	Amount: $500 ck 1059

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/17/2025

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

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

PRODUCER Foundation Insurance Group Inc 3190 Fairview Park Dr. Ste 104 Falls Church VA 22042	CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 703-527-8780 FAX (A/C, No): 703-532-8300 E-MAIL ADDRESS: certificates@figva.com
INSURED APEXHEA-01 Apex Health Group LLC 7245 Arlington Blvd #221 Falls Church VA 22042	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Allmerica Financial Benefit Insurance Co — 41840 INSURER B : The Hanover American Insurance Company — 36064 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 984368240 **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 X OTHER: Professional			ZZRJ514651 02	8/1/2025	8/1/2026	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 $ 10,000 $ 1,000,000 $ 3,000,000 $ 3,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS X HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			AWRJ502667	8/1/2025	8/1/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
B	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED X RETENTION $ 0			UHRJ491060	8/1/2025	8/1/2026	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WZRJ516982	9/14/2024	9/14/2025	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

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

CERTIFICATE HOLDER

For Information Purposes Only

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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Commonwealth of Virginia

State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Apex Health Group LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on May 3, 2022; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date:

April 21, 2026

Bernard J. Logan, Clerk of the Commission

0052

CERTIFICATE NUMBER : 2026042123255112

Apex Health Group, LLC

List of all Officers and Directors:

Stephen Twining, Officer/Director

Michael Twining, Officer/Director

LISTING OF SECURITY FEATURES ON REVERSE SIDE

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH PROFESSIONS

Arne W. Owens, Director

Caroline D. Juran
Executive Director
(804) 367-4456

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

BOARD OF PHARMACY

Medical Equipment Supplier Permit

Apex Health Group, LLC

7245 Arlington Boulevard, Suite #221
Falls Church VA 22042

Number
0206010123

To verify the status of this permit, visit our website www.dhp.virginia.gov, which is a primary source verification of the credential issued by the Commonwealth of Virginia. To File a Complaint About a Licensee, Call: 1-800-533-1560.

0054

Verified KJ 4/28/26 exp. 2/28/27

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: Apex Health Group, LLC

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

Physical Address: 7245 Arlington Blvd. Ste 221

City: Falls Church State: VA Zip: 22042

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 703-258-2802 Website: apexhg.com

Licensing Company Email:

Section 2: Personal Information

First: Michael Middle: Thomas Last: Twining

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

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

Mailing Address: [redacted]

City: Falls Church State: VA Zip: [redacted]

Telephone: [redacted] Email: michael@apexhg.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)	
Washington & Lee University		09/09-05/13	
Address	**City**	**State**	**Zip**
204 W Washington St	Lexington	VA	24450
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Riverside High School		09/05-06/09	
Address	**City**	**State**	**Zip**
794 Hammet Bridge Rd.	Greer	SC	29650
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
08/24-Current	[redacted]	Falls Church	VA	[redacted]
07/17-08/24		Arlington	VA	
05/15-07/17		Arlington	VA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
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)
Apex Health Group, LLC			06/19-Current
Business Address	**City**	**State**	**Zip**
7245 Arlington Blvd. Ste 221	Falls Church	VA	22042
Phone	**Title**		
703-258-2802	Owner/CEO		
Description of Duties			
Managing day-to-day operations, personnel decisions, financial oversight			

Business Name			From - To (MM/YY – MM/YY)
Young Life			11/15-06/19
Business Address	**City**	**State**	**Zip**
420 N Cascade Ave.	Colorado Springs	CO	80903
Phone	**Title**		
719-381-1800	Area Director - Young Life Northern Virginia		
Description of Duties			
Managed day-to-day operations, volunteer recruiting and training, fundraising in local territory			

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

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

4/21/2025
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 Twining

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/21/2026

Date

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

State of Virginia, ss. County of Fairfax

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

4/22/2026

Date

Subscribed and Sworn to before me this 22 day of April 2026

Notary Public Signature

JEANETTE CRUZ
COMM. EXPIRES
REGISTRATION
7906251
NOTARY PUBLIC
COMMONWEALTH OF VIRGINIA

Exp. 10-31-28

(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 Apex Health Group, LLC

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

Physical Address 7245 Arlington Blvd. Ste 221

City Falls Church State VA Zip 22042

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 703-258-2802 Website apexhg.com

Licensing Company Email _____

Section 2: Personal Information

First Stephen Middle Shaw Last Twining

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

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

Mailing Address [redacted]

City Arlington State VA Zip [redacted]

Telephone [redacted] Email stwining@apexhg.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)	
Washington & Lee University		09/09-05/13	
Address	City	State	Zip
204 W Washington St	Lexington	VA	24450
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Riverside High School		09/05-06/09	
Address	City	State	Zip
794 Hammet Bridge Rd.	Greer	SC	29650
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
01/25-Current	[redacted]	Arlington	VA	[redacted]
08/20-01/25		Arlington	VA	
08/18-08/20		Arlington	VA	
08/14-08/18		Arlington	VA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
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)	
Apex Health Group, LLC			03/26-Current	
Business Address		**City**	**State**	**Zip**
7245 Arlington Blvd. Ste 221		Falls Church	VA	22042
Phone	**Title**			
703-258-2802	Owner/Member			
Description of Duties				
Supporting day-to-day operations, personnel decisions, financial oversight				

Business Name			From - To (MM/YY – MM/YY)	
Pinkston Group Inc.			02/21-03/26	
Business Address		**City**	**State**	**Zip**
3110 Fairview Park Dr. Ste 1400		Falls Church	VA	22042
Phone	**Title**			
(866) 353-2144	SVP, Operations			
Description of Duties				
Managed day-to-day operations, financial oversight, strategic planning				

Business Name			From - To (MM/YY – MM/YY)	
Apex Health Group, LLC			11/19-02/21	
Business Address		**City**	**State**	**Zip**
7245 Arlington Blvd. Ste 221		Falls Church	VA	22042
Phone	**Title**			
703-258-2802				
Description of Duties				
Supporting day-to-day operations, personnel decisions, financial oversight, strategic decisions, and sales				

Business Name			From - To (MM/YY – MM/YY)	
Deloitte			09/13-11/19	
Business Address		**City**	**State**	**Zip**
1919 N Lynn St. Ste 1500		Arlington	VA	22209
Phone	**Title**			
571-882-5000	Senior Consultant			
Description of Duties				
Project management, data and financial analysis, technical solution development				

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)

4/22/2026
Date

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

Stephen Twining

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/21/2026

Date

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

State of Virginia, ss. County of Fairfax

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

4/22/2026

Date

Subscribed and Sworn to before me this 22 day of April 2026

Notary Public Signature

JEANETTE CRUZ
COMM. EXPIRES
REGISTRATION
7906251
NOTARY PUBLIC
COMMONWEALTH OF VIRGINIA

Exp. 10-31-28

(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: Apex Health Group, LLC MDEG License # (if applicable): Pending

Physical Address: 7245 Arlington Blvd. Ste 221

City: Falls Church State: VA Zip: 22042

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 703-258-2802 Website: apexhg.com

Licensing Company Email:

Section 2: Personal Information

First: Michaelq Middle: Thomas Last: Twining

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

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

Mailing Address: [redacted]

City: Falls Church State: VA Zip: [redacted]

Telephone: [redacted] Email: michael@apexhg.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)	
Washington & Lee University		09/09-05/13	
Address	**City**	**State**	**Zip**
204 W Washington St	Lexington	VA	24450
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Riverside High School		09/05-06/09	
Address	**City**	**State**	**Zip**
794 Hammett Bridge Rd.	Greer	SC	29650
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
08/24-Current	[redacted]	Falls Church	VA	[redacted]
07/17-08/24		Arlington	VA	
05/15-07/17		Arlington	VA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
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: Apex Health Group, LLC			From - To (MM/YY – MM/YY): 06/19-Current
Business Address: 7245 Arlington Blvd. Ste 221	City: Falls Church	State: VA	Zip: 22042
Phone: 703-258-2802	Title: Owner/CEO		Number of Employed Hours: 13,500
Description of Duties: Managing day-to-day operations, personnel decisions, financial oversight, product training, product sales			

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

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

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

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:

n/a

Original Signature (electronic, copies or stamps not accepted)

4/21/2026
Date

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

Apex Health Group, LLC,

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

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

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

Michael Twining
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/21/2026
Date

Board Use Only	Date Received: 4/27/26

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: ARTHEON ORTHOPEDIC DEVICES, INC

MDEG Physical Address: 1888 ARROW HWY

City: LA VERNE State: CA Zip: 91750

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 626-219-8022 Website: ARTHEONDEVICES.COM

Email: JENNIFER@ARTHEONDEVICES.COM

Name of MDEG Administrator (NAC 639.694): MARK IOELE

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: STIMULATORS / BRACING / INFRARED HEAT ...
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: 7AM - 4PM	☒ Tue: 7AM - 4PM	☒ Wed: 7AM - 4PM	☒ Thurs: 7AM - 4PM	☒ Fri: 7AM - 2PM
☐ 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)(l))
8398790001

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

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: CALIFORNIA

Parent Company (if any): _____

Corporation/Organization Name: ARTHEON ORTHOPEDIC DEVICES, INS

Mailing Address: 1888 ARROW HWY

City: LA VERNE State: CA Zip: 91750

Telephone: 626-219-8022 Email: 800-392-5481

Contact Person Name: JENNIFER DIAZ / OFFICE MANAGER

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: MARK IOELE (100% OWNER)

Business Name: ARTHEON ORTHOPEDIC DEVICES, INC

Business Address: 1888 ARROW HWY

City: LA VERNE State: CA Zip: 91750

Telephone: 626-219-8022 Email: ADMIN@ARTHEONDEVICES.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.

JENNIFER DIAZ

Print Name of Authorized Person Submitting Application

Jennifer Diaz

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

4/2/2026

Date

Board Use Only	Date Received: 4/15/26	Amount: 500.00/CC

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/21/2025

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: Dustin Keeney
WRIS, Inc. dba Western Republic Insurance Services 19900 Beach Blvd. Suite F1 Huntington Beach CA 92648	PHONE (A/C, No, Ext): 8884671718 FAX (A/C, No): E-MAIL ADDRESS: dustin@wrinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Continental Casualty Company	20443
INSURER B : Employers Preferred Insurance Company	10346
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Artheon Orthopedic Devices, Inc
1888 Arrow Hwy
La Verne CA 91750

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 CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	Y		7038502675	08/15/2025	08/15/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Hired and Non-Owned Auto	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
	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)	$ $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			7038508069	08/15/2025	08/15/2026	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		EIG539953801	10/27/2024	10/27/2025	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

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

Customer ID:
Those usual to the insured's operations. The certificate holder is named as additional insured where applicable per the attached SB146932G (10-19).

CERTIFICATE HOLDER

NPWest
PO Box 100142
Columbia SC 29202

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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Secretary of State
Certificate of Status

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

Entity Name:	Artheon Orthopedic Devices Inc.
Entity No.:	5694267
Registration Date:	05/02/2023
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

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

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

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

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 16, 2026.

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

Certificate No.: 446922740

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.

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

Artheon Orthopedic Device, Inc
1888 Arrow Hwy
La Verne, CA 91750

LICENSE NUMBER: 119723
EXPIRATION DATE: 8/17/2026

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

Printed: 8/6/2025

OSP 07 102308

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 ARTHEON ORTHOPEDIC DEVICES, INC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) 2600012819

Physical Address 1888 ARROW HWY

City LA VERNE State CA Zip 91750

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 626-219-8022 Website ARTHEONDEVICES.COM

Licensing Company Email CITY OF LA VERNE: planning@cityoflaverne.org

Section 2: Personal Information

First MARK Middle _____ Last IOELE

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

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

Mailing Address [redacted]

City PASADENA State CA Zip [redacted]

Telephone [redacted] Email ADMIN@ARTHEONDEVICES.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)	
LA SALLE HIGH SCHOOL		09/93 - 05/96	
Address	**City**	**State**	**Zip**
3880 E. SIERRA MADRE BLVD	PASADENA	CA	91107
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
CAL POLY POMONA		09/96 - 05/00	
Address	**City**	**State**	**Zip**
3801 W. TEMPLE AVE	POMONA	CA	91768
Diploma/Degree obtained, if any			
BACHELOR'S IN BUSINESS ADMINISTRATION			

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

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

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

Section 6: List all residences you have had for the last 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
02/10 - CURRENT	[redacted]	PASADENA	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
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)
ARTHEON ORTHOPEDIC DEVICES, INC			09/23 - CURRENT
Business Address	**City**	**State**	**Zip**
1888 ARROW HWY	LA VERNE	CA	91750
Phone	**Title**		
626-219-8022	OWNER		
Description of Duties			
DURABLE MEDICAL EQUIPMENT DISPENSING .. DAILY OPERATIONAL DUTIES .. PRODUCT TRAINING .. SALES			

Business Name			From - To (MM/YY – MM/YY)
MEDVANTAGE DME			06/19 - 09/23
Business Address	**City**	**State**	**Zip**
1888 ARROW HWY	LA VERNE	CA	91750
Phone	**Title**		
626-219-8022	OWNER		
Description of Duties			
DURABLE MEDICAL EQUIPMENT DISPENSING .. DAILY OPERATIONAL DUTIES .. PRODUCT TRAINING .. SALES			

Business Name			From - To (MM/YY – MM/YY)
PROGRESSIVE ORTHOPEDIC SOLUTIONS			11/01 - 06/19
Business Address	**City**	**State**	**Zip**
11643 TELEGRAPH RD	SANTA FE SPRINGS	CA	90670
Phone	**Title**		
562-777-9010	OWNER		
Description of Duties			
DURABLE MEDICAL EQUIPMENT DISPENSING .. DAILY OPERATIONAL DUTIES .. PRODUCT TRAINING .. SALES			

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

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

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:

MPC

Original Signature (electronic, copies or stamps not accepted)

04.02.2025

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.

MARK IOELE

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/02/2026

Date

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

State of _____, ss. County of _____

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

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

CLEAR

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT **CIVIL CODE § 1189**

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

State of California)

County of Los Angeles)

On April 03, 2026 (*Date*) before me, K. K. Dalal, Notary Public (*Here Insert Name and Title of the Officer*)

Personally appeared Mark Foele (*Name(s) of Signer(s)*)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(~~ies~~), and that by his/~~her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (*Signature of Notary Public*)

K. K. DALAL
COMM. #2535836
Notary Public - California
Los Angeles County
My Comm. Expires Nov. 15, 2029

Place Notary Seal Above

---------- ***OPTIONAL*** ----------

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document Personal History Aff. Document Date 4-2-26

Number of Pages 7 Signer(s) Other Than Named Above _____

Capacity(ies) Claimed by Signer(s)

Signer's Name	Signer's Name
Corporate Officer—Title(s)	Corporate Officer—Title(s)
Partner Limited General	Partner Limited General
Individual Attorney in Fact	Individual Attorney in Fact
Trustee Guardian or Conservator	Trustee Guardian or Conservator
Other	Other
Signer Is Representing	Signer Is Representing

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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 ARTHEON ORTHOPEDIC DEVICES, INC MDEG License # (if applicable) _____

Physical Address 1888 ARROW HWY

City LA VERNE State CA Zip 91750

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 626-219-8022 Website ARTHEONDEVICES.COM

Licensing Company Email JENNIFER@ARTHEONDEVICES.COM

Section 2: Personal Information

First JENNIFER Middle _____ Last DIAZ

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

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

Mailing Address [redacted]

City RIVERSIDE State CA Zip [redacted]

Telephone [redacted] Email JENNIFER@ARTHEONDEVICES.COM

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF PHOENIX		08/05 - 06/08	
Address	**City**	**State**	**Zip**
4025 S. RIVERFRONT PKWY	PHOENIX	AZ	85040
Diploma/Degree obtained, if any			
BACHELOR'S IN BUSINESS			

School Name		From - To (MM/YY – MM/YY)	
HAYSVILLE HIGH		09/93 - 06/96	
Address	**City**	**State**	**Zip**
1975 W. GRAND AVE	HAYSVILLE	KS	67060
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
07/18 - CURRENT	[redacted]	RIVERSIDE	CA	[redacted]
08/12 - 07/18		CHINO	CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: 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)	
ARTHEON ORTHOPEDIC DEVICES, INC			09/23 - CURRENT	
Business Address		**City**	**State**	**Zip**
1888 ARROW HWY		LA VERNE	CA	91750
Phone	**Title**		**Number of Employed Hours**	
626-219-8022	OFFICE MANAGER		1500+	
Description of Duties				
DAILY OPERATIONAL FUNCTIONS / BILLING / COLLECTIONS / STAFF MANAGEMENT AND TRAINING				

Business Name			From - To (MM/YY – MM/YY)	
MEDVANTAGE DME			06/19 - 09/23	
Business Address		**City**	**State**	**Zip**
1888 ARROW HWY		LA VERNE	CA	91750
Phone	**Title**		**Number of Employed Hours**	
626-219-8022	OFFICE MANAGER		1500+	
Description of Duties				
DAILY OPERATIONAL FUNCTIONS / BILLING / COLLECTIONS / STAFF MANAGEMENT AND TRAINING				

Business Name			From - To (MM/YY – MM/YY)	
PROGRESSIVE ORTHOPEDIC SOLUTIONS			11/01 - 06/19	
Business Address		**City**	**State**	**Zip**
11643 TELEGRAPH RD		SANTA FE SPRINGS	CA	90670
Phone	**Title**		**Number of Employed Hours**	
562-777-9020	OFFICE MANAGER		1500+	
Description of Duties				
DAILY OPERATIONAL FUNCTIONS / BILLING / COLLECTIONS / STAFF MANAGEMENT AND TRAINING				

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

04/02/2026

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

I, JENNIFER DIAZ, **certify that as the MDEG Administrator for**

ARTHEON ORTHOPEDIC DEVICES, INC,

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

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

JENNIFER DIAZ

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/02/2026

Date

Board Use Only	Date Received: 4/20/26

JENNIFER DIAZ

25 Years of experience in the Durable Medical Equipment field. Human Resource Manager. Product Exemptee License Holder. Joint Commission Accreditation Expert. Multiple Certificates of Training for controlled / OTS medical products.

Goal: To contribute expertise in FDA, OSHA, Product Training, and HIPAA compliance to a medical equipment distribution team, ensuring safe handling, accurate documentation, proper training, and timely delivery of critical healthcare products.

MAY 2004 – JUNE 2008

BACHELOR'S IN BUSINESS
UNIVERSITY OF PHOENIX

- Creativity
- Leadership
- Organization
- Problem solving
- Teamwork

2007 - CURRENT

Office Manager / Exemptee Product Trainer
Artheon Orthopedic Devices, Inc.

Office Manager. Product training for staff. California State Home Medical Device Retailer (HMDR) Exemptee License holder. Thousands of hours managing products for the company. Daily product handling and distribution. Product Quality-Control Manager. Human Resource Manager. FDA compliance forms and product accountability. Durable medical equipment authorizations. Billing Manager. Regulatory Efficiency.

2005 - 2007

Product Specialist
Progressive Orthopedic Solutions

Office Manager. California State Home Medical Device Retailer Exemptee License Holder. Durable medical equipment authorizations. Human Resource Manager. Product trainer for staff. Daily product handling and distribution. FDA compliance forms for product distribution and training. Billing Manager. Regulatory Efficiency.

1996 - 2001

Soldier
US Army

Unit supply specialist. Inventory control. Government credit card program manager. Unit contracting specialist. Range Controller. Weapons Room specialist.

DeRoyal®

corporate
200 DeBusk Lane
Powell, TN 37849
U.S.A.
865.938.7828
www.deroyal.com

July 27, 2007

Dear Mr. Bernard,

Recently I had the privilege of meeting you and your associates at Progressive Orthopedi Solutions, LLC. During my time in your office, I was able to spend two days training yo staff on the proper care and use of the DeRoyal T600 Hot-Cold Unit. Your staff has successfully completed our training course and is capable of properly fitting the patients you will work in the future.

Please let me know how I may assist you in the future.

Regards,

Brandon Wallace
Area Manager- Patient Care

October 2007

To Whom It May Concern:

This letter is to acknowledge that I trained Progressive Orthopedic Solutions on the proper use and set up of the following medical devices…

- TENS
- Interferential (IF) Units
- Cryotherapy
- Home Exercise Kits
- Cervical Traction Units
- Lumbar Traction Units

Present at this training session was Jennifer Diaz.

Sincerely,

Matt Danneker
RPT-33987

DeRoyal®

DeRoyal Recognizes

Progressive Orthopedic Solutions

has completed

Comprehensive Training in the Operation & Application of the T600 Hot/Cold Therapy Unit

5/31/07
Date

DeRoyal Representative/Title

June 22, 2007

This is to certify that the staff of Progressive Orthopedic Solutions, Santa Fe Springs, CA has been trained in the proper use of the BREG Inc. local infusion pain pumps including the complete PAIN CARE and e-PainCare product lines.

Mary Albertson

Mary Albertson
Senior Product Manager
BREG, Inc.

Certificate of Completion

Jennifer Diaz

has participated in and successfully completed the educational activity tool

Medicare Fraud & Abuse: Prevent, Detect, Report

on

July 25, 2025

Print

Close

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Division of Provider Information Planning & Development | 7500 Security Boulevard, Baltimore, MD 21244

/ Rich Cuchna /

Rich Cuchna
Director
Provider Communications Group
Center for Medicare, CMS

Certificate of Completion

granted to

Jennifer Diaz

To certify successful completion of product training on the BREG local infusion pain pump product lines including PAIN CARE and e-PainCare.

Granted on June 19, 2007

Mary Albertson

Mary Albertson , Senior Product Manager, BREG, Inc.

BREG
an Orthofix Company

Sammons Preston
Certificate of Excellence

is hereby granted to:

Jennifer Diaz

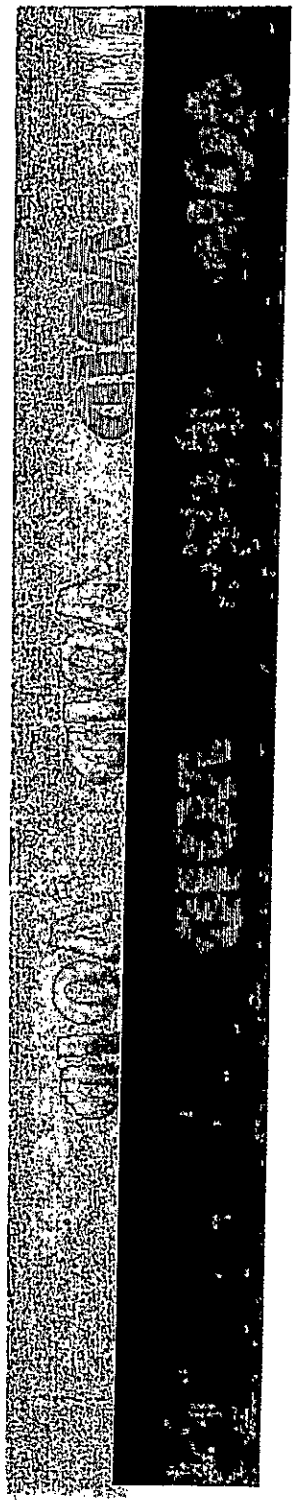
for successful completion of training for the Kinetec CPM machines

PATTERSON MEDICAL
SAMMONS® PRESTON

Granted: April 3, 2008

Nicole Neu

Nicole Neu, CPM Sales Representative



Certificate of Completion

Jennifer Diaz

Has successfully completed training in

State and local laws regarding distribution of dangerous drugs and devices
State and local laws regarding distribution of controlled substances
The USP relating to safe storage and handling of drugs
Safe storage and handling of home medical devices
Prescription terminology, abbreviations, and format
As required by Health and Safety code 111656.4, for

Exemptee Certification

Class for Home Medical Device Retailer completed

October 21, 2008

Certificate Number 0810220644

Allan Dewes, President

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: Bump Health Inc

MDEG Physical Address: 7719 N Pioneer Ln

City: Peoria State: IL Zip: 61615

Mailing Address (if different from physical address): 7719 N Pioneer Ln

City: Peoria State: IL Zip: 61615

Telephone: 888-913-7879 Website: https://bumphealth.com

Email: credentialing@bumphealth.com

Name of MDEG Administrator (NAC 639.694): Felicia Walker

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
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: 8:00am-5:00pm	☑ Tue: 8:00am-5:00pm	☑ Wed: 8:00-5:00pm	☑ Thurs: 8:00-5:00pm	☑ Fri: 8:00-5:00pm
☒ Sat:	☒ Sun:	Holidays:		

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

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicaids;AK 1742711,AZ 159003,DE 250795845, FL 122590500, ID 1003462581,IL 464408166001, KS3000482866-0001
IN 300065914, IA 1003462581, KY 7100864750, MD 758019300, MI 1003462581, MO 620109893, PA 1043291690-001
NE 1002783340-0, NJ 983241, NM 44955821, OH 21847, OR 1003462581, SC DM-1668, UT 4316152, VT 6719601
TX 460918201, VA 3001509736-0002, WA 2298867, WV 1003462581-000, WI 100201828, WY 220408800

Medicare, IL 7789480001, FL 1407577331

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

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Illinois

Parent Company (if any): N/A

Corporation/Organization Name: Bump Health Inc

Mailing Address: 7719 N Pioneer Ln

City: Peoria State: IL Zip: 61615

Telephone: 888-913-7879 Email: credentialing@bumphealth.com

Contact Person Name: Felicia Walker

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.

Christine Deehring

Print Name of Authorized Person Submitting Application

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

3/6/26

Date

Board Use Only	Date Received: 3/19/26	Amount: $500.00

BUMPHEA-02 BFILYAW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/30/2025

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

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

PRODUCER	CONTACT NAME: Walter Deehring	
Envision Insurance Group 417 W. Jefferson St. Morton, IL 61550	PHONE (A/C, No, Ext): (309) 683-1100 2217	FAX (A/C, No): (309) 683-1104
	E-MAIL ADDRESS: wdeehring@comcast.net	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : James River Insurance Company	12203
INSURED	INSURER B : Hartford Insurance Group	38288
Bump Health, Inc 7719 N Pioneer Ln Peoria, IL 61615	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						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			00132840-3	7/1/2025	7/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$ 0
							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)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$ 4,000,000
	X EXCESS LIAB X CLAIMS-MADE			00132841-3	7/1/2025	7/1/2026	AGGREGATE	$ 4,000,000
	DED X RETENTION $ 0							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N	N/A		83WECAG6ELS	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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate issued as proof of insurance

CERTIFICATE HOLDER

Bump Health, Inc
7719 N Pioneer Ln
Peoria, IL 61615

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

File Number 6937-494-8

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

BUMP HEALTH, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 27, 2013, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 2ND *day of* MARCH *A.D.* 2026 .

Authentication #: 2606103598 verifiable until 03/02/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

List of all Officers & Directors

Christine Deehring - CEO/Owner

Leland Deehring - CGO/Owner

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
203.002643

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

EXPIRES:
03/31/2027

HOME MEDICAL EQUIPMENT AND SERVICES PROVIDER

BUMP BOXES INC
7719 N PIONEER LN
PEORIA, IL 61615-1910

MARIO TRETO, JR.
SECRETARY

CAMILE LINDSAY
ACTING DIRECTOR

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

18632785

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: 4414708

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: Bump Health Inc

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): 203002643

Physical Address: 7719 N Pioneer Ln

City: Peoria State: IL Zip: 61615

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 888-913-7879 Website: https://bumphealth.com

Licensing Company Email: credentialing@bumphealth.com

Section 2: Personal Information

First: Christine Middle: E Last: Deehring

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

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

Mailing Address: 7719 N Pioneer Ln

City: Peoria State: IL Zip: 61615

Telephone: 888-913-7879 Email: credentialing@bumphealth.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)	
Bradley University		2002-2007	
Address	**City**	**State**	**Zip**
1501 W Bradley Ave	Peoria	IL	61625
Diploma/Degree obtained, if any			
Bachelors & Masters in Accountancy			

School Name		From - To (MM/YY – MM/YY)	
United Township High School		2018 - 2002	
Address	**City**	**State**	**Zip**
1275 Avenue of the Cities	East Moline	IL	61244
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
(2/1/26-present	[redacted]	Melbourne Beach	FL	[redacted]
From - To (MM/YY – MM/YY)		City	State	
10/1/22-2/1/26		Dunlap	IL	
From - To (MM/YY – MM/YY)		City	State	
3/11/2011-10/1/22		Peoria	IL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: 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)	
Bump Health Inc			4/15/15-present	
Business Address	**City**		**State**	**Zip**
7719 N Pioneer Ln	Peoria		IL	61615
Phone	**Title**			
888-913-7879	CEO			
Description of Duties				
Strategy, Lead, Manage daily execution and operations, Hold people accountable, Financial review and reporting				

Business Name			From - To (MM/YY – MM/YY)	
Caterpillar Inc			5/1/2007-4/14/15	
Business Address	**City**		**State**	**Zip**
100 NE Adams St	Peoria		IL	61629
Phone	**Title**			
309-675-1000	Accountant/Business Analyst			
Description of Duties				
Consolidations reporting, Inventory management across multiple plants, financial reporting review and approval				

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

3/6/26
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.

Christine E Deehring

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/27/2026

Date

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

State of Illinois, ss. County of Peoria

I, Christine E Deehring, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

3/6/26

Date

Subscribed and Sworn to before me this 6 day of March 2026

Melissa Valerie Paulson

Notary Public Signature

Official Seal
MELISSA VALERIE PAULSON
Notary Public, State of Illinois
Commission No. 980909
My Commission Expires November 7, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Bump Health Inc

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

Physical Address: 7719 N Pioneer Ln

City: Peoria State: IL Zip: 61615

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 888-913-7879 Website: www.bumphealth.com

Licensing Company Email: credentialing@bumphealth.com

Section 2: Personal Information

First: Leland Middle: Daniel Last: Deehring

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

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

Mailing Address: 7719 N Pioneer Ln

City: Peoria State: IL Zip: 61615

Telephone: 888-913-7879 Email: credentialing@bumphealth.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)	
Bradley University		2001-2005	
Address	**City**	**State**	**Zip**
1501 W. Bradley Ave	Peoria	IL	61615
Diploma/Degree obtained, if any			
Bachelors in Communications and Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Richwoods Highschool		1997-2001	
Address	**City**	**State**	**Zip**
6301 N. University St	Peoria	IL	61614
Diploma/Degree obtained, if any			
Highschool Diploma			

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

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

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

Section 6: List all residences you have had for the last 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
2/1/26-present	[redacted]	Melbourne Beach	FL	[redacted]
10/1/22-2/1/26		Dunlap	IL	
3/11/2011-10/1/22		Peoria	IL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: 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)	
Bump Health Inc		4/15/15-present	
Business Address	**City**	**State**	**Zip**
7719 N Pioneer Ln	Peoria	IL	61615
Phone	**Title**		
888-913-7879	CGO		
Description of Duties			
Sales & Marketing			

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

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

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

3/6/24
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.

Leland Deehring

Print Name (First, Last)

Original Signature (electronic copies or stamps not accepted)

Date 3/6/26

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

State of Illinois, ss. County of Peoria

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

Original Signature

Date 3/6/26

Subscribed and Sworn to before me this 6 day of March 2026

Melissa Valerie Paulson

Notary Public Signature

Official Seal
MELISSA VALERIE PAULSON
Notary Public, State of Illinois
Commission No. 980909
My Commission Expires November 7, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Bump Health Inc — MDEG License # (if applicable): _____

Physical Address: 7719 N Pioneer Ln

City: Peoria — State: IL — Zip: 61615

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

City: _____ — State: _____ — Zip: _____

Telephone: 888-913-7879 — Website: www.bumphealth.com

Licensing Company Email: credentialing@bumphealth.com

Section 2: Personal Information

First: Amy — Middle: Sue — Last: Ramp-Jansen

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

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

Mailing Address: 7719 N Pioneer Ln

City: Peoria — State: IL — Zip: 61615

Telephone: 888-913-7879 — Email: amy@bumpboxes.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)	
Southern Illinois University Carbondale		08/88-12/93	
Address	**City**	**State**	**Zip**
1263 Lincoln Dr	Carbondale	Il	62901Il
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Farmington Central High School		08/84-5/88	
Address	**City**	**State**	**Zip**
108 Lightfoot Road	Farmington	Il	61531
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
05/2006-Present	[redacted]	Yates City	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: 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)	
Bump Health		2/2018-Present	
Business Address	**City**	**State**	**Zip**
7719 N Pioneer Lane	Peoria	IL	61615
Phone	**Title**	**Number of Employed Hours**	
888-913-7879	Director of Operations	40	
Description of Duties			
Daily business activity for all business units. Optimizing process, products and budget.			

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

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

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description 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, Amy Ramp-Jansen, **certify that as the MDEG Administrator for**

Bump Health,

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

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

Amy Ramp-Jansen
Print Name (First, Last)

Amy Ramp-Jansen
Original Signature (electronic, copies or stamps not accepted)

03.23.2026
Date

Board Use Only	Date Received:

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*		☐ 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: HEALTHY.IO (US), INC.

MDEG Physical Address: 101 Federal Street, Suite 1900

City: Boston State: MA Zip: 02110

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (844) 688-5055 Website: healthy.io

Email: info-us@healthy.io

Name of MDEG Administrator (NAC 639.694): Ron Zohar

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: At home urine test kits (own branded only)
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: Ron Zohar
	Telephone: (646) 739-3051

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

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

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

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

Name: N/A	Credentials: 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 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): N/A

Corporation Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Contact Person Name: N/A

Date of SEC Registration: N/A	SEC Registration Number: N/A	Stock Exchange Symbol: N/A

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): HEALTHY.IO (LTD)

Corporation/Organization Name: HEALTHY.IO (US), INC.

Mailing Address: 101 Federal Street, Suite 1900

City: Boston State: MA Zip: 02110

Telephone: (844) 688-5055 Email: info-us@healthy.io

Contact Person Name: Ron Zohar

Section 7: Partnership

Partnership Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Contact Person Name: N/A

Section 8: Sole Owner

Owner's Name: N/A

Business Name: N/A

Business Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Section 9: 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.

Ron Zohar

Print Name of Authorized Person Submitting Application

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

1/9/2026

Date

Board Use Only	Date Received: 2/12/26	Amount: $500 cc

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/15/2026

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: Howden Insurance Brokers Ltd	
Howden Insurance Brokers Limited One Creechurch Place London EC3A 5AF United Kingdom	PHONE (A/C, No, Ext): 972-3-6270700	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Newline Lloyd's Syndicate NWL 1218	
INSURED Healthy.Io LTD and/or Healthy.io (US), Inc* Hamasguer 40 Tel Aviv, Israel	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 7,000,000
	[X] CLAIMS-MADE [ ] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	Public Liability						MED EXP (Any one person)	$
	[X] Product Liability			2600752	02/01/2026	01/31/2027	PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	[X] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 7,000,000
	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? [ ] N/A						E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
X	Professional Liability Extension							$1,000,000

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

A combined single limit of $7,000,000 applies with regards to the insurance coverages mentioned above
The certificate holder is included as additional insured

*HEALTHY.IO (US), INC.
101 Federal Street, Suite 1900
Boston, MA 02110

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
Viki Blumberg

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Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHY.IO (US), 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 TWELFTH DAY OF JANUARY, A.D. 2026.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTHY.IO (US), INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF JANUARY, A.D. 2019.

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

C. J. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

7237978 8300

SR# 20260101527

Authentication: 202782224

Date: 01-12-26

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

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

Date: January 09, 2026

To Whom It May Concern :

I hereby certify that according to the records of this office,

HEALTHY.IO (US), INC.

a corporation organized under the laws of

DELAWARE

on **January 14, 2019** was qualified to do business in this Commonwealth on

May 14, 2020 under the provisions of the General Laws, and I further certify that said corporation is still qualified to do business in this Commonwealth.

I also certify that said corporation is not delinquent in the filing of any annual reports required to date.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 26010201040

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: ltr

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619
617-624-6000 | mass.gov/dph

Maura T. Healey
Governor

Kimberley Driscoll
Lieutenant Governor

Kiame Mahaniah, MD, MBA
Secretary

Robert Goldstein, MD, PhD
Commissioner

Ron Zohar, CEO
Healthy.io
101 Federal Street, Suite 1900
Boston, MA 02110

Dear Ron Zohar,
Massachusetts based Device Manufacturers are required to register for a Massachusetts Controlled Substance Registration (MCSR) if the company manufactures a device that contains a controlled substance in federally controlled Schedules II-V or a Massachusetts Schedule IV (all other prescription medications not included in Sch's II-V).

From your correspondence, Healthy.io does not manufacture a device that would require registration.

Regards,

Traci Westgate, Director
Massachusetts Controlled Substance Registration

Healthy.io

Additional Information – HEALTHY.IO (US), INC.
JAN-2026

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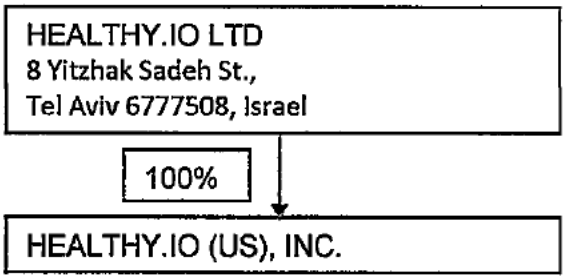
1. List of Owners / Officers

Ownership Structure

Healthy.io (US), Inc. is a 100% wholly owned subsidiary of Healthy.io Ltd.



2. Corporate Officers

Title	Name	Home Address	Phone Number	Email Address	% Ownership
President	Ron Zohar	[redacted] New York, NY [redacted]	[redacted]	ron@healthy.io	N/A
Secretary	Oz Shohat	[redacted] Gan, Israel	[redacted]	oz@healthy.io	N/A
Treasurer	Eliran Mordov	[redacted] Nes Tziona, Israel, [redacted]	[redacted]	eliran.mordov@healthy.io	N/A

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 HEALTHY.IO (US), INC.

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

Physical Address 101 Federal Street, Suite 1900

City Boston State MA Zip 02110

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (844) 688-5055 Website healthy.io

Licensing Company Email info-us@healthy.io

Section 2: Personal Information

First Ron Middle _____ Last Zohar

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

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

Mailing Address [redacted]

City New York State NY Zip [redacted]

Telephone [redacted] Email ron@healthy.io

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

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

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

Section 5: List 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)
Ben Tsvi High School			1996-2000
Address	**City**	**State**	**Zip**
OUS - Israel	N/A	N/A	N/A
Diploma/Degree obtained, if any			
High School Diploma			

School Name			From - To (MM/YY – MM/YY)
Tel Aviv University			2009-2012
Address	**City**	**State**	**Zip**
OUS - Israel	N/A	N/A	N/A
Diploma/Degree obtained, if any			
BSc in Physics & BA in Philosophy			

School Name			From - To (MM/YY – MM/YY)
Harvard University			2017-2017
Address	**City**	**State**	**Zip**
Massachusetts Hall	Cambridge	MA	02138
Diploma/Degree obtained, if any			
Executive MBA			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2024 - Present	[redacted]	New York	NY	[redacted]
2021 - 2024		Tel Aviv	Israel	
2017 - 2021		Tel Aviv	Israel	
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
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: 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)	
HEALTHY.IO			10/2014 - Present	
Business Address		**City**	**State**	**Zip**
101 Federal St		Boston	MA	02110
Phone	**Title**			
(844) 688-5055	CEO			
Description of Duties				
CEO of the company; responsible for internal and external performance.				

Business Name			From - To (MM/YY – MM/YY)	
Fiverr			04/2013 - 10/2014	
Business Address		**City**	**State**	**Zip**
8 Eliezer Kaplan Street		Tel Aviv	Israel	6473409
Phone	**Title**			
+972-72-228-0910	Mobile Product Manager			
Description of Duties				
Led the design and development of the company's mobile application.				

Business Name			From - To (MM/YY – MM/YY)	
Groovideo			05/2011 - 01/2013	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
	Co-Founder, CMO & Business Development			
Description of Duties				
Co-Founder - Mobile and web app				

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

1/9/2026
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.

Ron Zohar

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/8/2026

Date

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

State of New York, ss. County of New York

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

1/9/2026

Date

Subscribed and Sworn to before me this 9th day of January 2026

Notary Public Signature

SCOTT D LAUBNER
STATE OF NEW YORK
NOTARY PUBLIC
Qualified in New York County
01LA6387656
MY COMMISSION EXPIRES 02/19/2027

(Seal)

Serial Number 492/2026
Form No. 1

Signature Authentication

I, the undersigned, Adi Many, Notary with license number 216310, hereby certify that on January 19, 2026, Mr. Eliran Mordov personally appeared before me at my office located at Hamasger 35, Tel Aviv, whose identity was identified to my satisfaction by means of Israeli passport number 32433746 issued on May 28, 2018.

I am convinced that the person appearing before me fully understood the significance of the action and signed the attached document marked with the number 1 of his own free will.

In witness whereof, I authenticate the signature of Mr. Eliran Mordov, with my signature and seal, today January 19, 2026.

Notary fee 197 New Israeli Shekels plus VAT.

Signature

Notary's 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 Healthy.io (US) Inc

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

Physical Address 101 Federal St Suite 1900 ,

City Boston State MA Zip 02110

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website www.healthy.io

Licensing Company Email _____

Section 2: Personal Information

First Eliran Middle _____ Last Mordov

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

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

Mailing Address [redacted]

City Nes Tziona,Israel State _____ Zip [redacted]

Telephone [redacted] Email eliran.mordov@healthy.io

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

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

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

Section 5: List 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)
Bar-Ilan University			2016-2017
Address	**City**	**State**	**Zip**
Max and Anna Webb St. Israel	Ramat Gan		5290002
Diploma/Degree obtained, if any			
Master's degree, Law			

School Name			From - To (MM/YY – MM/YY)
The Hebrew University of Jerusalem			2012-2014
Address	**City**	**State**	**Zip**
Mount Scopus, Israel	Jerusalem		9190501
Diploma/Degree obtained, if any			
Bachelor's degree, Accounting and Finance			

School Name			From - To (MM/YY – MM/YY)
Mosenson High School			2003-2005
Address	**City**	**State**	**Zip**
1 Aliyat HaNo'ar St.	Hod HaSharon		453
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
2021-Present	[redacted]	Nes Tziona		[redacted]
From - To (MM/YY – MM/YY)		City	State	
2015-2021		Nes Tziona		
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	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)
Healthy.io			2025- present
Business Address	**City**	**State**	**Zip**
40 HaMasger st. , Israel	Tel Aviv		6721122
Phone	**Title**		
+972504958438	VP Finance		

Description of Duties

Lead the global financial strategy and operations. Oversee financial planning and analysis (FP&A), accounting, tax, and treasury functions. Manage investor reporting and Ensure compliance with international regulatory requirements.

Business Name			From - To (MM/YY – MM/YY)
PLAYSTUDIOS ISRAEL			2021-2025
Business Address	**City**	**State**	**Zip**
Alfasi St 36, Israel	Tel Aviv		6607737
Phone	**Title**		
+97236791873	Head Of Finance		

Description of Duties

Managed all financial aspects of the Israeli subsidiary including budgeting, forecasting, and cash flow management. Led the local finance team. Responsible for local tax compliance, payroll, and statutory audits.

Business Name			From - To (MM/YY – MM/YY)
Nuvei			2020-2021
Business Address	**City**	**State**	**Zip**
Azrieli Sarona Tower 121 Menachem Begin Rd. ,Israel	Tel Aviv-Yafo		6701203
Phone	**Title**		
	Financial Controller		

Description of Duties

Responsible for the preparation of monthly, quarterly, and annual financial statements in accordance with accounting standards. Managed the month-end close processes.

Business Name			From - To (MM/YY – MM/YY)
IBI Group			2017-2020
Business Address	**City**	**State**	**Zip**
13 Yehuda and Noah Moses St	Tel Aviv		6744252
Phone	**Title**		
	Controller		

Description of Duties

Responsible for the preparation of monthly, quarterly, and annual financial statements in accordance with accounting standards. Managed the month-end close processes.

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.

Eliran Mordov

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/19/2026

Date

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

State of _____, ss. County of _____

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

Original Signature

01/19/2026

Date

Subscribed and Sworn to before me this 19 day of 01 2026.

Notary Public Signature

(Seal)

Serial Number 497/2026
Form No. 1

Signature Authentication

I, the undersigned, Adi Many, Notary with license number 216310, hereby certify that on January 28, 2026, Mr. Oz Shohat personally appeared before me at my office located at Hamasger 35, Tel Aviv, whose identity was identified to my satisfaction by means of Israeli passport number 31916817 issued on January 23, 2018.

I am convinced that the person appearing before me fully understood the significance of the action and signed the attached document marked with the number 1 of his own free will.

In witness whereof, I authenticate the signature of Mr. Oz Shohat, with my signature and seal, today January 28, 2026.

Notary fee 197 New Israeli Shekels plus VAT.

Signature

Notary's seal

A M. 1

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 Healthy.io (US) inc.

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

Physical Address Healthy.io (US) inc. offices

City Boston State MA Zip 02110

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website www.healthy.io

Licensing Company Email info-us@healthy.io

Section 2: Personal Information

First Oz Middle _____ Last Shohat

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

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

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

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

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

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

A.M

Section 5: List 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)
Tel Aviv University			05/2016-09/2018
Address	**City**	**State**	**Zip**
Kiryat HaUniversita	Tel Aviv	Israel	6139001
Diploma/Degree obtained, if any			
BA			

School Name			From - To (MM/YY – MM/YY)
Ohel Shem			09/2002-06/2006
Address	**City**	**State**	**Zip**
Rokach St 118	Ramat Gan	Israel	5259228
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
08/2024-today	[redacted]	Ramat Gan	Israel	[redacted]
From - To (MM/YY – MM/YY)		City	State	
04/2020-08/2024		Ramat Gan	Israel	
From - To (MM/YY – MM/YY)		City	State	
- 04/2020		Givataym	Israel	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

A.M.

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)
Healthy.io			05/2016-today
Business Address	**City**	**State**	**Zip**
Hamasger 40	Tel Aviv	Israel	6721122
Phone	**Title**		
	COO		
Description of Duties			
in charge of the company's ongoing operations and financials			

Business Name			From - To (MM/YY – MM/YY)
Istaeli president's office			9/2009-5/2016
Business Address	**City**	**State**	**Zip**
Hanasie 3	Jerusalem	Israel	6523603
Phone	**Title**		
	President's assistant		
Description of Duties			
President's assistance in meeting arrangements and advisory			

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

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

A.M.

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

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

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

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

A.M.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to 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?		✔

A.M.

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:

_____ 28 January 2026

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

A.M.

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

oz shohat

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

28 January 2026

Date

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

State of –, ss. County of Israel

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

28 January 2026

Date

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

Notary Public Signature

NOTARY * ADI MANY * NOTAIRE

(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: HEALTHY.IO (US), INC. MDEG License # (if applicable): _____

Physical Address: 101 Federal Street, Suite 1900

City: Boston State: MA Zip: 02110

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: (844) 688-5055 Website: healthy.io

Licensing Company Email: info-us@healthy.io

Section 2: Personal Information

First: Tammy Middle: Jean Last: DAmato

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

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

Mailing Address: [redacted]

City: Grafton State: MA Zip: [redacted]

Telephone: [redacted] Email: tammy.d'amato@healthy.io

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

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

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

Section 5: List 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)	
Nichols College		08/90 - 05/94	
Address	City	State	Zip
121 Center Road	Dudley	MA	01571
Diploma/Degree obtained, if any			
Bachelor of Science in Business Administration: Marketing			

School Name		From - To (MM/YY – MM/YY)	
Grafton High School		09/86 - 06/90	
Address	City	State	Zip
24 Providence Road	Grafton	MA	01519
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
07/25 - Present	[redacted]	Grafton	MA	[redacted]
08/20 - 07.25		Salem	MA	
07/19 - 07/20		Salem	MA	
10/15 - 6/19		New Fairfield	CT	
06/99 - 09/15		Sutton	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

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)	
HEALTHY.IO (US), INC.		02/21 - Present	
Business Address	City	State	Zip
101 Federal Street STE 1900	Boston	MA	02110
Phone	Title	Number of Employed Hours	
844-688-5055	Senior Manager of Patient Engagement	> 9000	
Description of Duties			
Directed contact center managers, agents, and quality specialists re: patient experience; Participated in regulatory audit efforts that led to Healthy.io being approved as a U.S. manufacturer, supporting compliance and operational readiness			

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

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

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description 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 # _____. **Provide all the following *where applicable*:**

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

Provide explanation below:

Tammy [signature]
Original Signature (electronic, copies or stamps not accepted)

4/8/26
Date

I, Tammy D'Amato, **certify that as the MDEG Administrator for**

HEALTHY.IO (US), INC.,

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

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

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

Tammy D'Amato
Print Name (First, Last)

Tammy D'Amato
Original Signature (electronic, copies or stamps not accepted)

4/8/26
Date

Board Use Only	Date Received:

4E

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[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: Kadence Healthcare, Inc.

MDEG Physical Address: 10840 Walker St

City: Cypress State: CA Zip: 90630

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 714-220-0071 Website: _____

Email: support@kadence-inc.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: CPAP
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: 8:30 - 5:30	■ Tue: 8:30 - 5:30	■ Wed: 8:30 - 5:30	■ Thurs: 8:30 - 5:30	■ Fri: 8:30 - 5:30
☐ 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))
1003889270 1720753692 1366176943 1962136523 1063087674 1285887406 1568833259

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: California

Parent Company (if any): _____

Corporation/Organization Name: Kadence Healthcare, Inc.

Mailing Address: 10840 Walker St

City: Cypress State: CA Zip: 90630

Telephone: 714-220-0071 Email: contracting@kadence-inc.com

Contact Person Name: Greg Kahn

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.

Greg Kahn

Print Name of Authorized Person Submitting Application

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

3/23/26

Date

Board Use Only	Date Received: 3/26/26	Amount: $500 CK 12857

KADEHEA-01 PLATESSA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/26/2025

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	CONTACT NAME: Shellene Wilkinson	
World Insurance Associates, LLC 4610 Market Street P.O. Box 3989 Youngstown, OH 44513-3989	PHONE (A/C, No, Ext): (330) 782-8068	FAX (A/C, No): (330) 782-0458
	E-MAIL ADDRESS: shellenewilkinson@worldinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United Specialty Insurance Company	12537
INSURED	INSURER B :	
Kadence Healthcare, Inc. 10840 Walker Street Cypress, CA 90630	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						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			VGM10812383524-5	6/19/2025	6/19/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
	X Professional Liab						MED EXP (Any one person)	$ 10,000
	X Hired/Non-Owned Auto						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)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 3,000,000
	X EXCESS LIAB CLAIMS-MADE			VGMX19724384924-5	6/19/2025	6/19/2026	AGGREGATE	$ 3,000,000
	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	$

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

*Locations Covered: 10840 Walker Street, Cypress, CA 90630; 4740 Northgate Blvd., Ste. 120, Sacramento CA 95834; 7554 Trade St, San Diego CA 92121; 2370 Westwood Blvd., Ste. D, Los Angeles CA 90064; 5816 Shields Ave., Ste. 111, Fresno CA 93727; 9351 Narnia Dr., Riverside CA 92503; 29400 Kohoutek Way, #170, Union City CA 94587.

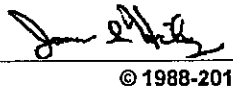
CERTIFICATE HOLDER

For Insurance Verification Only

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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Secretary of State
Certificate of Status

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

Entity Name:	KADENCE HEALTHCARE, INC.
Entity No.:	2667034
Registration Date:	07/19/2004
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

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

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

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

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 11, 2026.

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

Certificate No.: 432797233

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

Officers & Directors

CEO - Greg Kahn
President - Dennis Oberst

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

Kadence Healthcare, Inc.
10840 Walker Street
Cypress, CA 90630

LICENSE NUMBER: 50291
EXPIRATION DATE: 10/3/2026

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

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

Printed: 9/16/2025

OSP 07 102308

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 Kadence Healthcare, Inc.

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

Physical Address 10840 Walker St

City Cypress State CA Zip 90630

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 7142200071 Website _____

Licensing Company Email contracting@kadence-inc.com

Section 2: Personal Information

First DENNIS Middle ALAN Last OBERST

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

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

Mailing Address [redacted]

City NEWPORT BEACH State CA Zip [redacted]

Telephone [redacted] Email DOberst@Kadence-inc.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)	
CA STATE UNIVERSITY, CHICO		09/87 - 08/94	
Address	**City**	**State**	**Zip**
400 W. FIRST STREET	CHICO	CA	95926
Diploma/Degree obtained, if any			
BACHELORS OF SCIENCE			

School Name		From - To (MM/YY – MM/YY)	
TRINITY HIGH SCHOOL		09/82-06/86	
Address	**City**	**State**	**Zip**
321 VICTORY LANE	WEAVERVILLE	CA	96093
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
12/23 - 03/26	[redacted]	NEWPORT BEACH	CA	[redacted]
11/20 - 12/23		NEWPORT BEACH	CA	
06/19 - 11/20		NEWPORT BEACH	CA	
06/02 - 06/19		NEWPORT BEACH	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

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)
Kadence Healthcare, Inc.			04/2005 - 03/2026
Business Address	**City**	**State**	**Zip**
10840 Walker St	Cypress	CA	90630
Phone	**Title**		
7142200071	PRESIDENT		
Description of Duties			
Officer & Director			

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

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

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

W. A. Clement

Original Signature (electronic, copies or stamps not accepted)

3/23/26

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.

DENNIS OBERST

Print Name (First, Last)

D. A. Oberst

Original Signature (electronic, copies or stamps not accepted)

3/23/26

Date

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

State of _____, ss. County of _____

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

Original Signature

Date

REFERENCE SEPARATE NOTARIZED FORM

Subscribed and Sworn to before me this _____ day of _____.

3/23/26

Notary Public Signature

(Seal)

ACKNOWLEDGMENT

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

State of California
County of ORANGE)

On 3/23/26 before me, PHILIP GONZALES II, NOTARY PUBLIC
(insert name and title of the officer)

personally appeared DENNIS OBERST,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

PHILIP GONZALES II
Comm. # 2516083
ORANGE County
California - Notary Public
Comm. Expires APR. 27, 2029

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: Kadence Healthcare, Inc.

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

Physical Address: 10840 Walker St

City: Cypress State: CA Zip: 90630

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 7142200071 Website:

Licensing Company Email: contracting@kadence-inc.com

Section 2: Personal Information

First: Greg Middle: D Last: Kahn

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

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

Mailing Address: 10840 Walker St

City: Cypress State: CA Zip: 90630

Telephone: [redacted] Email: gkahn@kadence-inc.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, Northridge		1983-1987	
Address	**City**	**State**	**Zip**
18111 Nordhoff St, Northridge, CA 91330			
Diploma/Degree obtained, if any			
BA, Business			

School Name		From - To (MM/YY – MM/YY)	
El Camino Real High School		1980-1983	
Address	**City**	**State**	**Zip**
5440 Valley Circle Blvd, Woodland Hills, CA 91367			
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
02/25 - current	[redacted]	Huntington Beach	CA	[redacted]
06/24 - 02/25		Cana Point	CA	
06/21 - 06/24		Marina del Rey	CA	
01/12 - 06/21		Los Angeles	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

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)	
Kadence Healthcare, Inc.			04/2005 - 03/2026	
Business Address		**City**	**State**	**Zip**
10840 Walker St		Cypress	CA	90630
Phone	**Title**			
7142200071	CEO			
Description of Duties				
Officer & Director				

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

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

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

3-16-26
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.

GREG KAHN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3-16-26

Date

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

State of _____, ss. County of _____

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

_____ _____

Original Signature **Date**

Subscribed and Sworn to before me this _____ day of _____.

_____

Notary Public Signature

Please see attached California Jurat with affiant statement

(Seal)

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☑ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

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 16th day of March, 2026,
Date *Month* *Year*
by
(1) Greg David Kahn
(and (2) _____),
Name(s) of Signer(s)

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

ZAYNE WILLIAM BRUNDAGE
Notary Public - California
Orange County
Commission # 2412734
My Comm. Expires Aug 12, 2026

Signature _____
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ **Document Date:** _____

Number of Pages: _____ **Signer(s) Other Than Named Above:** _____

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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: Kadence Healthcare, Inc. MDEG License # (if applicable): _____

Physical Address: 10840 Walker St

City: Cypress State: CA Zip: 90630

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 714-220-0071 Website: kadencehealthcare.com

Licensing Company Email: contracting@kadence-inc.com

Section 2: Personal Information

First: Christopher Middle: Robert Last: Foreman

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

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

Mailing Address: 10840 Walker St.

City: Cypress State: CA Zip: 90630

Telephone: [redacted] Email: cforeman@kadence-inc.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Arizona State University		05/02 - 05/05	
Address	**City**	**State**	**Zip**
1151 S. Forest Ave	Tempe	AZ	95287
Diploma/Degree obtained, if any			
BS In Business Management			
School Name		**From - To (MM/YY – MM/YY)**	
Marcos de Nize High School		08/1994 - 05/1998	
Address	**City**	**State**	**Zip**
6000 S. Lakeshore Dr	Tempe	AZ	95283
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
05/15 - Current	[redacted]	Brea	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
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)
Kadence Healthcare, Inc.			10/2016 04/2026
Business Address	**City**	**State**	**Zip**
10840 Walker St	Cypress	CA	90630
Phone	**Title**	**Number of Employed Hours**	
714 220 0071	Director of Operations	19,788.57	
Description of Duties			
See attached.			

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

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

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

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 7 Description of Duties

Responsible for ensuring full regulatory compliance across all DME dispensing activities in accordance with Centers for Medicare & Medicaid Services, applicable state licensing requirements, and accreditation standards, including maintaining audit readiness and enforcing adherence to documentation and operational protocols. Provides direct oversight of the organization's Home Medical Device Retailer (HMDR) function, performs select HMDR Exemptee responsibilities as permitted, and supervises HMDR Exemptees to ensure compliant equipment setup, patient instruction, documentation, and adherence to safety standards. Oversees Medical Equipment Technicians, ensuring competency in delivery, setup, maintenance, and patient education, while enforcing quality control, infection control, and equipment management 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				

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)

4/7/2026
Date

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

Kadence Healthcare, Inc.

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

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

Christopher Foreman
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/7/2026
Date

Board Use Only	Date Received:

4F

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☒ New MDEG	* If making a change, provide current license number:	☐ 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: MED SUPPLY US, LLC

MDEG Physical Address: 1520 E SUNRISE BLVD STE 201

City: FORT LAUDERDALE State: FL Zip: 33304-2363

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 954-398-4474 Website: https://medsupply.us/

Email: Contact@MedSupply.US

Name of MDEG Administrator (NAC 639.694): George Herbert Coloney, IV

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
Direct-to-patient CGM supplier	☐ 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: _____
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
☑ Mon: 9AM-5PM	☑ Tue: 9AM-5PM	☑ Wed: 9AM-5PM	☑ Thurs: 9AM-5PM	☐ Fri: Closed
☐ Sat: Closed	☐ Sun: Closed	☐ Holidays:		

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

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicare PTAN: 7770680001
Florida Medicaid ID: 110183700
CA Medicaid ID: 100222613
Vermont Medicaid ID: 6713203

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: Florida

Parent Company (if any): _____

Corporation/Organization Name: MED SUPPLY US, LLC

Mailing Address: 1520 E SUNRISE BLVD STE 201

City: FORT LAUDERDALE State: FL Zip: 33304-2363

Telephone: 954-398-4474 Email: Contact@MedSupply.US

Contact Person Name: George Herbert Coloney, IV

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.

George Herbert Coloney, IV

Print Name of Authorized Person Submitting Application

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

03/25/2026

Date

Board Use Only	Date Received: 4/13/26	Amount: $500 CK155

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/18/2025

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: Barry Sanders
Knight Insurance Of Broward 9112 Griffin Rd Cooper City FL 33328	PHONE (A/C, No, Ext): (954) 382-5244 FAX (A/C, No): (954) 382-5263 E-MAIL ADDRESS: barry@knightinsuranceoffice.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A: EVANSTON INSURANCE COMPANY
INSURED Med Supply US LLC 1520 E Sunrise Blvd 201 Ft. Lauderdale FL 33304	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			NN1897240	09/17/2025	09/17/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ Excluded
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (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	 $ $ $

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

Medical, hospital & surgical supply stores.

Durable goods sales, braces, testing supplies, diabetic testing supplies, etc.

Business location: 1520 E Sunrise Blvd, Suite 201, Fort Lauderdale, FL, 33304

CERTIFICATE HOLDER

Novitas Solutions-NPEAST
PO Box 3704
Mechanicsburg PA 17055

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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State of Florida
Department of State

I certify from the records of this office that MED SUPPLY US LLC is a limited liability company organized under the laws of the State of Florida, filed on May 15, 2019.

The document number of this limited liability company is L19000131007.

I further certify that said limited liability company has paid all fees due this office through December 31, 2026, that its most recent annual report was filed on January 15, 2026, 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-third day of February, 2026

Secretary of State

Tracking Number: 9532280048CU

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

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

Owner Name: George Herbert Coloney, IV

DOB: [redacted]

SSN: [redacted]

Ownership: 100%

Cell Number: [redacted]

Home Address: [redacted] Fort Lauderdale, FL [redacted]

Email: george@medsupply.us

Detail by Entity Name

Florida Limited Liability Company
MED SUPPLY US LLC

Filing Information

Document Number	L19000131007
FEI/EIN Number	84-2277824
Date Filed	05/15/2019
State	FL
Status	ACTIVE
Last Event	LC AMENDMENT
Event Date Filed	08/02/2019
Event Effective Date	NONE

Principal Address

1520 E Sunrise Blvd
#201
Fort Lauderdale, FL 33304

Changed: 03/15/2023

Mailing Address

1520 E Sunrise Blvd
#201
Fort Lauderdale, FL 33304

Changed: 03/15/2023

Registered Agent Name & Address

REGISTERED AGENTS INC.
1520 E Sunrise Blvd
#201
Fort Lauderdale, FL 33304

Address Changed: 03/15/2023

Authorized Person(s) Detail

Name & Address

Title MGR

Coloney, George
1520 E Sunrise Blvd
#201
Fort Lauderdale, FL 33304

Annual Reports

Report Year	Filed Date
2024	03/03/2024
2025	02/06/2025
2026	01/15/2026

to me

Good afternoon,

This is to confirm that a location that sell **only** diabetic and urological supplies does not need to obtain a home medical equipment provider license according to rule 59A-25.002(2), Florida Administrative Code (F.A.C.).

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

While the Agency for Health Care Administration does not issue certificates/letters of exemption from Home Medical Equipment licensure; all Agency rules can be found in the Florida Administrative Code & Florida Administrative Register (https://www.flrules.org/).

Best regards,

Anaelle Gelin, Health Services & Facilities Consultant
Long Term Care Services Unit
2727 Mahan Drive MS #33, Tallahassee, FL 32308
850-412-4390 (Office) – Anaelle.Gelin@ahca.myflorida.com

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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: MED SUPPLY US, LLC MDEG License # (if applicable): _____

Physical Address: 1520 E SUNRISE BLVD STE 201

City: FORT LAUDERDALE State: FL Zip: 33304-2363

Mailing Address (If different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 954-398-4474 Website: https://medsupply.us/

Licensing Company Email: Contact@MedSupply.US

Section 2: Personal Information

First: George Middle: Herbert Last: Coloney

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

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

Mailing Address: 1520 E SUNRISE BLVD STE 201

City: FORT LAUDERDALE State: FL Zip: 33304-2363

Telephone: 954-398-4474 Email: Contact@MedSupply.US

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

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

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

Section 5: List 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		09/2009 To 06/2014	
Address	**City**	**State**	**Zip**
3300 S University Dr	Fort Lauderdale	FL	33328
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			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 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 to Current	[redacted]	Fort Lauderdale	FL	[redacted]
2016 to 2022		Fort Lauderdale	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: 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)
MED SUPPLY US, LLC			07/2019 to Current
Business Address	**City**	**State**	**Zip**
1520 E SUNRISE BLVD STE 201,	FORT LAUDERDALE	FL	33304
Phone	**Title**	**Number of Employed Hours**	
954-398-4474	Owner/CEO	6years - 30 hours a week	
Description of Duties			
Manages DME business operations for CGM devices, including patient intake, prescription verification, insurance coordination, inventory management, regulatory compliance, and direct distribution to patients.			

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

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

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

_____ 03/25/2026

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

I, George Colorney, **certify that as the MDEG Administrator for** MedSupply US,

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.

George Colorney
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/24/26
Date

Board Use Only	Date Received: 4/29/26

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: MED SUPPLY US, LLC

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

Physical Address: 1520 E SUNRISE BLVD STE 201

City: FORT LAUDERDALE State: FL Zip: 33304-2363

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 954-398-4474 Website: https://medsupply.us/

Licensing Company Email: Contact@MedSupply.US

Section 2: Personal Information

First: George Middle: Herbert Last: Coloney

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

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

Mailing Address: 1520 E SUNRISE BLVD STE 201

City: FORT LAUDERDALE State: FL Zip: 33304-2363

Telephone: [redacted] Email: george@medsupply.us

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

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

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

Section 5: List 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		09/2009 To 06/2014	
Address	**City**	**State**	**Zip**
3300 S University Dr	Fort Lauderdale	FL	33328
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			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 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 to Current	[redacted]	Fort Lauderdale	FL	[redacted]
2016 to 2022		Fort Lauderdale	FL	

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)
MED SUPPLY US, LLC			07/2019 to Current
Business Address	**City**	**State**	**Zip**
1520 E SUNRISE BLVD STE 201.	FORT LAUDERDALE	FL	33304
Phone	**Title**		
954-398-4474	Name: George Herbert Coloney, IV / CEO		

Description of Duties

Manages DME business operations for CGM devices, including patient intake, prescription verification, insurance coordination, inventory management, regulatory compliance, and direct distribution to patients.

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

Description of Duties

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

Description of Duties

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

_____ 03/25/2026

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.

George Coloney

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/24/2026

Date

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

State of Florida, ss. County of Brevard

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

4/24/26

Date

Subscribed and Sworn to before me this 24 day of April.

Notary Public Signature

LEANDRIA RENEE WALKER
Notary Public - State of Florida
Commission # HH 498311
My Comm. Expires Mar 23, 2028
Bonded through National Notary Assn.

4G

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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

Section 1: General Information

Facility Name: Denali Therapeutics Inc.

Physical Address: 161 Oyster Point Blvd.

City: South San Francisco State: CA Zip: 94080

Mailing Address (if different from physical address): (Same)

City: _____ State: _____ Zip: _____

Telephone: 650-866-8547 Website: www.denalitherapeutics.com

Name of Designated Representative (DR): Kalpana Chaturvedi

Licensing Company Email: chaturvedi@dnli.com DR Email: chaturvedi@dnli.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☑ Pharmacies	☐ Dangerous Drugs	☑ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☑ Others: investigational therapy	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: Hospitals & Practitioners		☐ 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:

Christopher Walsh

Original Signature (electronic, copies or stamps not accepted)

9 April 2026

Date

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

Name: _____

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

Name: _____

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

Name: _____

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

Name: _____

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

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): N/A

Corporation Name: Denali Therapeutics Inc.

Mailing Address: 161 Oyster Point Blvd.

City: South San Francisco State: CA Zip: 94080

Telephone: 650-737-2230 Email: walsh@dnli.com

Contact Person Name: Christopher Walsh

Date of SEC Registration: 2017 | Commmission File No. : 001-38311 | Stock Exchange Symbol: DNLI

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: *Note that Denali Therapeutics Inc. is a virtual manufacturer and the FDA does not register virtual entities.*		✓
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.

Denali Therapeutics Inc.

Facility Name

Christopher Walsh

Print Name of Authorized Person Submitting Application

Christopher Walsh

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

9 April 2026

Date

Board Use Only	Date Received: 4/13/26	Amount: $1600 CK 1057

Attachment to Denali Therapeutics Inc. Wholesaler Application (Nevada Board of Pharmacy)

Description of Operations:
Denali Therapeutics Inc. (Denali) is a virtual manufacturer selling prescription drugs to other wholesalers, hospitals, pharmacies and practitioners. As a virtual manufacturer, Denali does not manufacture, maintain or warehouse any non-controlled or controlled substances at its South San Francisco facility. As a result, Denali does not have a DEA registration. The South San Francisco facility is Denali's corporate headquarters.

Denali's hours of operations are Monday through Friday from 8:00 a.m. to 5:00 p.m. PST.

List of Officers

Name	Title	Address	Ownership
Ryan J. Watts, Ph.D	Chief Executive Officer	161 Oyster Point Blvd South San Francisco, CA 94080	2.7%
Alexander O. Schuth, M.D.	Chief Operating and Financial Officer	161 Oyster Point Blvd South San Francisco, CA 94080	1.1%

Employee List

Alexander Schuth
Chris Walsh
Cindy Dunkle
Dana Andersen
Joe Lewcock
Kalpana Chaturvedi
Katie Peng
Peter Chin
Ryan Watts

Attachment to Denali Therapeutics Inc.'s Wholesaler Application (Nevada Board of Pharmacy)

Denali Therapeutics Inc.'s Ownership

Denali Therapeutics Inc. is a publicly traded company (NASDAQ: DNLI). As a publicly traded corporation, ownership changes frequently and to a certain extent cannot be determined, due to shareholders holding their shares in a broker's name.

The following are the two largest historical shareholders, which are the only two who have made filings with the SEC indicating that they hold (or held) at least 5% of the company's outstanding shares (as of the date the filing was made). Below is an estimated breakdown of Denali Therapeutics Inc.'s shareholders as of February 2, 2026, based on information from Denali Therapeutics Inc.

Denali Therapeutics Inc.'s Ownership cont.

Top 5 Holders of Institutional Holdings

Stockholder Name	Share %
Vanguard Group 100 VANGUARD BLVD, MALVERN, Pennsylvania, 19355	9.07
BAILLIE GIFFORD & CO Calton Square, Edinburgh, EH1 3AN	8.55
Blackrock, Inc. 50 Hudson Yards, New York, New York, 10001	8.54
Institutional Shares	73.84

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DENALI 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 ELEVENTH DAY OF NOVEMBER, 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. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5414857 8300

SR# 20254526176

Authentication: 205283985

Date: 11-11-25

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

456 Exempt

Young, Felicia

From: FDB MedDevice <FDBMedDevice@cdph.ca.gov>
Sent: Wednesday, November 5, 2025 3:46 PM
To: Young, Felicia
Subject: RE: Virtual Manufacturer Residing in CA

External Email – Please use caution before opening attachments or clicking links

Hello Felicia,

If Denali Therapeutics Inc. is not involved in any manufacturing processes as defined by CA HSC – Sherman Food, Drug, and Cosmetic Laws, Section 109970, then licensure is not required. If the firm does not partake in the designing, development, research, manufacturing, repackaging, or relabeling of any drug products, licensure is not required.

Per CA HSC – Sherman Food, Drug, and Cosmetic Laws, *"manufacture"* is defined as *the preparation, compounding, propagation, processing, or fabrication of any food, drug, device, or cosmetic.* Specification development falls under propagation and fabrication of devices and is considered a manufacturer. The term "manufacture" includes repackaging or otherwise ***changing the container, wrapper, or labeling of any food, drug, device, or cosmetic*** in furtherance of the distribution of the food, drug, device, or cosmetic. The term "manufacture" does not include repackaging from a bulk container by a retailer at the time of sale to its ultimate consumer.

Unfortunately, the Branch does not provide exemption letters. The reason is that firms cannot be "exempt" from regulations that are not applicable to their operations; based on the information, the business is not subjected to CA HSC – Sherman Food, Drug, and Cosmetic Laws.

Thank you,
FDB MedDevice

From: Young, Felicia <felicia.young@cardinalhealth.com>
Sent: Wednesday, November 5, 2025 9:46 AM
To: FDB MedDevice <FDBMedDevice@cdph.ca.gov>; FDBINFO (CDPH-FDB) <FDBINFO.FDBINFO@cdph.ca.gov>
Cc: Young, Felicia <felicia.young@cardinalhealth.com>
Subject: RE: Virtual Manufacturer Residing in CA

Hello,

To clarify, my client, Denali Therapeutics Inc., is a virtual manufacturer.

Description of Operations

Denali Therapeutics Inc. (Denali) is a virtual manufacturer selling prescription drugs to other wholesalers, hospitals, pharmacies and practitioners. As a virtual manufacturer, Denali does not manufacture, maintain or warehouse any non-controlled or controlled substances at its South San Francisco facility.

Is this client required to obtain a license in California. If not, would you provide a letter of exemption?

Thanks

Felicia

From: FDB MedDevice <FDBMedDevice@cdph.ca.gov>
Sent: Thursday, May 29, 2025 9:41 AM
To: Young, Felicia <felicia.young@cardinalhealth.com>; FDBINFO (CDPH-FDB) <FDBINFO.FDBINFO@cdph.ca.gov>
Subject: RE: Virtual Manufacturer Residing in CA

External Email – Please use caution before opening attachments or clicking links

Hello Felicia,

Thank you for contacting the California Department of Public Health – Food and Drug Branch about your inquiry. The Branch licenses medical device and drug manufacturers operating in California.

Per the Sherman Food, Drug, and Cosmetic Law Health and Safety Code, 109970, *"manufacture"* is defined as *the preparation, compounding, propagation, processing, or fabrication of any food, drug, device, or cosmetic*. Specification development falls under propagation and fabrication of devices and is considered a manufacturer. The term "manufacture" includes repackaging or otherwise ***changing the container, wrapper, or labeling of any food, drug, device, or cosmetic*** in furtherance of the distribution of the food, drug, device, or cosmetic. The term "manufacture" does not include repackaging from a bulk container by a retailer at the time of sale to its ultimate consumer.

Specification development falls under propagation and fabrication of devices and is considered a manufacturer. Specification developers are involved in manufacturing because they are the owner of the device. They are involved in Design Controls, Purchasing Controls, Document Controls, Corrective and Preventive Actions, Complaint Handling and more. Those are elements of the Quality System, and all manufacturers must establish a Quality System.

If the virtual supplier is not further fabricating the product in California, nor performs activities that fall under the "manufacture" definition per Sherman, licensure is not required.

Thank you,
FDB MedDevice

From: Young, Felicia <felicia.young@cardinalhealth.com>
Sent: Thursday, May 29, 2025 4:57 AM
To: FDBINFO (CDPH-FDB) <FDBINFO.FDBINFO@cdph.ca.gov>; FDB MedDevice <FDBMedDevice@cdph.ca.gov>
Cc: Young, Felicia <felicia.young@cardinalhealth.com>
Subject: Virtual Manufacturer Residing in CA

Hello,

I was told that CA law does not reference virtual suppliers. Therefore, CA does not license virtual suppliers and it is not within your law.

Is this still true information?

Thanks

Felicia

Out of Office Planned 06/7/25 – 06/9/25
Working remote.

Ask Me About
Mental Health
FIRST AID

CardinalHealth
Essential to care™

Felicia Young, B.S.
State Licensing Supervisor
Regulatory Sciences, Specialty Solutions
7400 W. 110th Street, Suite 150
Overland Park, KS 66210
913-661-3867 Direct
Email: felicia.young@cardinalhealth.com

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

FORM 10-K

(Mark One)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2025

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from _____ to _____

Commission File Number: 001-38311

Denali Therapeutics Inc.

(Exact name of registrant as specified in its charter)

Delaware	46-3872213
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)

161 Oyster Point Blvd.
South San Francisco, CA, 94080

(Address of principal executive offices and zip code)

(650) 866-8547

(Registrant's telephone number, including area code)

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

Title of each class	Trading Symbol	Name of each exchange on which registered
Common Stock, par value $0.01 per share	DNLI	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 Securities Exchange 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. (Check one):

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

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

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

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

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

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of the common stock held by non-affiliates of the registrant as of June 30, 2025 (the last business day of the registrant's most recently completed second fiscal quarter) was approximately $1.1 billion, based on the closing price of the registrant's common stock, as reported by the Nasdaq Global Select Market on June 30, 2025 of $13.99 per share. Shares of the registrant's common stock held by each executive officer, director and holder of 5% or more of the outstanding common stock have been excluded in that such persons may be deemed to be affiliates. This calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose.

The number of outstanding shares of the registrant's common stock as of February 20, 2026 was 158,591,491 par value $0.01 per share, outstanding. This number does not include 28,331,779 shares of common stock issuable upon the exercise of pre-funded warrants outstanding as of February 20, 2026 (which are immediately exercisable at an exercise price of $0.01 per share of common stock, subject to beneficial ownership limitations). See Note 8 — Common Stock to the registrant's consolidated financial statements.

DOCUMENTS INCORPORATED BY REFERENCE:

Portions of the registrant's Definitive Proxy Statement relating to the registrant's 2026 Annual Meeting of Stockholders are incorporated by reference into Part III of this Annual Report on Form 10-K where indicated. Such Definitive Proxy Statement will be filed with the Securities and Exchange Commission within 120 days after the end of the registrant's 2025 fiscal year ended December 31, 2025.

Denali Therapeutics Inc.
Annual Report on Form 10-K
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PART I

Special Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K contains forward-looking statements. All statements other than statements of historical facts contained in this report, including statements regarding our future results of operations and financial position, business strategy, product candidates, planned preclinical studies and clinical trials, research and development costs, regulatory approvals, timing and likelihood of success, as well as plans and objectives of management for future operations, are forward-looking statements. These statements involve known and unknown risks, uncertainties and other important factors that are in some cases beyond our control and may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements.

In some cases, you can identify forward-looking statements by terms such as "may," "will," "should," "would," "expect," "plan," "anticipate," "could," "intend," "target," "project," "contemplate," "believe," "estimate," "predict," "potential" or "continue" or the negative of these terms or other similar expressions. Forward-looking statements contained in this report include, but are not limited to, statements about:

- *the progress, success, cost and timing of our development activities, preclinical studies and clinical trials, and in particular the development of our blood-brain barrier ("BBB") platform technology, programs, and biomarkers, including the initiation and completion of studies or trials and related preparatory work, enrollment in such trials, the timing of when data from clinical trials will become available, the advancement of new molecule entities into clinical development and related timing, and the filing of investigational new drug applications or clinical trial applications;*
- *the impact of preclinical findings on our ability to achieve exposures of our product candidates that allow us to explore a robust pharmacodynamic range of these candidates in humans;*
- *the expected potential benefits and potential revenue resulting from strategic collaborations with third parties and our ability to attract collaborators with development, regulatory, and commercialization expertise;*
- *the timing or likelihood of regulatory filings and approvals;*
- *our ability to obtain and maintain regulatory approval of our product candidates, and any related restrictions, limitations, and/or warnings in the label of any approved product candidate;*
- *the extent to which any dosing limitations that we have been subject to, and/or may be subject to in the future, may affect the success of our product candidates;*
- *the scope of protection we are able to establish and maintain for intellectual property rights covering our product candidates and technology;*
- *the terms and conditions of licenses granted to us and our ability to license and/or acquire additional intellectual property relating to our product candidates and Transport Vehicle;*
- *our ability to obtain funding for our operations, including funding necessary to develop and commercialize our current and potential future product candidates;*
- *our plans and ability to establish sales, marketing, manufacturing, and distribution infrastructure to commercialize any product candidates for which we obtain approval;*
- *future agreements with third parties in connection with the commercialization of our product candidates;*

- *the size and growth potential of the markets for our product candidates, if approved for commercial use, and our ability to serve those markets;*
- *the rate and degree of market acceptance of our product candidates;*
- *existing regulations and regulatory developments in the United States and foreign countries;*
- *potential claims relating to our intellectual property and third-party intellectual property;*
- *our ability to contract with third-party suppliers and manufacturers and their ability to perform adequately;*
- *our plans and ability to develop our own manufacturing facilities;*
- *the pricing and reimbursement of our product candidates, if approved and commercialized;*
- *the success of competing products or platform technologies that are or may become available;*
- *our ability to attract and retain key managerial, scientific, and medical personnel;*
- *the accuracy of our estimates regarding expenses, future revenue, capital requirements and needs for additional financing;*
- *our ability to enhance operational, financial, and information management systems;*
- *the impact of adverse economic conditions such as instability in the financial services sector, rising interest rates, rising inflation, and increased labor market competition;*
- *the impact of increased geopolitical uncertainty, the global pandemic, and related global economic disruptions and social conditions on our business; and*
- *our financial performance.*

We have based these forward-looking statements largely on our current expectations and projections about our business, the industry in which we operate, and financial trends that we believe may affect our business, financial condition, results of operations and prospects, and these forward-looking statements are not guarantees of future performance or development. These forward-looking statements speak only as of the date of this report and are subject to a number of risks, uncertainties and assumptions described in the section titled "Risk Factors" and elsewhere in this report. Because forward-looking statements are inherently subject to risks and uncertainties, some of which cannot be predicted or quantified, you should not rely on these forward-looking statements as predictions of future events. The events and circumstances reflected in our forward-looking statements may not be achieved or occur and actual results could differ materially from those projected in the forward-looking statements. Except as required by applicable law, we undertake no obligation to update publicly any forward-looking statements for any reason after the date of this Annual Report on Form 10-K to conform these statements to actual results or to changes in expectations.

In addition, statements that "we believe" and similar statements reflect our beliefs and opinions on the relevant subject. These statements are based upon information available to us as of the date of this report, and while we believe such information forms a reasonable basis for such statements, such information may be limited or incomplete, and our statements should not be read to indicate that we have conducted an exhaustive inquiry into, or review of, all potentially available relevant information. These statements are inherently uncertain and you are cautioned not to unduly rely upon these statements.

This report contains estimates, projections and other information concerning our industry, our business and the markets for our product candidates. We obtained the industry, market and similar data set forth in this report from our own internal estimates and research and from academic and industry research, publications, surveys and studies conducted by third parties, including governmental agencies. Information that is based on estimates, forecasts, projections, market research or similar methodologies is inherently subject to uncertainties and actual events or circumstances may differ materially from events and circumstances that are assumed in this information. While we believe that the data we use from third parties are reliable, we have not separately verified these data. Further, while we believe our internal research is reliable, such research has not been verified by any third party. You are cautioned not to give undue weight to any such information, projections and estimates.

ITEM 1. BUSINESS

Overview and Strategy

Our purpose is to bring the power of biotherapeutics to the whole body, including the brain, by discovering, developing, and delivering medicines for people living with serious diseases.

Historically, the blood-brain barrier has been a major challenge to the development of medicines for diseases of the central nervous system. While the blood-brain barrier protects the brain and is essential for our survival, it also prevents the delivery of medicines to the brain in sufficient quantities to have therapeutic effect. We have invented, developed, and validated a proprietary technology, called the TransportVehicle™ ("TV"), to address the blood-brain barrier challenge and enable a new class of barrier-crossing therapeutics. The TV has a modular design enabling delivery of large molecules, i.e., enzymes, oligonucleotides, and antibodies, to all tissues of the body, including the brain, by crossing the blood-brain barrier after systemic administration. Over the last few decades, large molecule biotherapeutics have enabled medical breakthroughs in treating a wide array of serious diseases, but with very limited success in central nervous system diseases. Now, with the invention and validation of our TV technology, we are leading the field in delivering on the potential of biotherapeutics to transform the lives of individuals with neurodegenerative diseases, lysosomal storage disorders, and other serious diseases.

We are building a broad portfolio of therapeutic candidates by investing in our TV franchises, i.e., Enzyme TV ("ETV"), Oligonucleotide TV ("OTV"), and Antibody TV ("ATV"), to advance programs for rare diseases, such as lysosomal storage diseases, and common diseases, such as Alzheimer's disease and Parkinson's disease. Our most advanced TV-enabled program is tividenofusp alfa (DNL310, ETV:IDS) for the potential treatment of mucopolysaccharidosis II ("MPS II", or Hunter syndrome). The biologics license application ("BLA") for tividenofusp alfa is under priority review for accelerated approval by the U.S. Food and Drug Administration ("FDA"), and we have established commercial readiness in anticipation of the Prescription Drug User Fee Act (PDUFA) target action date of April 5, 2026. Our TV-enabled clinical development portfolio also includes DNL126 (ETV:SGSH) for mucopolysaccharidosis IIIA ("MPS IIIA", or Sanfilippo syndrome type A), DNL593 (PTV:PGRN) for frontotemporal dementia-granulin ("FTD-*GRN*"), DNL628 (OTV:MAPT) for Alzheimer's disease, and DNL952 (ETV:GAA) for Pompe disease. We believe the combination of a clinically-validated delivery platform and a maturing therapeutic portfolio will position us for long-term success in our goal to deliver barrier-crossing, targeted, and effective medicines.

Key elements of our strategy include:

1) **Discover:** Advance a new class of barrier-crossing therapeutics by leveraging our TV platforms and deep expertise in blood-brain barrier biology to enhance the delivery of biotherapeutics to the brain and throughout the body.

2) **Develop:** Accelerate and expand a broad portfolio of TV-based product candidates to fully unlock the potential of barrier-crossing therapeutics, applying patient-informed development and driving biomarker-guided regulatory approvals.

3) **Deliver:** Launch initial products targeting rare lysosomal storage diseases as a strategic foundation for expansion into common neurodegenerative conditions and other serious diseases, while building integrated capabilities for long-term growth and profitability.

Our "D3X3" strategy reflects our next phase of execution and is anchored in our "Discover, Develop, Deliver" (D3) framework, with three-year objectives (X3) across our portfolio, as we transition from platform validation to delivery and scalable growth. Our goals are to (i) deliver two growing commercial brands, tividenofusp alfa (ETV:IDS) for Hunter syndrome and DNL126 (ETV:SGSH) for Sanfilippo syndrome type A, establishing the foundation for a durable rare disease franchise; (ii) achieve five clinical proof-of-concept readouts across our portfolio, including programs in Alzheimer's disease (ATV:Abeta and OTV:MAPT), FTD-*GRN* (PTV:PGRN), Pompe disease (ETV:GAA), and Parkinson's disease (LRRK2 inhibitor); and (iii) advance four to six additional TV-enabled programs into the clinic (**Figure 1**). We believe disciplined and efficient execution against these objectives will demonstrate the breadth and scalability of our TV platform, position us to deliver sustainable long-term growth, and advance our mission to unlock the full potential of biotherapeutics with the goal of transforming the lives of people living with serious diseases.

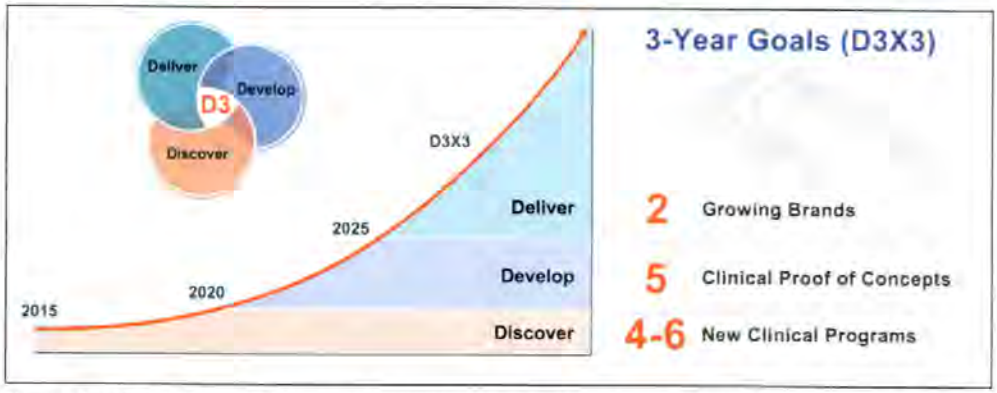

Figure 1: **Denali's D3X3 Three-Year Strategic Framework.** Illustration of Denali's evolution over time in the context of our Discover, Develop, Deliver (D3) foundation and three-year (D3X3) objectives (2026 - 2028) to deliver two growing brands, achieve five clinical proof-of-concept readouts, and advance four to six new clinical programs as we transition from platform validation to commercial delivery and scalable growth.

We expect our first potential product launches will be with tividenofusp alfa for MPS II followed by DNL126 for MPS IIIA. MPS II and MPS IIIA belong to a group of lysosomal storage diseases, which are caused by genetic mutations that lead to single-enzyme deficiencies. Lysosomal storage diseases afflict more than 30,000 individuals worldwide. About two-thirds of these diseases affect the central nervous system; however, the current standard treatment, enzyme replacement therapy, does not address central nervous system manifestations, even for the lysosomal storage diseases where enzyme replacement therapy is available. Our ETV therapeutics are designed as next-generation enzyme replacement therapies to address both central nervous system and somatic manifestations of lysosomal storage diseases. Our BLA submission for tividenofusp alfa under the accelerated approval pathway is based on alignment with the FDA that cerebrospinal fluid ("CSF") heparan sulfate may be used as a surrogate biomarker for MPS II. Likewise, given that CSF heparan sulfate is also the primary substrate in MPS IIIA, we have aligned with the FDA on an accelerated approval path for DNL126. Together, we expect these two programs to have a combined market opportunity of over $1 billion and to be the foundation of a broad commercial franchise of ETV-enabled enzyme replacement therapies with a collective market potential of over $5 billion.

We have established commercial readiness for tividenofusp alfa including continued dialogue with advocacy groups, prescribers and payers, and building a suite of patient support services and capabilities to enable access. We have established a right-sized team in commercial and medical affairs to support tividenofusp alfa and additional ETV launches, including DNL126 (ETV:SGSH) for MPS IIIA. We include PTV:PGRN as one of our ETV franchise programs as it has a similar mechanism of action in increasing levels of deficient or missing protein to improve lysosomal function. We have an active collaboration with Takeda Pharmaceutical Company Limited ("Takeda") for the development and commercialization of TAK-594/DNL593 (PTV:PGRN) for FTD-*GRN*. We are initiating clinical development with DNL952 (ETV:GAA) for late-onset Pompe disease, expanding the reach of our TV platform into muscle disease. We intend to commercialize these product candidates, if approved, in key markets and/or leverage partnerships or distributors to ensure optimal access for patients. Launching in rare indications first gives us the opportunity to build and establish our own commercial organization so that we are poised for success in larger indications over time.

In parallel, we are advancing TV-enabled programs for common neurodegenerative diseases, such as Alzheimer's disease and Parkinson's disease, which afflict over 40 million individuals worldwide and have a market potential of over $5 billion per indication. We have advanced DNL628 (OTV:MAPT) targeting tau into a Phase 1b clinical study for Alzheimer's disease, and we plan to submit a regulatory application in the first half of 2026 to begin clinical testing of DNL921 (ATV:Abeta) targeting amyloid plaques. Amyloid plaques and tau tangles are pathological hallmarks of Alzheimer's disease. We are targeting both of these pathologies with our ATV and OTV platforms, respectively, aiming to deliver the next generation of anti-amyloid therapeutics and a potential first-in-class anti-tau therapeutic. Preclinical studies with ATV:Abeta have demonstrated potential for better efficacy and safety compared to a standard antibody, with superior plaque reduction and very low rates of amyloid related imaging abnormalities ("ARIA"). Likewise, preclinical studies with OTV:MAPT have demonstrated robust and sustained reductions of tau protein. For late-stage development and commercialization in common indications, such as Alzheimer's disease, we may plan to initially leverage strategic collaborations that contribute existing global infrastructure.

In addition to our development programs for neurodegenerative and lysosomal storage diseases, we have a robust discovery effort to further expand our portfolio and capture the full potential of our TV platform to enhance delivery of biotherapeutics to all tissues in the body. We are also pursuing opportunities of unmet need in other disease areas including oncology. For example, we have engineered a bispecific ATV:HER2 antibody and have demonstrated preclinically improved peripheral anti-tumor activity as well as enhanced brain uptake of the bispecific ATV:HER2 as compared to a non-ATV HER2 antibody. The data support the potential for ATV:HER2 to treat HER2-positive peripheral tumors and brain metastases and further validate the potential for TV applications in oncology.

Our therapeutic portfolio also includes BIIB122/DNL151 (LRRK2 inhibitor) for Parkinson's disease, a small molecule drug candidate that does not use the TV platform but is engineered with optimized chemical and physical properties to cross the blood-brain barrier. Denali has an active collaboration with Biogen Inc.'s subsidiaries, Biogen MA Inc. ("BIMA") and Biogen International GmbH ("BIG") (BIMA and BIG, collectively, "Biogen") for the development and commercialization of BIIB122/DNL151. Biogen is conducting the global Phase 2b LUMA study, which is evaluating the ability of BIIB122 to slow disease progression as compared to placebo in participants with early-stage Parkinson's disease. A total of 650 participants were enrolled in LUMA and data are expected in mid-2026. In addition, Denali is conducting the complementary Phase 2a BEACON study in LRRK2-associated Parkinson's disease with the aim to generate biomarker and safety data to inform how LRRK2 inhibition may impact this disease.

In March 2025, we officially opened our clinical biomanufacturing facility in Salt Lake City, Utah, expanding our U.S. manufacturing capabilities and strengthening supply chain control and operational efficiency. We have begun manufacturing drug supply for clinical trials to support expansion of our TV-enabled therapeutic portfolio. We employ standard antibody manufacturing processes, including Chinese hamster ovary cell culture and Protein A affinity purification, which are compatible with existing global manufacturing infrastructure and enable efficient scale-up. We expect to continue a hybrid manufacturing strategy, utilizing both internal capabilities and external contract manufacturers for additional capacity, sterile fill-finish, and oligonucleotide synthesis, as appropriate, to support our pipeline and future commercial needs.

Collaborations and partnering are central components of our strategy to build, develop, and commercialize our portfolio of product candidates. We have numerous arrangements with biopharmaceutical companies, technology companies, academic institutions, foundations, and patient-focused data companies. Notable active arrangements include those with Biogen and Takeda as described above and Genzyme Corporation, a wholly owned subsidiary of Sanofi S.A. ("Sanofi"), for the development and commercialization of SAR443122/DNL758 (peripherally restricted small molecule RIPK1 inhibitor) in ulcerative colitis. We hold significant development and commercialization rights to all of our central nervous system programs, including the programs which are subject to our collaboration agreements with Biogen and Takeda, where we share responsibility for clinical development and share commercialization rights in the United States and China. Our costs of developing programs associated with these collaborations are largely covered through upfront payments, expected incoming milestone and royalty payments, and cost sharing. We may seek additional strategic partnering opportunities as we strive to capture the full value of our portfolio and platforms.

We are guided by the core Denali Values of trust, growth, grit and unity. Our working culture seeks to develop quality leaders, emphasize continuous growth, and promote problem-solving and invention. We strive to manage our operations in a way that is sustainable and reduces our impact on the environment, including through a Green Alternative program, which provides researchers with information on suitable alternative chemicals that have a lower environmental impact for common solvents. Additionally, several waste streams have been segregated on-site for proper disposal or recycling, such as containers, food waste, plastics, styrofoam, and glass chemical containers, to maximize recycling and composting. We also maintain an ongoing commitment to corporate governance principles, with oversight of ESG matters by Denali's Board of Directors, and strong performance orientation in our compensation program.

Our TransportVehicle™ Platform

Historically, the blood-brain barrier has been a major challenge to the development of medicines for diseases of the central nervous system. As a tightly knit layer of endothelial cells lining the vasculature of the brain, the blood-brain barrier protects the brain from threats such as harmful substances and infections by closely regulating transport of molecules from the blood into and out of the brain. While the blood-brain barrier is essential for our survival, it also prevents the delivery of medicines to the brain in sufficient quantities to have therapeutic effect. We have pioneered and are developing a new class of biotherapeutics to directly address the blood-brain barrier challenge.

We invented, developed, and continue to optimize a proprietary technology, called the TransportVehicle™ ("TV"), to deliver our large molecule biotherapeutic candidates to the brain after systemic administration. Our research has shown that the TV platform enables efficient delivery of biotherapeutics throughout the body, including the brain and other tissues that are traditionally difficult to reach. By engaging endogenous receptor-mediated transport pathways, such as the transferrin receptor ("TfR"), the TV enhances distribution beyond the vasculature, supporting uptake in the central nervous system as well as peripheral tissues such as muscle, bone, and other organs. This whole-body delivery capability allows us to address diseases with both central and systemic manifestations using a single therapeutic approach. Our TV technology is modular and enables brain delivery of several classes of biotherapeutics including enzymes, oligonucleotides, antibodies, and other proteins (**Figure 2**).

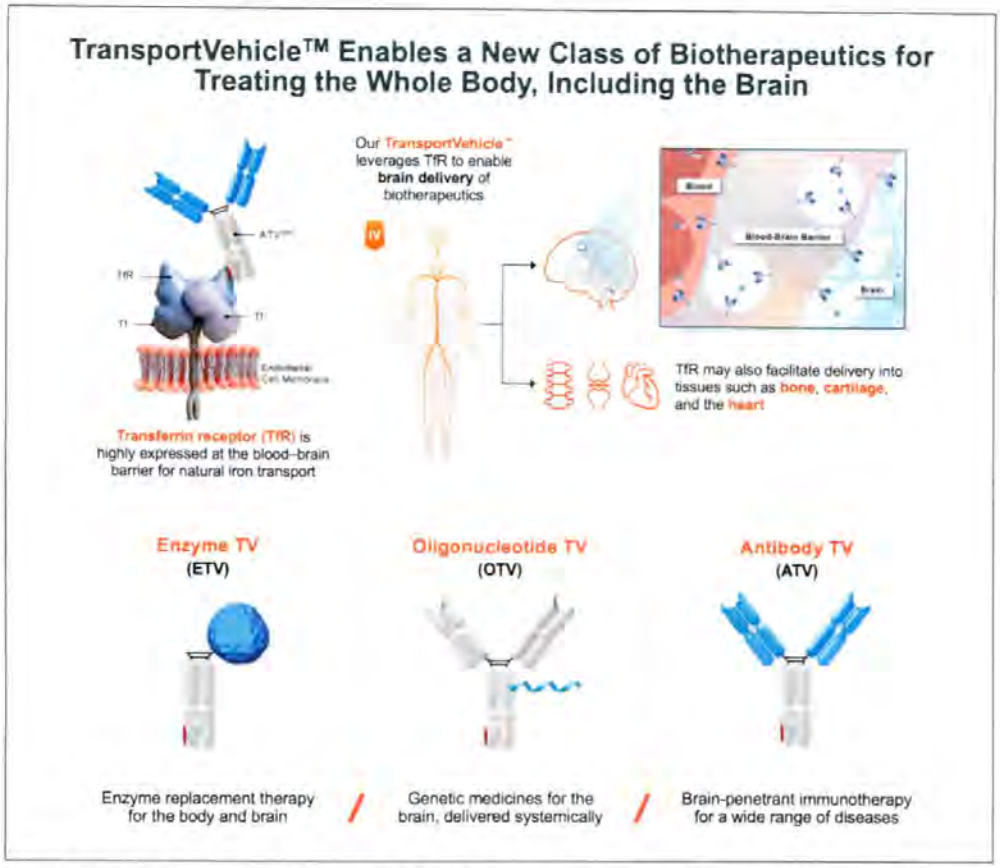

Figure 2. Engineering brain delivery. Schematic of the TV platform and modalities, designed to cross the blood-brain barrier through receptor mediated transcytosis, leveraging endogenous receptors expressed on endothelial cells of the central nervous system vasculature.

Our TV technology is differentiated from other blood-brain barrier technologies through its engineering approach, which may provide superior therapeutic efficacy, safety, and tolerability through higher stability, exposure, and biodistribution as well as the potential for lower immunogenicity of drug candidates in the brain. Compared to conventional approaches that use the Fab portion (the "arms") of a full-length antibody to bind to the targeted blood-brain barrier receptor (e.g.,TfR), we use an Fc domain (the "legs") (**Figure 3**). We have engineered the blood-brain barrier receptor binding site into one of the Fc's (monovalent binding) and we can optimize binding affinity (how tightly the Fc binds its blood-brain barrier receptor target) and epitope (where the Fc binds its blood-brain barrier receptor target) to enhance brain delivery and limit receptor degradation. Clinical and preclinical studies with several of our TV-enabled product candidates demonstrated high concentrations and broad distribution in all explored regions of the central nervous system and in key central nervous system cell types and showed improved pharmacodynamic effects compared to standard biotherapeutics.

We can also modify the amino acid sequences in the Fc to enable "conditional effector function", which is important for optimal activity of certain molecules, such as ATV:Abeta, that require immune cell activity for therapeutic effect. By toggling effector function "on or off", the loss of reticulocytes (immature red blood cells) can be avoided, potentially limiting anemia, which is a known liability associated with targeting TfR. Further, as the blood-brain barrier receptor binding site is a short amino acid sequence integrated into the Fc, the TV maintains high fidelity to the natural protein and does not require appended sequences, thereby improving stability and limiting risk of immunogenicity and infusion-related reactions ("IRRs"). In addition, Fc engineering enables modularity for the broadest utility to transport biologics including enzymes, oligonucleotides, and antibodies.

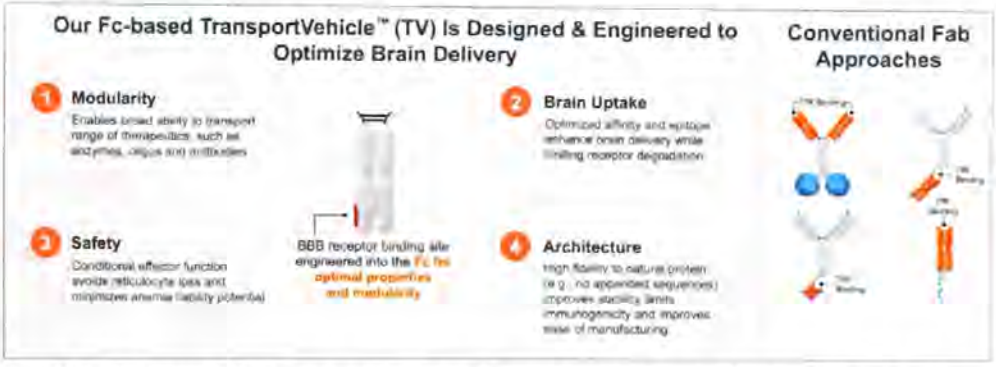

Figure 3: Denali's Fc-based TV technology is modular, designed to optimize brain delivery and safety, and is highly differentiated from conventional Fab-based approaches.

Across TV modalities, we have shown in preclinical and/or clinical studies that TV enables broader brain biodistribution, enhanced target engagement, and normalization of key disease biomarkers (**Figure 4**). More than 200 subjects have participated in clinical studies of our TV-enabled programs and more than 11,000 doses of TV-enabled therapeutics have been administered for up to over five years (as of November 3, 2025). We achieved proof of concept with safety and pharmacokinetic and pharmacodynamic data from Phase 1/2 clinical studies in patients and healthy volunteers, as well as data from several preclinical studies in mouse and nonhuman primate models. For example, we have demonstrated the ability to correct neurodegeneration observed as substantial reduction and normalization of levels of neurofilament light chain ("NfL"), a biomarker of neuronal damage, in the Phase 1/2 study of tividenofusp alfa for MPS II as well as in multiple animal models.

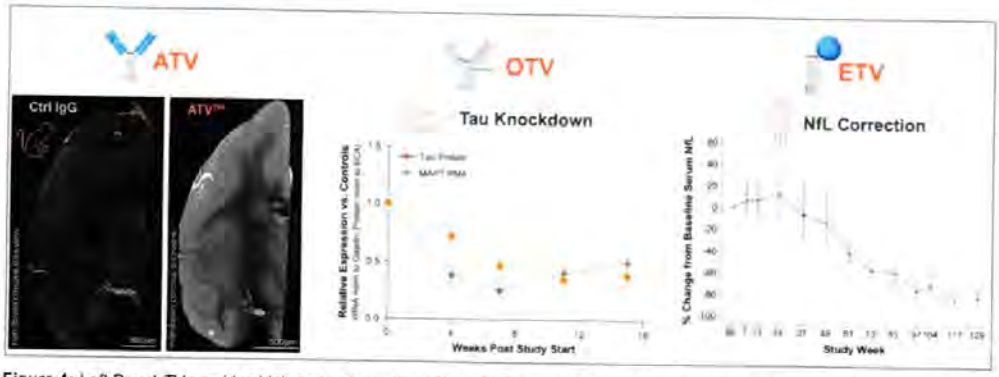

Figure 4: *Left Panel:* TV provides high and uniform deposition of ATV across the brain with systemic delivery; *Middle Panel:* TV enables sustained brain tau knockdown with OTV:MAPT systemic delivery; *Right Panel:* TV enables ETV:IDS to reduce serum NfL by >80%, achieving normal levels.

We believe that we can further expand our portfolio by targeting other blood-brain barrier receptors that may confer different properties from targeting TfR. For example, we are targeting CD98hc, an amino acid transporter highly expressed on the blood-brain barrier (**Figure 5**). Our preclinical studies have established TV^{CD98hc} as a modular brain delivery platform with favorable kinetic, biodistribution, and safety properties distinct from previously reported blood-brain barrier platforms. We believe that the distinct properties of our two TV platforms, TV^{TfR} and TV^{CD98hc} may enable selection of the optimal platform for a given drug target thereby expanding our portfolio opportunities. In addition, we have developed a dual TV platform that engages both TfR and CD98hc, combining complementary brain delivery properties and providing additional flexibility to optimize brain exposure across a range of therapeutic programs.

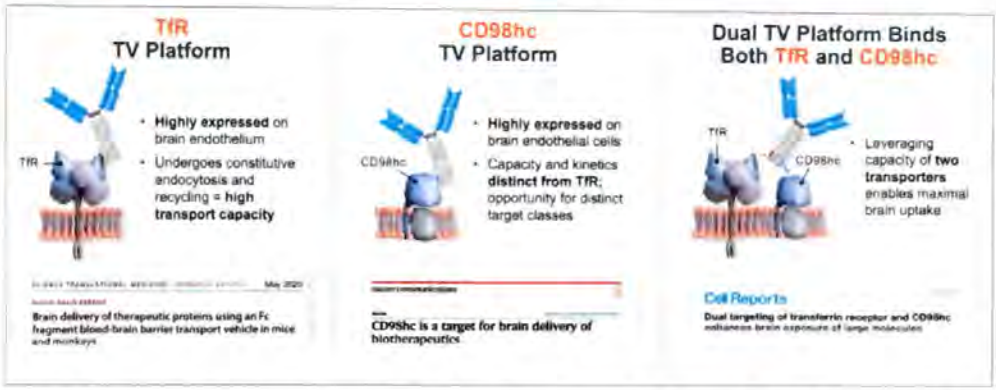

Figure 5: TV^{TfR} targets TfR and TV^{CD98hc} targets CD98hc, an amino acid transporter. Both receptors are highly expressed on the blood-brain barrier and can be utilized for brain delivery of biotherapeutics.

Our Therapeutic Portfolio

Our therapeutic portfolio (**Figure 6**) currently includes five clinical-stage TV-enabled programs and more than ten programs in preclinical development and spans a broad range of investigational therapies for neurodegenerative diseases, lysosomal storage disorders, and other serious diseases. In addition to our current clinical development portfolio, we expect to advance four to six new molecule entities ("NMEs") into clinical development over the next three years beginning in 2026. We discuss our most advanced programs in further detail below.

Figure 6: Our therapeutic portfolio is broad and diverse, spanning neurodegenerative diseases, lysosomal storage disorders, and other serious diseases that may be addressed by our TV platform for enabling and enhancing the delivery of biotherapeutics to target tissues.

Enzyme TransportVehicle™ Franchise

The Enzyme TransportVehicle™ ("ETV") franchise (**Figure 7**) represents our first potential commercial application of the TV platform and is designed to address significant unmet needs in lysosomal storage disorders, many of which have both central nervous system and systemic manifestations. By enabling efficient delivery of enzyme replacement therapies to the brain and throughout the body, the ETV franchise has the potential to improve upon existing standards of care that are limited by inadequate tissue distribution, and do not reach the brain in sufficient concentrations. We believe the ETV franchise offers a substantial near- and long-term commercial opportunity, supported by validated disease biology, established regulatory pathways, and the historically high success rates of approximately 80 percent of enzyme replacement therapies in rare genetic diseases.

The ETV franchise is intended to serve as the commercial and financial foundation of our business, with the anticipated launch of tividenofusp alfa for Hunter syndrome and the advancement of additional ETV programs, including DNL126 for Sanfilippo syndrome type A, DNL593 for FTD-*GRN*, and DNL952 for Pompe disease. Revenue generated from the ETV franchise is expected to support continued investment in our TV platform, enabling us to expand our pipeline across additional enzyme, antibody, and oligonucleotide-based therapeutics. Through this strategy, we aim to build a sustainable, revenue-generating rare disease business while funding the long-term development of our broader platform across neurodegenerative and other serious diseases.

Figure 7: Our ETV franchise is intended to deliver the next generation of enzyme replacement therapies designed to treat central nervous system and somatic manifestations of lysosomal storage diseases and other serious genetic diseases.

ETV Clinical Programs

Tividenofusp alfa (DNL310, ETV:IDS) Enzyme Replacement Therapy Program for MPS II (Hunter Syndrome)

MPS II, also called Hunter syndrome, is a rare genetic disease that affects over 2,000 individuals, primarily males, in commercially accessible geographies world-wide and leads to behavioral, cognitive, and physical symptoms ultimately resulting in shortened lifespan. MPS II is caused by mutations in the iduronate-2-sulfatase ("*IDS*") gene, which leads to a deficiency of the IDS enzyme responsible for the breakdown of the glycosaminoglycans ("GAGs") heparan sulfate and dermatan sulfate in lysosomes. Symptoms often begin emerging around age two and include physical complications, including organ dysfunction, joint stiffness, hearing loss and impaired growth leading to short stature, and neurocognitive symptoms with impaired development. The disease is characterized by a buildup of GAGs in lysosomes, the part of the cell that breaks down materials, including GAGs. The current standard of care enzyme replacement therapy partially treats the physical symptoms but does not cross the blood-brain barrier, and as a result, cognitive and behavioral symptoms experienced by the majority of patients with MPS II are not addressed. Therapies that address behavioral, cognitive, and somatic manifestations of the disease are one of the greatest unmet needs for this community.

Tividenofusp alfa (DNL310, ETV:IDS), composed of the IDS enzyme fused to TV, is designed to deliver IDS into cells and tissues throughout the body, including the brain by crossing the blood-brain barrier, with the goal of addressing behavioral, cognitive, and physical manifestations of Hunter syndrome (MPS II). In March 2021, the U.S. Food and Drug Administration granted Fast Track designation to tividenofusp alfa for the treatment of patients with MPS II. In May 2022, the European Medicines Agency ("EMA") granted tividenofusp alfa Priority Medicines designation. In January, 2025, the FDA granted tividenofusp alfa Breakthrough Therapy Designation for MPS II.

In September 2024, we announced a successful Type C meeting with FDA's Center for Drug Evaluation and Research ("CDER") providing a path to filing a BLA for accelerated approval and subsequent conversion to full approval for tividenofusp alfa based on the Phase 2/3 COMPASS study for the treatment of MPS II. Agreement was reached that a reduction in CSF heparan sulfate is reasonably likely to predict clinical benefit and can be used as a surrogate endpoint to support accelerated approval for tividenofusp alfa in MPS II.

In May 2025, we announced that the BLA was submitted under the accelerated approval pathway and included preclinical and clinical data on biomarkers (CSF and urine heparan sulfate and neurofilament light ("NfL")), safety data, and clinical data including liver volume, hearing thresholds, cognition, and adaptive behavior. In July 2025, we announced that the FDA accepted the BLA submission and assigned a PDUFA target action date of January 5, 2026. In October 2025, we announced that the FDA had extended its review timeline of the BLA and assigned a new PDUFA target date of April 5, 2026. The extension followed our submission of updated clinical pharmacology data in response to an information request from the FDA as part of the standard review process and was not related to efficacy, safety or biomarkers. The FDA classified the submission as a Major Amendment (MA) to the BLA, which, per FDA regulations, extended the review by three months. No additional data were requested by the FDA in the MA letter. We believe that the updated information submitted in the amendment does not affect the clinical pharmacology or benefit-risk conclusions of the BLA.

Tividenofusp alfa received Rare Pediatric Disease Designation ("RPDD") status for the treatment of Hunter syndrome in January 2019. In December 2025, we announced ongoing dialogue with the FDA related to the eligibility of tividenofusp alfa to receive a Rare Pediatric Disease Priority Review Voucher ("PRV") upon approval. Because we submitted a filing of our intent to request a PRV after the initial BLA submission, based on discussions with the FDA, we may not be eligible to receive the PRV. Therefore, we are not including any potential future proceeds from the sale of a PRV in our financial planning. We continue to work with the FDA and the FDA will determine whether to award a PRV upon approval of tividenofusp alfa.

The Late Cycle Meeting with the FDA has been completed and labeling discussions are ongoing. We are building our launch plans in partnership with the MPS II community, and we are engaged in prelaunch activities, including continued dialogue with advocacy groups, prescribers and payers, and building a suite of patient support services and capabilities to enable access. We have built a right-sized team in commercial and medical affairs to support tividenofusp alfa and additional ETV product launches.

We are also conducting the global Phase 2/3 COMPASS study, which will support global approval. The Phase 2/3 COMPASS study is being conducted in North America, South America, and Europe. The participants are randomized 2:1 to receive either tividenofusp alfa or idursulfase, respectively. Cohort A includes children ages ≥2 to <6 years with neuronopathic disease; cohort B includes children and adults ages ≥6 to <26 without neuronopathic disease. Cohort A enrollment of a total of 44 participants was completed in December 2025, and Cohort B continues to enroll participants with non-neuronopathic MPS II.

We have previously reported interim analyses from the Phase 1/2 study, and, most recently, the primary analysis upon which the BLA was based was published in *The New England Journal of Medicine* in January 2026 (Muenzer et al., *NEJM*, 2026).

The primary objective of the Phase 1/2 study was safety and tolerability, and secondary objectives evaluated central nervous system and peripheral effects of tividenofusp alfa by measuring the GAG heparan sulfate (HS) in cerebrospinal fluid (CSF) and urine, adaptive behavior and liver volume. The study evaluated treatment in 47 ERT-naïve (n=15) and previously treated (n=32) study participants (aged 0.3–13 [median, 5] years), ranging from less severe to severe disease variants. Safety and tolerability data were consistent with previously reported results from this Phase 1/2 trial (**Table 1**). The most common treatment-related adverse events were infusion-related reactions, which decreased in incidence with continued use (**Figure 8A**). At baseline, 19% of the participants had anemia of grade 1 or higher. Decreases in the hemoglobin level were observed early with tividenofusp alfa treatment but generally returned to baseline values (**Figure 8B**), were clinically manageable, and did not result in discontinuation of study participation. Causes of anemia are probably multifactorial, including nutritional deficiencies, frequent phlebotomy early in the study, and possible immune effects such as the formation of antidrug antibodies.

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: Ethicon US, LLC

Physical Address: 1000 US Highway 202

City: Raritan State: NJ Zip: 08869

Mailing Address (if different from physical address): 1000 US Highway 202

City: Raritan State: NJ Zip: 08869

Telephone: 877-384-4266 Website: www.ethicon.com

Name of Designated Representative (DR): Calvin Leung

Licensing Company Email: cleung@its.jnj.com DR Email: cleung@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	☑ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☑ Others: Virtual 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)?		N
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?		N
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?		N
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?		N
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

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: Instituto Grifols, SA

Address: 2 Can Guasch St. Poligono Levante, 08150 Parets Del Valles City: Barcelona, Spain State: _____ Zip: _____

Name: Omrix Biopharmaceuticals, Ltd.

Address: 14 Einstein St., Weitzmann Science Park City: Nes-Ziona, Israel 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): Johnson & Johnson

Corporation Name: Ethicon US, LLC

Mailing Address: 1000 US Highway 202

City: Raritan State: NJ Zip: 08869

Telephone: 877-384-4266 Email: cleung@its.jnj.com

Contact Person Name: Calvin Leung

Date of SEC Registration: 09/24/1944 | SEC Registration Number: 0000200406 | Stock Exchange Symbol: JNJ

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Ethicon US, LLC

Facility Name

Calvin Leung

Print Name of Authorized Person Submitting Application

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

9/23/2025

Date

Board Use Only	Date Received: 9/29/25	Amount: $1500 ck 2859

Attachment A

LLC Information

LLC Officers

Sandeep Makkar
WW President Endomechanical Energy

Lesley Traver
Vice President Quality and Compliance Ethicon

Kyle Kichline
Sr. Director Finance

Parent Company

Johnson & Johnson
One Johnson & Johnson Plaza, New Brunswick, NJ 08933
Percent ownership: 100

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ETHICON 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 NINETEENTH DAY OF MARCH, A.D. 2026.

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

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

3455002 8300

SR# 20261283078

Authentication: 203407265

Date: 03-19-26

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

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

ETHICON US, LLC
0600469964

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign Limited Liability Company was registered by this office on October 06, 2020.

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

I further certify that the registered agent and office are:

C T CORPORATION SYSTEM
820 BEAR TAVERN ROAD
WEST TRENTON, NJ 08628

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 26th day of March, 2025

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6163011483

Verify this certificate online at

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

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0024171

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written noticeprior to the change of the address of such new location and the name and address of the individual to be in charge thereof.A fee of $20.00 shall accompanying such notification."

Registered as: ☐ Manufacturer ☑ Distributor which conducts business at the following locations:

Reg. No.:
5006666

ETHICON US LLC
1000 RTE 202
RARITAN, NJ 08869

ISSUED PURSUANT TO:
N.J.S.A. 24:6B
EXPIRES: January 31, 2027

Establishment Copy

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/19/2026

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

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 :	

INSURED
JOHNSON & JOHNSON ET AL
ONE JOHNSON & JOHNSON PLAZA
ATTN: ERIN SHERIDAN
RISK MANAGEMENT
NEW BRUNSWICK, NJ 08933

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 G4937589A	03/01/2026	03/01/2027	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 H11437667	03/01/2026	03/01/2027	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** Y / N			WLR C72804727 (AOS)	03/01/2026	03/01/2027	X PER STATUTE [ ] OTH-ER		
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N / A		WCU C72804740 (OH)	03/01/2026	03/01/2027	E.L. EACH ACCIDENT	$	5,000,000
A	**(Mandatory in NH)**			WLR C72804715 (AZ, MA)	03/01/2026	03/01/2027	E.L. DISEASE - EA EMPLOYEE	$	5,000,000
A	If yes, describe under DESCRIPTION OF OPERATIONS below			RWC C72804739 (WI)	03/01/2026	03/01/2027	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)

CERTIFICATE HOLDER

Ethicon US, LLC
1000 Route 202
Raritan NJ 08869

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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The ACORD name and logo are registered marks of ACORD

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/19/2026

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.

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PRODUCER Marsh USA, LLC 1166 Avenue of the Americas New York, NY 10036 CN102448867-ALL-PL-21-22	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED JOHNSON & JOHNSON ET AL ONE JOHNSON & JOHNSON PLAZA ATTN: ERIN SHERIDAN RISK MANAGEMENT NEW BRUNSWICK, NJ 08933	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Middlesex Assurance Company Ltd — 10419 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ 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	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	PRODUCT LIABILITY (US)			USPL9700001	01/01/2026	01/01/2027	EACH OCCURRENCE	10,000,000
							ANNUAL AGGREGATE	10,000,000

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

CERTIFICATE HOLDER

Ethicon US, LLC
1000 Route 202
Raritan NJ 08869

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.

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Johnson&Johnson

	Legal Entity Name	Main Office address
1	Abiomed, Inc.	22 Cherry Hill Drive, Danvers MA 01923, United States
2	Actelion Pharmaceuticals US, Inc.	1125 Trenton-Harbourton Road, Titusville, 1st Floor/B-Wing NJ 08560, United States
3	ALZA Corporation	700 Eubanks Drive, Vacaville CA 95688, United States
4	Ambrx Biopharma, Inc.	10970 Alexandria Way, Suite 100, San Diego CA 92121, United States
5	Ambrx, Inc.	10970 Alexandria Way, Suite 100, San Diego CA 92121, United States
6	AMO Development, LLC	31 Technology Drive, Suite 200, Irvine CA 92618, United States
7	AMO Manufacturing USA, LLC	510 Cottonwood Drive, Milpitas CA 95035, United States
8	AMO Sales and Service, Inc.	31 Technology Drive, Suite 200, Irvine CA 92618, United States
9	Anakuria Therapeutics, Inc.	1125 Trenton-Harbourton Road, Titusville NJ 08560, United States
10	AorTx, Inc.	150 Shoreline Drive, Redwood City CA 94065, United States
11	Aragon Pharmaceuticals, Inc.	10990 Wilshire Blvd. , Suite 440, Los Angeles CA 90024, United States
12	Atronix, Inc.	3333 Diamond Canyon Road, Diamond Bar CA 91765, United States
13	Auris Health, Inc.	150 Shoreline Drive, Redwood City CA 94065, United States
14	BeneVir BioPharm, Inc.	1330 Piccard Drive, Suite 101, Rockville MD 20850, United States
15	Biosense Webster, Inc.	31 Technology Drive, Suite 200, Irvine CA 92618, United States
16	Breethe, Inc.	1500 Joh Avenue, Halethorpe MD 21227, United States
17	Cerenovus, Inc.	325 Paramount Drive, Raynham MA 02767-0350, United States
18	Coherex Medical, Inc.	3598 West 1820 South, Salt Lake City UT 84104, United States
19	CoTherix Inc.	1125 Trenton-Harbourton Road, Titusville NJ 08560, United States
20	CrossRoads Extremity Systems, LLC	6423 Shelby View Drive, Suite 101, Memphis TN 38134, United States
21	CSATS, Inc.	1100 Olive Way, Suite 1150, Seattle WA 98101, United States
22	DePuy Mitek, LLC	325 Paramount Drive, Raynham MA 02767-0350, United States
23	DePuy Orthopaedics, Inc.	700 Orthopaedic Drive, Warsaw IN 46582, United States
24	DePuy Products, Inc.	700 Orthopaedic Drive, Warsaw IN 46582, United States
25	DePuy Spine, LLC	325 Paramount Drive, Raynham MA 02767-0350, United States
26	DePuy Synthes Institute, LLC	325 Paramount Drive, Raynham MA 02767-0350, United States
27	DePuy Synthes Products, Inc.	325 Paramount Drive, Raynham MA 02767-0350, United States
28	DePuy Synthes Sales, Inc.	325 Paramount Drive, Raynham MA 02767-0350, United States
29	DePuy Synthes, Inc.	700 Orthopaedic Drive, Warsaw IN 46582, United States
30	Ethicon Endo-Surgery, Inc.	4545 Creek Road, Cincinnati OH 45242, United States
31	Ethicon Endo-Surgery, LLC	475 C Street, Suite 200, Guaynabo PR 00969, United States
32	Ethicon LLC	#475 Street C, Suite 401, Los Frailes Industrial Park, Guaynabo PR 00969, United States
33	Ethicon US, LLC	1000 Route 202, Raritan NJ 08869, United States
34	Ethicon, Inc.	1000 Route 202, Raritan NJ 08869, United States
35	Fuse Biotherapeutics Inc.	7A Henshaw Street, Woburn MA 01801, United States
36	Halda Therapeutics OpCo, Inc.	115 Munson Street, Suite 101, New Haven CT 06511, United States
37	Intra-Cellular Therapies, Inc.	135 Route 202/206, Bedminster NJ 07921, United States
38	ITI, Inc.	135 Route 202/206, Bedminster NJ 07921, United States
39	Janssen Biotech, Inc.	800/850 Ridgeview Drive, Horsham PA 19044, United States
40	Janssen Global Services, LLC	700 US Route 202 South, Raritan NJ 08869, United States
41	Janssen Oncology, Inc.	10990 Wilshire Blvd. , Suite 440, Los Angeles CA 90024, United States
42	Janssen Ortho LLC	State Road 933 KM 0.1, Mamey Ward, HC 02, Box 19250, Gurabo, 00778, Puerto Rico
43	Janssen Pharmaceuticals, Inc.	1125 Trenton-Harbourton Rd, Titusville NJ 08560, United States
44	Janssen Products, LP	800/850 Ridgeview Drive, Horsham PA 19044, United States
45	Janssen Research & Development, LLC	920 US Route 202, PO Box 300, Raritan NJ 08869, United States
46	Janssen Scientific Affairs, LLC	1125 Trenton-Harbourton Road, Titusville NJ 08560, United States
47	Janssen Supply Group, LLC	200 Tournament Drive, Horsham PA 19044, United States
48	Janssen-Cilag Manufacturing, LLC	State Road 933 KM 0.1, Mamey Ward, HC 02, Box 19250, Gurabo, 00778, Puerto Rico
49	Johnson & Johnson	One Johnson & Johnson Plaza, New Brunswick NJ 08933, United States
50	Johnson & Johnson Enterprise Innovation Inc.	One Johnson & Johnson Plaza, New Brunswick NJ 08933, United States
51	Johnson & Johnson Finance Corporation	One Johnson & Johnson Plaza, New Brunswick NJ 08933, United States
52	Johnson & Johnson Health Care Systems Inc.	425 Hoes Lane, Piscataway, NJ, 08855, United States
53	Johnson & Johnson Innovation - JJDC, Inc.	410 George Street, New Brunswick NJ 08933, United States
54	Johnson & Johnson Innovation LLC	410 George Street, New Brunswick NJ 08933, United States
55	Johnson & Johnson Services, Inc.	One Johnson & Johnson Plaza, New Brunswick NJ 08933, United States
56	Johnson & Johnson Surgical Vision, Inc.	31 Technology Drive, Suite 200, Irvine CA 92618, United States
57	Johnson & Johnson Vision Care, Inc.	7500 Centurion Parkway, Jacksonville FL 32256, United States
58	JOM Pharmaceutical Services, Inc.	1 Cottontail Lane, Somerset NJ 08873, United States
59	Laminar, Inc.	1745 Copperhill Blvd, Santa Rosa CA 95403, United States
60	Manifest Technologies Inc.	470 State Street, Suite 007, New Haven CT 06513, United States
61	Medical Device Business Services, Inc.	700 Orthopaedic Drive, Warsaw IN 46582, United States
62	Medical Devices & Diagnostics Global Services, LLC	430 Route 22, Bridgewater NJ 08807, United States
63	MegaDyne Medical Products, Inc.	4545 Creek Road, Cincinnati OH 45242, United States
64	Mentor Worldwide LLC	31 Technology Drive, Suite 200, Irvine CA 92618, United States
65	Momenta Pharmaceuticals, Inc.	1125 Trenton-Harbourton Road, Titusville NJ 08560, United States
66	NeuWave Medical, Inc.	3529 Anderson Street, Madison WI 53704, United States
67	NuVera Medical, Inc.	140 Knowles Drive , Los Gatos, CA 95032, United States
68	OMJ Pharmaceuticals, Inc.	1125 Trenton-Harbourton Road, Building K, Titusville NJ 08560, United States
69	Omrix Biopharmaceuticals, Inc.	Route 22 West, Somerville NJ 08876, United States
70	Ortho Biologics LLC	Carr 2, KM 45.6 Campo Alegre, Manati, Puerto Rico, 00674, Puerto Rico
71	Ortho Biotech Holding LLC	7500 Centurion Parkway, Jacksonville FL 32256, United States
72	Patient Service Center LLC	304 Merchant Lane, Pittsburgh, PA 15205, United States
73	Patriot Pharmaceuticals, LLC	200 Tournament Drive, Horsham, PA 19044, United States
74	Percivia LLC	1 Hampshire Street, 5th Floor, Cambridge MA 02139, United States
75	Prosidyan, Inc.	41 Spring Street, Suite 107, New Providence NJ 07974
76	Proteologix US Inc.	1400 Bridge Parkway STE 202, Redwood City, CA 94065, United States
77	Proteologix, Inc.	1400 Bridge Parkway STE 202, Redwood City, CA 94065, United States
78	Pulsar Vascular, Inc.	47709 Fremont Boulevard, Fremont CA 94538, United States
79	Serotiny, Inc.	329 Oyster Point Boulevard, 3rd Floor, South San Francisco CA 94080, United States
80	Shockwave Medical, Inc.	5403 Betsy Ross Drive, Santa Clara CA 95054, United States
81	SterilMed, Inc.	5010 Cheshire Parkway North, Suite 2, Plymouth MN 55446, United States
82	Synthes USA Products, LLC	1302 Wrights Lane East, West Chester PA 19380, United States
83	Synthes USA, LLC	1302 Wrights Lane East, West Chester PA 19380, United States
84	Synthes, Inc.	700 Orthopaedic Drive, Warsaw IN 46582, United States
85	TARIS Biomedical LLC	113 Hartwell Avenue, Lexington MA 02421, United States
86	TearScience, Inc.	510 Cottonwood Drive, Milpitas CA 95035, United States
87	The Anspach Effort, LLC	1302 Wrights Lane East, West Chester PA 19380, United States
88	Tibotec, LLC	1125 Trenton-Harbourton Road, Building K, Titusville NJ 08560, United States
89	Torax Medical, Inc.	4185 Lexington Avenue, Shoreview MN 55126, United States
90	V-Wave Inc.	29219 Canwood St. #100, Agoura Hills, CA 91301, United States
91	Verb Surgical Inc.	5490 Great America Parkway, Santa Clara CA 95054, United States

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 Ethicon US, LLC MDEG License # (if applicable) _____

Physical Address 1000 US Highway 202

City Raritan State NJ Zip 08869

Mailing Address (if different from physical address) 1000 US Highway 202

City Raritan State NJ Zip 08869

Telephone 877-384-4266 Website www.ethicon.com

Licensing Company Email cleung@its.jnj.com

Section 2: Personal Information

First Calvin Middle Yong Chang Last Leung

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

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

Mailing Address 1000 US Highway 202

City Raritan State NJ Zip 08869

Telephone 908-218-2062 / [redacted] Email cleung@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.)		N
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		N
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		N

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		N
2. Are you in compliance with the order or the 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

Section 5: List 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)	
Cornell University		1997-2002	
Address	**City**	**State**	**Zip**
10 Thurston Avenue	Ithaca	NY	14850
Diploma/Degree obtained, if any			
Masters of Engineering in Manufacturing and Industrial Engineering; Bachelors of Science in Operations Research and Industrial Engineering			

School Name		From - To (MM/YY – MM/YY)	
Simsbury High School		1994-1997	
Address	**City**	**State**	**Zip**
34 Farms Village Rd	Simbury	CT	06070
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
2021 – Present	[redacted]	Flemington	NJ	[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: Ethicon			From - To (MM/YY – MM/YY): 06/2021 - Present
Business Address: 1000 US Highway 202	City: Raritan	State: NJ	Zip: 08869
Phone: 877-384-4266	Title: Sr. Director, Ethicon Strategy and Deployment/Biologics Commercial Quality		Number of Employed Hours: 40 hours/week
Description of Duties: See attached Job Description			

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

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

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description 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?		N
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		N
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.		N

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, Calvin Leung, **certify that as the MDEG Administrator for**

Ethicon US, LLC,

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

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

Calvin Leung
Print Name (First, Last)

Calvin Leung
Original Signature (electronic, copies or stamps not accepted)

9/23/2025
Date

Board Use Only	Date Received: 9/29/25

Revision History for (100991736)

SUMMARY OF CHANGES	
Revision No.	Description of Change
1	New Job Description

Job Description

(100612422 Appendix I)

Refer to 100612422 Franchise Procedure for Creation and Maintenance of Job Descriptions (Shared)

Local Job Title: Sr Director, Ethicon Strategy and Deployment & Biologics Commercial Quality	**Job ID:** N/A
Scope: Ethicon Q&C	**Pay Grade:**
Job Function: Quality & Compliance	**Job Sub-function:** N/A
Exempt (Salaried)	**QMS In-Direct Impact**

SECTION 1: JOB SUMMARY*

The Sr. Director, Ethicon Strategy/Deployment & Biologics is responsible for:

- Providing strategic, organizational, operational, leadership and decision support to the VP Q&C Leadership Team for Ethicon. The Sr. Director will work with the VP Q&C Ethicon to develop and shape Ethicon's Q&C multi-year strategy; manage key strategic initiatives/programs and lead the operational aspects of the Q&C business, such as Financial Planning (including LRFP & BP), short/long term goal setting, liaising with Commercial, Supply Chain and R&D strategy leads.

- Drive the development and operationalization of the Ethicon Strategic Plan. The Senior Director will partner with business strategy leaders and Quality & Compliance leaders in the Franchise/Function, Medical Devices and Enterprise (where applicable) to assure alignment of Franchise/Function Strategic Plan with the MD Q&C Strategic Plan ensuring the linkage back to the segment and franchise strategies & aspirations. Leading the Franchise/Function multi-year Strategic Plan, they will translate Strategy into strategic objectives, initiatives, and financial strategic plans via conducting effective strategy input processes, assuring insights are gathered to influence the strategy, including environmental scans, customer insights, industry trends and benchmarking. They will establish and track outcome measures to monitor progress over the strategic horizon. Additionally, they will collaborate and connect with other peers across the sector strategy roles to ensure consistent communication, alignment, and execution

- Accountable for the establishment and management of the short and long-term Franchise/Function Business plan. They will partner with Finance to lead the Long-Range Financial Planning process for the Franchises/Functions and the MD Q&C roll up, ensuring the outcomes are aligned to the Franchise/Function and MD Q&C Strategic Plan. The Senior Director will partner with business strategy leaders and Quality & Compliance leaders across Medical Devices to assure alignment of the LRFP and Business Plans to company and segment strategies & aspirations. They will establish the portfolio management process, utilizing established technologies to manage all projects, investments (capital and expense) and savings that deliver the Strategic Plan. They will establish outcomes measures by which we will monitor

the progress of achieving the long range and annual business plans, in alignment with the Strategic Plan.

- Serve as the Ethicon Biologics Quality leader responsible by bridging and connecting the global, local operating companies, PV organization, Janssen GMS and Ethicon Franchise (E2E) teams to meet all quality requirements and deliverables to launch and globalize biologics as well as maintaining distribution compliance through the lifecycle in targeted markets.

- Serve as the quality SME to provide innovative strategies to meet quality requirements in order to improve, streamline the overall biologics value stream to afford agility to support the transformation of the biologics network.

- Leading the establishment, maintenance, and improvement of the end-to end Ethicon and Commercial Quality processes/systems to meet current and future biologics platform objectives. This includes, but is not limited to, ensuring compliance of the Omrix NV/SA site as EU Marketing Authorization Holder (MAH) and batch releaser for biologic products. This role ensures that the shared processes built will meet global health authority requirements, 3rd party contractual agreements, and inter and intra company Quality Agreements to globalize biologics products for the MD business.

This role is a member of the Ethicon Quality Leadership team, MD Strategy and Deployment Quality Leadership Team, Ethicon Biosurgery Q&C Leadership team, and Ethicon Biosurgery Value Stream team.

SECTION 2: DUTIES & RESPONSIBILITIES*

Under limited supervision and in accordance with all applicable federal, state and local laws/regulations and Corporate Johnson & Johnson, procedures and guidelines, this position:

Strategy, Planning, and Execution

- Facilitate the establishment and maintenance of the Ethicon Quality Strategic Planning process, ensuring alignment with MD Q&C, and Enterprise QS Strategic Plans (where applicable).
- Lead Ethicon Quality & Compliance through the establishment of the annual OGSMs ensuring alignment with the Strategic Plan, MD QRC, R&D, and Enterprise Q&C.
- Oversee the portfolio of Ethicon Quality projects, including prioritization, against Q&C and goals to ensure the strategic business commitments are achieved.
- Facilitate and coordinate the Ethicon Q&C Business Planning and budget process.
- Lead Communications and Change Management Strategy to deliver Strategic Programs, Franchise/Function Strategy and other programs that deliver standard work across MD and/or Franchise/Function.
- Champion the creation and maintenance of Credo based environment in his area of responsibility, living Credo values, building trust and caring for people.
- Actively collaborate with other Quality leaders in developing cohesive, strategic and tactical responses for the business needs and Quality initiatives
- Promote culture of proactive quality/continual quality improvement and provide visibility to quality system performance through accurate quality and compliance metrics and reports.

Biologics

- Lead the Ethicon Biologics Organization, ensuring a proactive and customer centric approach to quality assurance and quality systems and serve as a Designated Representative.

- Provide end-to-end quality and compliance leadership for the biologic's platform.
- Serve as the Ethicon Biologics Quality leader responsible by bridging and connecting the global, local operating companies, PV organization, Janssen GMS and Ethicon Franchise (E2E) teams to meet all quality requirements and deliverables to launch and globalize biologics as well as maintaining distribution compliance through the lifecycle in targeted markets.
- Serve as the quality SME to provide innovative strategies to meet quality requirements in order to improve, streamline the overall biologics value stream to afford agility to support the transformation of the biologics network.
- Lead a team to develop and maintain compliant processes for import, storage, release, distribution and marketing of biologics products either as MAH, batch releaser, API owner (or any other GxP activity as applicable) or in a globalization effort
- Operate as a key business partner for quality and process improvement, understand business requirements and execute quality and continuous improvement programs to drive organization capability building in the areas of biologics products.
- Responsible for communicating business related issues or opportunities to next management level
- For those who supervise or manage a staff, responsible for ensuring that subordinates follow all Company guidelines related to Health, Safety and Environmental practices and that all resources needed to do so are available and in good condition, if applicable
- Responsible for ensuring personal and Company compliance with all Federal, State, local and Company regulations, policies, and procedures
- Performs other duties assigned as needed

SECTION 3: EXPERIENCE AND EDUCATION*

- Bachelor of Science in Business, Engineering or Technical/Science required. Post Graduate degree preferred and a broad-based technical/engineering expertise.
- A minimum of 10 years' experience working in a quality, manufacturing and or project management in the Medical Device or other regulated industry is required.
- Experience in Medicinal Products and/or Biologics required.

SECTION 4: REQUIRED KNOWLEDGE, SKILLS, ABILITIES, CERTIFICATIONS/LICENSES and AFFILIATIONS*

- A visionary, strategic thinker with superior capability to bring clarity to complex concepts and to mobilize and align the organization to deliver on the strategy and translate strategy into financial forecasts and business plans
- Experience establishing and implementing strategic plans
- Experience establishing and implementing long range financial plans and annual business cycles for departments
- Experience in leading organizations through cost optimization activities and providing guidance on opportunities
- Ability to analyze strategic investments to make effective trade-off recommendations, balancing risk while leading through change.

- Experience in establishing and managing programs and reporting progress against investments and savings
- Create a direct and indirect organization with a culture of global customer focus and the ability to deliver
- Build interdependent partnerships, and internal and external relationships
- Superior team building and leadership skills.
- Excellent communication skills and the ability to interface effectively with all levels of the organization
- Demonstrated ability to establish and maintain effective working relationships with diverse groups of people in a global and matrixed organization
- Risk Based and Customer Centric Mindset
- Ability to influence others, managing competing internal stakeholder priorities and dealing with ambiguity.
- Strong relationship development, conflict resolution, and team building instincts, with the ability to build partnerships both internally and externally
- Executive presentation skills are required
- Strong blend of tactical and strategic management skills.
- Understanding the linkages in quality and regulatory compliance from product development through manufacturing and delivery to customer and health authority.
- Driving alignment on strategy and approach across multiple differing health authority requirements.
- Builds consensus and impacts outcome without always having line authority and is able to negotiate trade off decisions across the organization.
- Inspiring and leading across extremely diverse organizations in terms of size, scope, and experience.
- Compliance experience, large-scale QMS experience.
- Change management and project management experience.
- Working with an indirect organization that delivers results.
- Issue remediation experience.
- Strong analytical and strategic skills with a Bifocal approach - ability to zoom-in/zoom-out for strategic and tactical, high-level and detailed, etc.
- Audit Management experience (Health Authorities, Notified Bodies)
- Track record of developing people, leading or coaching teams and driving results

SECTION 5: TRAINING PLAN REVIEWED AND/OR UPDATED* (*Check all that apply*)

Note: If this is a new or updated JD, Training shall be notified per selections below.

☐ **Update to an Existing Job Description**

- ☐ Training plan/curriculum reviewed with Training Representative and updated.
- ☐ Training plan/curriculum reviewed, and no update is required.

☒ **New Job Description**

- ☐ Training plan/curriculum implemented together with the Training Representative
- ☒ Training plan/curriculum reviewed, and no update is required.

SECTION 6: ADDITIONAL POSITION REQUIREMENTS

☒ **This Section is Not Applicable**

☐ **Work Requirements**
- ☐ Scheduled work hours
- ☐ Overtime
- ☐ On Call (*Call in for work*)

☐ **Regulatory/Product Compliance**
- ☐ Operator Certification Program
- ☐ Functional or Performance Testing

☐ **Cognitive/Behavioral Abilities**
- ☐ Ability to work in stressful/fast paced environment
- ☐ Ability to work and interact with co-workers to accomplish company goals in a team environment
- ☐ Management Skills
- ☐ Analytical/Problem Solving Skills
- ☐ Ability to communicate verbally and in writing
- ☐ Ability to learn

☐ **Other Additional Requirements:**

☐ **Personal Protective Equipment (PPEs)**
- ☐ Ear plugs
- ☐ Safety Glasses
- ☐ Safety Shoes

☐ **Powered Industrial Vehicles (PIV)**
- ☐ Safety Gloves
- ☐ Forklift
- ☐ Motorized Pallet Jack

☐ **Occupational Hazards**
- ☐ Machine Operation
- ☐ Vehicle Operation
- ☐ Electrical Hazards
- ☐ Laser Hazards
- ☐ Noise
- ☐ Extreme Heat/Cold
- ☐ Chemicals/Fumes
- ☐ Dust
- ☐ Natural & Environmentally Controlled Work Area

SECTION 7: PHYSICAL WORKING CONDITIONS / REQUIREMENTS

☒ **This Section is Not Applicable**

☐ **Position Requirement**
- ☐ Standing (___%)
- ☐ Kneeling (___%)
- ☐ Sitting (___%)
- ☐ Walking (___%)
- ☐ Climbing (___%)

☐ **Lifting/Carrying**
- ☐ Light (0-15 lbs)
- ☐ Medium (16-30 lbs)
- ☐ Heavy (31-50 lbs)
- ☐ Heavy (50+ lbs w/assistance or mechanically aided)

☐ **Overhead Work**
- ☐ Pushing
- ☐ Pulling
- ☐ Reaching

☐ **Repetitive Hand Motions**
- ☐ Simple Grasp
- ☐ Fine Manipulation
- ☐ Twisting Motion
- ☐ Computer Entry

☐ **Lifting Requirement**
- ☐ Ground to knees
- ☐ Ground to Waist
- ☐ Ground to Shoulders
- ☐ Ground to Overhead
- ☐ Waist to Shoulders
- ☐ Waist to Overhead

☐ **Senses**
- ☐ Talking
- ☐ Hearing
- ☐ Hand & Eye Coordination

SECTION 8: SAFETY TESTS AND MEDICAL SURVIELLANCE REQUIREMENTS

☒ **This Section is Not Applicable**

☐ **SAFETY TESTS**
- ☐ Biohazards (BBP and parts of LAH)
- ☐ Powered Industrial Vehicles
- ☐ Bloodborne Pathogen
- ☐ Forklift
- ☐ Motorized Pallet Jack

☐ **Ergonomics Risk:**
- ☐ High
- ☐ Moderate
- ☐ Low

☐ **Hearing Conservation Program**
- ☐ Ear protection required

☐ **Ionizing/Non-Ionizing Radiation**
- ☐ Laser Exposure Testing

☐ **Drug Screen**
- ☐ Chemical and Active Pharmaceutical Ingredient

☐ **Reproductive Health Concern Level:**
- ☐ High
- ☐ Moderate
- ☐ Low
- ☐ No Concern

☐ **Respirator Usage** (*No facial* hair)
- ☐ Air Purifying
- ☐ Sensitizer
- ☐ Supplied Air

☐ **Physical Hazard**
- ☐ Heights (> 6 ft)
- ☐ Voltage Auth (50–60 AC)

SECTION 9: RESPONSIBILITY FOR OTHERS & INTERNAL INTERACTIONS ☐ **This Section is Not Applicable**

Position reports to the VP Q&C Ethicon.

Direct Reports: Omrix NV/SA & Ethicon Biologics Quality Operations Supervisor, Ethicon Biologics Quality Systems Staff Specialist, Ethicon Biologics Staff Engineer, Sr Manager PV & Ethicon Biologics QS

SECTION 10: LOCATION & TRAVEL REQUIREMENTS ☐ **This Section is Not Applicable**

- Primary Office Location: Raritan, NJ
- 30% expected travel for domestic and international

SECTION 11: EXTERNAL INTERACTIONS ☐ **This Section is Not Applicable**

- This role serves as the Designated Representative for US Virtual Wholesale Distributors and may interact with state boards of pharmacy as needed.

SECTION 12: APPROVAL:

If wet signature is necessary:

Manager Name: CALVIN LEUNG

Digitally signed by CALVIN LEUNG
DN: cn=US, o=JNJ, ou=Subscribers, cn=CALVIN LEUNG, 0.9.2342.19200300.100.1.1=1650[illegible]
Reason: I am approving this document
Date: 2022.07.13 11:45:49 -04'00'
Adobe Acrobat DC version: 2015.006.30021

Manager Signature: _____ Date: _____

COMPANY DISCLAIMER:

Company management reserves the right to add, delete or otherwise alter assigned duties at any time. To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The minimum qualifications listed are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

William Yosh

Digitally signed by William Yosh
DN: c=US, o=JNJ, ou=Subscribers, cn=William Yosh, 0.9.2342.19200300.100.1.1=1652425
Reason: I am verifying this document
Date: 2022.07.13 11:26:16 -04'00'

Family/Last Name	Given/First Name	Business Address
Abell	Tammy	1000 US Highway 202 S, Raritan, New Jersey, 08869
ADAIR	MARTIN	1000 US Highway 202 S, Raritan, New Jersey, 08869
Altiveros	Isabella	1000 US Highway 202 S, Raritan, New Jersey, 08869
Atchley	Lauren	1000 US Highway 202 S, Raritan, New Jersey, 08869
Baldisserotto	Mark	1000 US Highway 202 S, Raritan, New Jersey, 08869
BANAS	CATHIE	1000 US Highway 202 S, Raritan, New Jersey, 08869
Broeker	David	1000 US Highway 202 S, Raritan, New Jersey, 08869
Bryant	Vaughan	1000 US Highway 202 S, Raritan, New Jersey, 08869
Carter	Megan	1000 US Highway 202 S, Raritan, New Jersey, 08869
CHEN	GLADYS	1000 US Highway 202 S, Raritan, New Jersey, 08869
Chowdhury	Shahidul	1000 US Highway 202 S, Raritan, New Jersey, 08869
Ciner	Selin	1000 US Highway 202 S, Raritan, New Jersey, 08869
Cummings	Patrick	1000 US Highway 202 S, Raritan, New Jersey, 08869
Cutrone	Vincent	1000 US Highway 202 S, Raritan, New Jersey, 08869
DeBalso	Jason	1000 US Highway 202 S, Raritan, New Jersey, 08869
Ellis	Christina	1000 US Highway 202 S, Raritan, New Jersey, 08869
Fassak	Ryan	1000 US Highway 202 S, Raritan, New Jersey, 08869
Fedor	Elana	1000 US Highway 202 S, Raritan, New Jersey, 08869
Flaherty	Colin	1000 US Highway 202 S, Raritan, New Jersey, 08869
Flick	Cristie	1000 US Highway 202 S, Raritan, New Jersey, 08869
Flynn	Mark	1000 US Highway 202 S, Raritan, New Jersey, 08869
Garcia	Andy	1000 US Highway 202 S, Raritan, New Jersey, 08869
Granger	Jack	1000 US Highway 202 S, Raritan, New Jersey, 08869
Gulick	Snapper	1000 US Highway 202 S, Raritan, New Jersey, 08869
GUZMAN	CLAUDIA	1000 US Highway 202 S, Raritan, New Jersey, 08869
Hanley	Ella	1000 US Highway 202 S, Raritan, New Jersey, 08869
Harris	Maya	1000 US Highway 202 S, Raritan, New Jersey, 08869
Hathaway	Lauren	1000 US Highway 202 S, Raritan, New Jersey, 08869
Holland	John	1000 US Highway 202 S, Raritan, New Jersey, 08869
Hrizuk	Jonathan	1000 US Highway 202 S, Raritan, New Jersey, 08869
HURLEY	ERIC	1000 US Highway 202 S, Raritan, New Jersey, 08869
Jones	Nathaniel	1000 US Highway 202 S, Raritan, New Jersey, 08869
Khalil	Suzy	1000 US Highway 202 S, Raritan, New Jersey, 08869
King	Myles	1000 US Highway 202 S, Raritan, New Jersey, 08869
Kissling	Leah	1000 US Highway 202 S, Raritan, New Jersey, 08869
KLEMCHALK	STEVEN	1000 US Highway 202 S, Raritan, New Jersey, 08869
Kratz	Megan	1000 US Highway 202 S, Raritan, New Jersey, 08869
LANE	ERIKA	1000 US Highway 202 S, Raritan, New Jersey, 08869
Lanza	Joseph	1000 US Highway 202 S, Raritan, New Jersey, 08869
Lau	Lewis	1000 US Highway 202 S, Raritan, New Jersey, 08869
Leung	Calvin	1000 US Highway 202 S, Raritan, New Jersey, 08869
LI	ANGELA	1000 US Highway 202 S, Raritan, New Jersey, 08869
LIM	OLIVER	1000 US Highway 202 S, Raritan, New Jersey, 08869

Magrini	Glenn	1000 US Highway 202 S, Raritan, New Jersey, 08869
Maiorelli	Adrienne	1000 US Highway 202 S, Raritan, New Jersey, 08869
McPhaden	Tracy	1000 US Highway 202 S, Raritan, New Jersey, 08869
Melendez	Laura	1000 US Highway 202 S, Raritan, New Jersey, 08869
MERKLINGER	RICHARD	1000 US Highway 202 S, Raritan, New Jersey, 08869
Muniz	Zenaida	1000 US Highway 202 S, Raritan, New Jersey, 08869
MURPHY	TINA	1000 US Highway 202 S, Raritan, New Jersey, 08869
ORAVSKY	SHANE	1000 US Highway 202 S, Raritan, New Jersey, 08869
ORTEGA	JOANA	1000 US Highway 202 S, Raritan, New Jersey, 08869
PALAGRUTO	ANTHONY	1000 US Highway 202 S, Raritan, New Jersey, 08869
Parameswaran	Chitra	1000 US Highway 202 S, Raritan, New Jersey, 08869
Pena	Ramon	1000 US Highway 202 S, Raritan, New Jersey, 08869
PEREZ CERQUEDA	JENIFER	1000 US Highway 202 S, Raritan, New Jersey, 08869
Petrone Toth	Patricia	1000 US Highway 202 S, Raritan, New Jersey, 08869
Presser	Victoria	1000 US Highway 202 S, Raritan, New Jersey, 08869
Priece	Emily	1000 US Highway 202 S, Raritan, New Jersey, 08869
Reddy	STACEY	1000 US Highway 202 S, Raritan, New Jersey, 08869
RIZKALLAH	MONICA	1000 US Highway 202 S, Raritan, New Jersey, 08869
ROBERTS	JASON	1000 US Highway 202 S, Raritan, New Jersey, 08869
RUSSO	JOHN	1000 US Highway 202 S, Raritan, New Jersey, 08869
Russo	Anthony	1000 US Highway 202 S, Raritan, New Jersey, 08869
SPURGEON	JENNIFER	1000 US Highway 202 S, Raritan, New Jersey, 08869
Summers	Cassandra	1000 US Highway 202 S, Raritan, New Jersey, 08869
Svoboda	Jacob	1000 US Highway 202 S, Raritan, New Jersey, 08869
Talluto	Enza	1000 US Highway 202 S, Raritan, New Jersey, 08869
TEASDALE	CHRISTOPHER	1000 US Highway 202 S, Raritan, New Jersey, 08869
Thosar	Prachi	1000 US Highway 202 S, Raritan, New Jersey, 08869
TORRES	ELISA	1000 US Highway 202 S, Raritan, New Jersey, 08869
Tripp	Andrea	1000 US Highway 202 S, Raritan, New Jersey, 08869
Uthgenannt	Samuel	1000 US Highway 202 S, Raritan, New Jersey, 08869
Vassar	Tajon	1000 US Highway 202 S, Raritan, New Jersey, 08869
Vidolin	Lucas	1000 US Highway 202 S, Raritan, New Jersey, 08869

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICE
PUBLIC HEALTH AND FOOD PROTECTION PROGRAM
P.O. BOX 369, TRENTON, NJ 08625-0369
609-826-4935

REPORT OF INSPECTION

Assignment No **17954**
Inspection End Date **01/21/2025**

Registration #	Category	Inspection Type	Evaluation
5006666	**Wholesale Drug/Medical Device**	**Initial**	**Satisfactory**

Name of Owner or Corporation	Trade Name	Activity
Ethicon US, LLC	**Ethicon US, LLC**	**Office Only**

Establishment Street Address	City	ZIP	County
1000 US Highway 202	**Raritan**	**08869**	**Somerset**

Establishment Mailing Address (if different)	Phone Number	Fax Number
	513-337-6928	

Name and Title of Inspecting Official	REHS Lic. #	Operational Status	Embargo	Reinspect on or After
Annie Pullockaran, REHI II	**B150656**	**Operational**	**No**	

Name and Title of Designated Representative	Email
Calvin Leung,Sr. Director, Ethicon S&D & Biologics CQ	**cleung@its.jnj.com**

Products
☒ Prescription Drugs ☐ OTC Drugs ☒ Class I Medical Devices ☒ Class II Medical Devices ☒ Class III Medical Devices
☒ Drug-Device ☐ API ☐ Veterinary Drugs ☒ No Products Stored/Handled Onsite

TIME/ACTIVITY REPORT (1-TRAVEL, 2-INSPECTION, 3-ADMINISTRATION, 4-PERSONAL) TOTAL HOURS: 04.50

DATE	CODE	BEGIN	END	CODE	BEGIN	END	CODE	BEGIN	END
01/21/2025	1	08:45	10:00	2	10:00	11:30	1	11:30	12:30
01/21/2025	3	15:30	16:15						

		YES	NO	N/A
	N.J.A.C. 8:21-3A.7 Personnel Requirements			
	Personnel employed by a wholesale distributor have appropriate education and/or experience to assume responsibility for positions related to compliance with State registration requirements	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.8 Facility *Facilities at which drugs are stored, warehoused, handled, held, offered, marketed or displayed:*			
(a) 1	Of suitable size and construction to facilitate cleaning, maintenance, and proper operations	☒	☐	☐
(a) 2	Have storage areas designed to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions	☐	☐	☒
(a) 3	Have a quarantine area for storage of drugs that are outdated, damaged, deteriorated, misbranded, or adulterated, or that are in immediate or sealed, secondary containers that have been opened	☐	☐	☒
(a) 4	Maintained in a clean and orderly condition	☒	☐	☐
(a) 5	Free from infestation by insects, rodents, birds, or vermin of any kind	☒	☐	☐
Note				

		YES	NO	N/A
	N.J.A.C. 8:21-3A.9 Security			
(a)	Facility is secured from unauthorized entry	☒	☐	☐
(a) 1	Access from outside premises is kept to a minimum and is well controlled	☒	☐	☐
(a) 2	The outside perimeter of the premises is well-lighted	☒	☐	☐
(a) 3	Entry into areas where drugs are held shall be limited to authorized personnel	☐	☐	☒
(b)	All facilities are equipped with an alarm system to detect entry after hours	☒	☐	☐
(c)	Facilities are equipped with a security system that provides suitable protection against theft and diversion. When applicable, the security system provides protection against theft or diversion that is facilitated or hidden by tampering with computers or electronic records	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.10 Storage			
(a)	All drugs are stored at appropriate temperatures and under appropriate conditions in accordance with requirements, if any, of the labeling of such drugs, or with requirements in the current edition of an official compendium, such as the United States Pharmacopeia/National Formulary (USP/NF).	☐	☐	☒
(b)	If no storage requirements are established for a drug, the drug is held at controlled room temperature, as defined in an official compendium, to help ensure that its identity, strength, quality, and purity are not adversely affected	☐	☐	☒
(c)	Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, and/or logs are utilized to document proper storage of drugs	☐	☐	☒
(d)	For prescription drugs a record is maintained that includes the date, time, thermometer temperature, and the initials of the person recording the data	☐	☐	☒
Note				
	N.J.A.C. 8:21-3A.11 Examination of Materials			
(a)	Upon receipt, each outside shipping container is visually examined for identity and to prevent the acceptance of contaminated drugs or drugs that are otherwise unfit for distribution. This examination is adequate to reveal container damage that would suggest possible contamination or other damage to the contents.	☐	☐	☒

		YES	NO	N/A
(b)	Each outgoing shipment is carefully inspected for identity of the drug products and to ensure that there is no delivery of drugs that have been damaged in storage or held under improper conditions.	☐	☐	☒
Note				
	N.J.A.C. 8:21-3A.12 Returned, Damaged and Outdated Drugs			
(a)	Outdated, damaged, deteriorated, misbranded, or adulterated drugs are quarantined and physically separated from other drugs until they are destroyed or returned to their supplier	☐	☐	☒
(b)	Drugs whose immediate or sealed outer or sealed secondary containers have been opened or used are identified as such, quarantined and physically separated from other drugs until they are either destroyed or returned to the supplier	☐	☐	☒
(c)	If the conditions under which a drug has been returned cast doubt on the drug's safety, identity, strength, quality, or purity, the drug is destroyed, or returned to the supplier, unless examination, testing, or other investigation proves that the drug meets appropriate standards of safety, identity, strength, quality, and purity	☐	☐	☒
Note				
	N.J.A.C. 8:21-3A.13 Recordkeeping			
(a)	Inventories and records of all transactions regarding the receipt and distribution or other disposition of drugs are maintained	☒	☐	☐
(a) 1	Source of drugs, name and principal address of the seller or transferor, and address from which drugs were shipped are maintained	☒	☐	☐
(a) 2-3	Identity and quantity of drugs received and distributed/disposed, date of receipt and distribution, disposal.	☒	☐	☐
(a) 5	A complete and accurate annual record of all stock of drugs on hand.	☒	☐	☐
(d)	An ongoing listing of all retail and wholesale establishments with whom they do business.	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.14 Due Diligence *Firm is performing due diligence of other wholesale establishments with whom they do business, which requires that prior to the initial purchase or acquisition of drugs from another wholesale distributor, a wholesale distributor shall obtain the following information from the selling wholesale distributor:*			
(a) 1	Copies of all state and Federal regulatory licenses and registrations	☒	☐	☐
(a) 2	The wholesale distributor's most recent facility inspection reports	☒	☐	☐
(a) 3	A list of other names under which the wholesale distributor is doing business or by which the wholesale distributor was formerly known	☒	☐	☐

		YES	NO	N/A
(a) 4	A list of corporate officers and managerial employees and designated representatives	☒	☐	☐
(a) 5	A verification of the selling wholesale distributor's status as an authorized distributor of record, if applicable.	☒	☐	☐
(b)	At least annually, a wholesale distributor that purchases drugs from another wholesale distributor updates the information set forth in (a) 1-5 above.	☒	☐	☐
(c)	No purchases were placed from any storage facility, manufacturer or wholesale distributor not having a current license or registration within the jurisdiction of the establishment location from where product is purchased.	☒	☐	☐
(d)	No purchase or acquisition has been made from a firm that has not provided complete information as set forth in (a) 1-5 above.	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.15 Availability of Records and Inventories			
(a)	Records and inventories, including those related to salvage and reprocessing, are made available for inspection and photocopying by authorized Federal, State, or local law enforcement agency officials for a period of 3 years after the date of their creation	☒	☐	☐
(b)	Records described in this section that are kept at the inspection site or that can be immediately retrieved by computer or other electronic means are readily available for authorized inspection during the retention period. Records kept at a central location apart from the inspection site and not electronically retrievable are made available for inspection within 2 working days of a request by an authorized official of a Federal, State, or local law enforcement agency	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.16 Policies and Procedures			
(a)	Firm established and follows written policies and procedures for the receipt, security, storage, inventory, and distribution of drugs	☒	☐	☐
(a)	Firm has policies for identifying, recording and reporting losses or thefts and correcting errors in inventories	☒	☐	☐
(a) 1	Firm has a procedure where oldest stock is distributed first.	☒	☐	☐
(a) 2	Firm has a procedure for handling recalls/withdrawals of drugs.	☒	☐	☐
(a) 3	Firm has a procedure for preparation, protection and proper handling of any crisis that affects security or operation of any facility in the event of strike, fire, flood, or other natural disaster	☒	☐	☐
(a) 4	Firm has a procedure for handling return of outdated drugs; segregation and written documentation of disposal, by either returning the drug to the manufacturer or destruction of the drug. This documentation shall be maintained for 2 years after disposition of the outdated drugs.	☒	☐	☐

		YES	NO	N/A
Note				
	N.J.A.C. 8:21-3A.17 List of Responsible Persons			
	A current list of officers, directors, managers, and other personnel in charge of wholesale distribution, storage, and handling of drugs is maintained at the firm	☒	☐	☐
	Description of duties and qualifications of personnel is maintained at the firm	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.19 Salvage; Reprocessing			
	Salvaging and reprocessing operation is in compliance with 21 CFR 207, 210, 211	☐	☐	☒
Note				

Note: Virtual wholesale distributor

Jamie Pulbotaru

Inspecting Official

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

FORM 10-K

☑ ANNUAL REPORT PURSUANT TO SECTION 13 OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2023
or

☐ Transition Report Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934
for the transition period from to

Commission file number 1-3215

Johnson & Johnson

(Exact name of registrant as specified in its charter)

New Jersey	22-1024240
(State of incorporation)	(I.R.S. Employer Identification No.)
One Johnson & Johnson Plaza New Brunswick, New Jersey	08933
(Address of principal executive offices)	(Zip Code)

One Johnson & Johnson Plaza
New Brunswick, New Jersey 08933
(Address of principal executive offices)
Registrant's telephone number, including area code: (732) 524-0400

SECURITIES REGISTERED PURSUANT TO SECTION 12(b) OF THE ACT

Title of each class	Trading Symbol	Name of each exchange on which registered
Common Stock, Par Value $1.00	JNJ	New York Stock Exchange
0.650% Notes Due May 2024	JNJ24C	New York Stock Exchange
5.50% Notes Due November 2024	JNJ24BP	New York Stock Exchange
1.150% Notes Due November 2028	JNJ28	New York Stock Exchange
1.650% Notes Due May 2035	JNJ35	New York Stock Exchange

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 Exchange 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 Exchange Act during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☑ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or 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. Yes ☑ No ☐

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

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

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☑

The aggregate market value of the Common Stock held by non-affiliates computed by reference to the price at which the Common Stock was last sold as of the last business day of the registrant's most recently completed second fiscal quarter was approximately $430 billion.

On February 9, 2024, there were 2,408,767,228 shares of Common Stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Part III: Portions of the registrant's proxy statement for its 2024 annual meeting of shareholders filed within 120 days after the close of the registrant's fiscal year (the "Proxy Statement"), are incorporated by reference to this report on Form 10-K (this "Report").

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Cautionary note regarding forward-looking statements

This Annual Report on Form 10-K and Johnson & Johnson's other publicly available documents contain "forward-looking statements" within the meaning of the safe harbor provisions of the United States Private Securities Litigation Reform Act of 1995. Management and representatives of Johnson & Johnson and its subsidiaries (the Company) also may from time to time make forward-looking statements. Forward-looking statements do not relate strictly to historical or current facts and reflect management's assumptions, views, plans, objectives and projections about the future. Forward-looking statements may be identified by the use of words such as "plans," "expects," "will," "anticipates," "estimates" and other words of similar meaning in conjunction with, among other things: discussions of future operations; expected operating results and financial performance; impact of planned acquisitions and dispositions; impact and timing of restructuring initiatives, including associated cost savings and other benefits; the Company's strategy for growth; product development activities; regulatory approvals; market position and expenditures.

Because forward-looking statements are based on current beliefs, expectations and assumptions regarding future events, they are subject to uncertainties, risks and changes that are difficult to predict and many of which are outside of the Company's control. Investors should realize that if underlying assumptions prove inaccurate, or known or unknown risks or uncertainties materialize, the Company's actual results and financial condition could vary materially from expectations and projections expressed or implied in its forward-looking statements. Investors are therefore cautioned not to rely on these forward-looking statements. Risks and uncertainties include, but are not limited to:

Risks related to product development, market success and competition

- Challenges and uncertainties inherent in innovation and development of new and improved products and technologies on which the Company's continued growth and success depend, including uncertainty of clinical outcomes, additional analysis of existing clinical data, obtaining regulatory approvals, health plan coverage and customer access, and initial and continued commercial success;
- Challenges to the Company's ability to obtain and protect adequate patent and other intellectual property rights for new and existing products and technologies in the United States and other important markets;
- The impact of patent expirations, typically followed by the introduction of competing generic, biosimilar or other products and resulting revenue and market share losses;
- Increasingly aggressive and frequent challenges to the Company's patents by competitors and others seeking to launch competing generic, biosimilar or other products and increased receptivity of courts, the United States Patent and Trademark Office and other decision makers to such challenges, potentially resulting in loss of market exclusivity and rapid decline in sales for the relevant product sooner than expected;
- Competition in research and development of new and improved products, processes and technologies, which can result in product and process obsolescence;
- Competition to reach agreement with third parties for collaboration, licensing, development and marketing agreements for products and technologies;
- Competition based on cost-effectiveness, product performance, technological advances and patents attained by competitors; and
- Allegations that the Company's products infringe the patents and other intellectual property rights of third parties, which could adversely affect the Company's ability to sell the products in question and require the payment of money damages and future royalties.

Risks related to product liability, litigation and regulatory activity

- Product efficacy or safety concerns, whether or not based on scientific evidence, potentially resulting in product withdrawals, recalls, regulatory action on the part of the United States Food and Drug Administration (U.S. FDA) (or international counterparts), declining sales, reputational damage, increased litigation expense and share price impact;
- The impact, including declining sales and reputational damage, of significant litigation or government action adverse to the Company, including product liability claims and allegations related to pharmaceutical marketing practices and contracting strategies;
- The impact of an adverse judgment or settlement and the adequacy of reserves related to legal proceedings, including patent litigation, product liability, personal injury claims, securities class actions, government investigations, employment and other legal proceedings;

- Increased scrutiny of the healthcare industry by government agencies and state attorneys general resulting in investigations and prosecutions, which carry the risk of significant civil and criminal penalties, including, but not limited to, debarment from government business;
- Failure to meet compliance obligations in compliance agreements with governments or government agencies, which could result in significant sanctions;
- Potential changes to applicable laws and regulations affecting United States and international operations, including relating to: approval of new products; licensing and patent rights; sales and promotion of healthcare products; access to, and reimbursement and pricing for, healthcare products and services; environmental protection; and sourcing of raw materials;
- Compliance with local regulations and laws that may restrict the Company's ability to manufacture or sell its products in relevant markets, including requirements to comply with medical device reporting regulations and other requirements such as the European Union's Medical Devices Regulation;
- Changes in domestic and international tax laws and regulations, increasing audit scrutiny by tax authorities around the world and exposures to additional tax liabilities potentially in excess of existing reserves; and
- The issuance of new or revised accounting standards by the Financial Accounting Standards Board and regulations by the Securities and Exchange Commission.

Risks related to the Company's strategic initiatives, healthcare market trends and the realization of benefits from the separation of the Company's Consumer Health Business

- Pricing pressures resulting from trends toward healthcare cost containment, including the continued consolidation among healthcare providers and other market participants, trends toward managed care, the shift toward governments increasingly becoming the primary payors of healthcare expenses, significant new entrants to the healthcare markets seeking to reduce costs and government pressure on companies to voluntarily reduce costs and price increases;
- Restricted spending patterns of individual, institutional and governmental purchasers of healthcare products and services due to economic hardship and budgetary constraints;
- Challenges to the Company's ability to realize its strategy for growth including through externally sourced innovations, such as development collaborations, strategic acquisitions, licensing and marketing agreements, and the potential heightened costs of any such external arrangements due to competitive pressures;
- The potential that the expected strategic benefits and opportunities from any planned or completed acquisition or divestiture by the Company may not be realized or may take longer to realize than expected;
- The potential that the expected benefits and opportunities related to past and ongoing restructuring actions may not be realized or may take longer to realize than expected;
- The Company's ability to divest the Company's remaining ownership interest in Kenvue Inc. (Kenvue) and realize the anticipated benefits from the separation; and
- Kenvue's ability to succeed as a standalone publicly traded company.

Risks related to economic conditions, financial markets and operating internationally

- The risks associated with global operations on the Company and its customers and suppliers, including foreign governments in countries in which the Company operates;
- The impact of inflation and fluctuations in interest rates and currency exchange rates and the potential effect of such fluctuations on revenues, expenses and resulting margins;
- Potential changes in export/import and trade laws, regulations and policies of the United States and other countries, including any increased trade restrictions or tariffs and potential drug reimportation legislation;
- The impact on international operations from financial instability in international economies, sovereign risk, possible imposition of governmental controls and restrictive economic policies, and unstable international governments and legal systems;
- The impact of global public health crises and pandemics;

- Changes to global climate, extreme weather and natural disasters that could affect demand for the Company's products and services, cause disruptions in manufacturing and distribution networks, alter the availability of goods and services within the supply chain, and affect the overall design and integrity of the Company's products and operations;
- The impact of global or economic changes or events, including global tensions and war; and
- The impact of armed conflicts and terrorist attacks in the United States and other parts of the world, including social and economic disruptions and instability of financial and other markets.

Risks related to supply chain and operations

- Difficulties and delays in manufacturing, internally, through third-party providers or otherwise within the supply chain, that may lead to voluntary or involuntary business interruptions or shutdowns, product shortages, withdrawals or suspensions of products from the market, and potential regulatory action;
- Interruptions and breaches of the Company's information technology systems or those of the Company's vendors, which could result in reputational, competitive, operational or other business harm as well as financial costs and regulatory action;
- Reliance on global supply chains and production and distribution processes that are complex and subject to increasing regulatory requirements that may adversely affect supply, sourcing and pricing of materials used in the Company's products; and
- The potential that the expected benefits and opportunities related to restructuring actions may not be realized or may take longer to realize than expected, including due to any required approvals from applicable regulatory authorities.

Investors also should carefully read the risk factors described in Item 1A of this Annual Report on Form 10-K for a description of certain risks that could, among other things, cause the Company's actual results to differ materially from those expressed in its forward-looking statements. Investors should understand that it is not possible to predict or identify all such factors and should not consider the risks described above and in Item 1A to be a complete statement of all potential risks and uncertainties. The Company does not undertake to publicly update any forward-looking statement that may be made from time to time, whether as a result of new information or future events or developments.

Part I

Item 1. Business

General

Johnson & Johnson and its subsidiaries (the Company) have approximately 131,900 employees worldwide engaged in the research and development, manufacture and sale of a broad range of products in the healthcare field. Johnson & Johnson is a holding company, with operating companies conducting business in virtually all countries of the world. The Company's primary focus is products related to human health and well-being. Johnson & Johnson was incorporated in the State of New Jersey in 1887.

The Executive Committee of Johnson & Johnson is the principal management group responsible for the strategic operations and allocation of the resources of the Company. This Committee oversees and coordinates the activities of the Company's two business segments: Innovative Medicine (previously referred to as Pharmaceutical) and MedTech. Within the strategic parameters provided by the Committee, senior management groups at U.S. and international operating companies are each responsible for their own strategic plans and the day-to-day operations of those companies. Each subsidiary within the business segments is, with limited exceptions, managed by residents of the country where located.

Segments of business

Following the completion of the separation of the Consumer Health business (Kenvue) in August 2023, the Company is now organized into two business segments: Innovative Medicine and MedTech. Additional information required by this item is incorporated herein by reference to the narrative and tabular descriptions of segments and operating results under: Item 7. Management's discussion and analysis of results of operations and financial condition of this Report; and Note 17 Segments of business and geographic areas of the notes to consolidated financial statements included in Item 8 of this Report.

Innovative Medicine

The Innovative Medicine segment is focused on the following therapeutic areas: Immunology (e.g., rheumatoid arthritis, psoriatic arthritis, inflammatory bowel disease and psoriasis), Infectious Diseases (e.g., HIV/AIDS), Neuroscience (e.g., mood disorders, neurodegenerative disorders and schizophrenia), Oncology (e.g., prostate cancer, hematologic malignancies, lung cancer and bladder cancer), Cardiovascular and Metabolism (e.g., thrombosis, diabetes and macular degeneration) and Pulmonary Hypertension (e.g., Pulmonary Arterial Hypertension). Medicines in this segment are distributed directly to retailers, wholesalers, distributors, hospitals and healthcare professionals for prescription use. Key products in the Innovative Medicine segment include: REMICADE (infliximab), a treatment for a number of immune-mediated inflammatory diseases; SIMPONI (golimumab), a subcutaneous treatment for adults with moderate to severe rheumatoid arthritis, active psoriatic arthritis, active ankylosing spondylitis and moderately active to severely active ulcerative colitis; SIMPONI ARIA (golimumab), an intravenous treatment for adults with moderate to severe rheumatoid arthritis, active psoriatic arthritis and active ankylosing spondylitis and active polyarticular juvenile idiopathic arthritis (pJIA) in people 2 years of age and older; STELARA (ustekinumab), a treatment for adults and children with moderate to severe plaque psoriasis, for adults with active psoriatic arthritis, for adults with moderately to severely active Crohn's disease and treatment of moderately to severely active ulcerative colitis; TREMFYA (guselkumab), a treatment for adults with moderate to severe plaque psoriasis and active psoriatic arthritis; EDURANT (rilpivirine), PREZISTA (darunavir) and PREZCOBIX/REZOLSTA (darunavir/cobicistat), antiretroviral medicines for the treatment of human immunodeficiency virus (HIV) in combination with other antiretroviral products and SYMTUZA (darunavir/cobicistat/emtricitabine/tenofovir alafenamide), a once-daily single tablet regimen for the treatment of HIV; CONCERTA (methylphenidate HCl) extended-release tablets CII, a treatment for attention deficit hyperactivity disorder; INVEGA SUSTENNA/XEPLION (paliperidone palmitate), for the treatment of schizophrenia and schizoaffective disorder in adults; INVEGA TRINZA/TREVICTA (paliperidone palmitate), for the treatment of schizophrenia in patients after they have been adequately treated with INVEGA SUSTENNA for at least four months; SPRAVATO (Esketamine), a nasal spray, used along with an oral antidepressant, to treat adults with treatment-resistant depression (TRD) and depressive symptoms in adults with major depressive disorder (MDD) with suicidal thoughts or actions; CARVYKTI (ciltacabtagene autoleucel), a chimeric antigen receptor (CAR)-T-cell therapy for the treatment of patients with relapsed/refractory multiple myeloma; ZYTIGA (abiraterone

acetate), a treatment for patients with prostate cancer; ERLEADA (apalutamide), a next-generation androgen receptor inhibitor for the treatment of patients with prostate cancer; IMBRUVICA (ibrutinib), a treatment for certain B-cell malignancies, or blood cancers and chronic graft versus host disease; DARZALEX (daratumumab), a treatment for multiple myeloma; DARZALEX FASPRO (daratumumab and hyaluronidase-fihj), a treatment for multiple myeloma and light chain (AL) Amyloidosis; XARELTO (rivaroxaban), an oral anticoagulant for the prevention of deep vein thrombosis (DVT), which may lead to pulmonary embolism (PE) in patients undergoing hip or knee replacement surgery, to reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation, and for the treatment and reduction of risk of recurrence of DVT and PE to reduce the risk of major cardiovascular events in patients with coronary artery disease (CAD) and peripheral artery disease (PAD), for the treatment and secondary prevention of thromboembolism in pediatric patients, and for thromboprophylaxis in pediatric patients following the Fontan procedure; OPSUMIT (macitentan) as monotherapy or in combination, indicated for the long-term treatment of pulmonary arterial hypertension (PAH); UPTRAVI (selexipag), the only approved oral and intravenous, selective IP receptor agonist targeting a prostacyclin pathway in PAH. Many of these medicines were developed in collaboration with strategic partners or are licensed from other companies and maintain active lifecycle development programs.

MedTech

The MedTech segment includes a broad portfolio of products used in the Interventional Solutions, Orthopaedics, Surgery and Vision categories. Interventional Solutions include electrophysiology products (Biosense Webster) to treat heart rhythm disorders, the heart recovery portfolio (Abiomed) which includes technologies to treat severe coronary artery disease requiring high-risk PCI or AMI cardiogenic shock, and Neurovascular care (Cerenovus) that treats hemorrhagic and ischemic stroke. The Orthopaedics portfolio (DePuy Synthes) includes products and enabling technologies that support Hips, Knees, Trauma, and Spine, Sports & Other. The Surgery portfolios include advanced and general surgery technologies (Ethicon), as well as solutions that focus on breast aesthetics (Mentor), and Ear, Nose and Throat (Acclarent) procedures. Johnson & Johnson Vision products include ACUVUE Brand contact lenses and TECNIS Intraocular lenses for cataract surgery. These products are distributed to wholesalers, hospitals and retailers, and used predominantly in the professional fields by physicians, nurses, hospitals, eye care professionals and clinics.

Geographic areas

Johnson & Johnson and its subsidiaries (the Company) have approximately 131,900 employees worldwide engaged in the research and development, manufacture and sale of a broad range of products in the healthcare field. The Company conducts business in virtually all countries of the world with the primary focus on products related to human health and well-being.

The products made and sold in the international business include many of those described above under Segments of Business – Innovative Medicine and MedTech. However, the principal markets, products and methods of distribution in the international business vary with the country and the culture. The products sold in international business include those developed in the U.S. and by subsidiaries abroad.

Investments and activities in some countries outside the U.S. are subject to higher risks than comparable U.S. activities because the investment and commercial climate may be influenced by financial instability in international economies, restrictive economic policies and political and legal system uncertainties.

Raw materials

Raw materials essential to the Company's business are generally readily available from multiple sources. Where there are exceptions, the temporary unavailability of those raw materials would not likely have a material adverse effect on the financial results of the Company.

Patents

The Company's subsidiaries have made a practice of obtaining patent protection on their products and processes where possible. They own, or are licensed under, a significant number of patents in the U.S. and other countries relating to their products, product uses, formulations and manufacturing processes, which in the aggregate are believed to be of material importance to the Company in the operation of its businesses. The Company's subsidiaries face patent challenges from third parties, including challenges seeking to manufacture and market generic and biosimilar versions of the Company's key

pharmaceutical products prior to expiration of the applicable patents covering those products. Significant legal proceedings and claims involving the Company's patent and other intellectual property are described in Note 19 Legal proceedings—Intellectual property of the Notes to Consolidated Financial Statements included in Item 8 of this Report.

Sales of the Company's largest product, STELARA (ustekinumab) accounted for approximately 12.8% of the Company's total revenues for fiscal 2023. Accordingly, the patents related to this product are believed to be material to the Company. Janssen Biotech, Inc., a wholly-owned subsidiary of Johnson & Johnson, owns patents specifically related to STELARA. The latest expiring United States composition of matter patent expired in 2023. As a result of settlements and other agreements with third parties, the Company does not anticipate the launch of a biosimilar version of STELARA before January 1, 2025 in the United States. The latest expiring European composition of matter patent (Supplementary Protection Certificate) expires in 2024.

Sales of the Company's second largest product, collectively DARZALEX (daratumumab) and DARZALEX FASPRO (daratumumab and hyaluronidase-fihj), accounted for approximately 11.4% of the Company's total revenues for fiscal 2023. Accordingly, the patents related to this product are believed to be material to the Company. Genmab A/S owns two patent families related to DARZALEX, and Janssen Biotech, Inc. has an exclusive license to those patent families. The two patent families both expire in the United States in 2029, and in Europe, compound patent protection in select countries extends to 2031/2032. Janssen Biotech, Inc. owns a separate patent portfolio related to DARZALEX FASPRO.

Trademarks

The Company's subsidiaries have made a practice of selling their products under trademarks and of obtaining protection for these trademarks by all available means. These trademarks are protected by registration in the U.S. and other countries where such products are marketed. The Company considers these trademarks in the aggregate to be of material importance in the operation of its businesses.

Seasonality

Worldwide sales do not reflect any significant degree of seasonality; however, spending has typically been heavier in the fourth quarter of each year than in other quarters. This reflects increased spending decisions, principally for research and development activity.

Competition

In all of their product lines, the Company's subsidiaries compete with companies both locally and globally. Competition exists in all product lines without regard to the number and size of the competing companies involved. Competition in research, both internally and externally sourced, involving the development and the improvement of new and existing products and processes, is particularly significant. The development of new and innovative products, as well as protecting the underlying intellectual property of the Company's product portfolio, is important to the Company's success in all areas of its business. The competitive environment requires substantial investments in continuing research.

Environment

The Company is subject to a variety of environmental laws and regulations in the United States and other jurisdictions. The Company believes that its operations comply in all material respects with applicable environmental laws and regulations. The Company's compliance with these requirements is not expected to have a material effect upon its capital expenditures, cash flows, earnings or competitive position.

Regulation

The Company's businesses are subject to varying degrees of governmental regulation in the countries in which operations are conducted, and the general trend is toward increasingly stringent regulation and enforcement. The Company is subject to costly and complex U.S. and foreign laws and governmental regulations and any adverse regulatory action may materially adversely affect the Company's financial condition and business operations. In the U.S., the pharmaceutical product and medical technology industries have long been subject to regulation by various federal and state agencies, primarily as to product safety, efficacy, manufacturing, advertising, labeling and safety reporting. The exercise of broad regulatory powers by the U.S. Food and Drug Administration (the U.S. FDA) continues to result in increases in the amounts of testing and documentation required for U.S. FDA approval of new drugs and devices and a corresponding increase in the expense of product introduction. Similar trends are also evident in major markets outside of the U.S.

The new medical device regulatory framework and the evolving privacy, data localization, and emerging cyber security laws and regulations around the world are examples of such increased regulation. Within the U.S., an increasing number of U.S. States have enacted comprehensive privacy laws and federal regulators (e.g., the U.S. FDA, FTC and HHS) continue to stress the intersection of health and privacy as a compliance and enforcement priority. In the EU, multiple directives and laws (including NIS2, EHDS, the Data Act, the Cyber Resilience Act, and the AI Act) are rapidly changing privacy and cybersecurity compliance requirements while introducing new enforcement risks. In addition, China has introduced broad personal information protection and data security regulations, with more anticipated, thereby increasing China's scrutiny of company compliance and data transfer practices. With other jurisdictions enacting similar privacy laws, local data protection authorities will force greater accountability on the collection, access and use of personal data in the healthcare industry. These laws can also restrict transfers of data across borders, potentially impacting how data-driven health care solutions are developed and deployed globally in a compliant manner. Moreover, as a result of the broad scale release and availability of Artificial Intelligence (AI) technologies such as generative AI, a global trend towards more comprehensive and nuanced regulation (e.g., White House's Executive Order on the Safe, Secure, and Trustworthy Development and Use of Artificial Intelligence; the EU AI Act) to ensure the ethical use, privacy, and security of AI is underway that includes standards for transparency, accountability, and fairness, which will require compliance developments or enhancements.

The regulatory agencies under whose purview the Company operates have administrative powers that may subject it to actions such as product withdrawals, recalls, seizure of products and other civil and criminal sanctions. In some cases, the Company's subsidiaries may deem it advisable to initiate product recalls regardless of whether it has been required or directed to.

The U.S. FDA and regulatory agencies around the globe are also increasing their enforcement activities. If the U.S. FDA were to conclude that we are not in compliance with applicable laws or regulations, or that any of our pharmaceutical products or medical technologies are ineffective or pose an unreasonable health risk, the U.S. FDA could ban such products, detain or seize adulterated or misbranded products, order a recall, repair, replacement, or refund of such products, refuse to grant pending applications for marketing authorization or require certificates of foreign governments for exports, and/or require us to notify health professionals and others that the products present unreasonable risks of substantial harm to the public health. The U.S. FDA may also assess civil or criminal penalties against us, our officers or employees and impose operating restrictions on a company-wide basis, or enjoin and/or restrain certain conduct resulting in violations of applicable law. The U.S. FDA may also recommend prosecution to the U.S. Department of Justice. Any adverse regulatory action, depending on its magnitude, may restrict us from effectively marketing and selling our products and limit our ability to obtain future clearances or approvals, and could result in a substantial modification to our business practices and operations. Equivalent enforcement mechanisms exist in different countries in which we conduct business.

The costs of human healthcare have been and continue to be a subject of study, investigation and regulation by governmental agencies and legislative bodies around the world. In the U.S., attention has been focused by states, regulatory agencies and Congress on prices, profits, overutilization and the quality and costs of healthcare generally. Laws and regulations have been enacted to require adherence to strict compliance standards and prevent fraud and abuse in the healthcare industry. There is increased focus on interactions and financial relationships between healthcare companies and healthcare providers. Various state and federal transparency laws and regulations require disclosures of payments and other transfers of value made to certain healthcare practitioners, including physicians, teaching hospitals, and certain non-physician practitioners. Federal and foreign laws governing international business practices require strict compliance with anti-bribery standards and certain prohibitions with respect to payments to any foreign government official. Payors and Pharmacy Benefit Managers (PBMs) are a potent force in the marketplace, and increased attention is being paid to the impact of PBM practices on healthcare cost and access in the U.S.

Our business has been and continues to be affected by federal and state legislation that alters the pricing, coverage, and reimbursement landscape. At the federal level, in August 2022, President Biden signed into law the Inflation Reduction Act

(IRA), which includes provisions that effectively authorize the government to establish prices for certain high-spend single-source drugs and biologics reimbursed by the Medicare program, starting in 2026 for Medicare Part D drugs and 2028 for Medicare Part B drugs. On August 29, 2023, the Centers for Medicare & Medicaid Services ("CMS") published the first "Selected Drug" list, which includes XARELTO and STELARA as well as IMBRUVICA, which is developed in collaboration and co-commercialized in the U.S. with Pharmacyclics LLC, an AbbVie company. The Selected Drug list also included other medicines targeting disease states that are prevalent in the Medicare population. There remains uncertainty, however, regarding how the federal government will establish prices for the selected products, as the IRA specifies a ceiling price but not a minimum price. In any event, we anticipate that the selected products will be subjected to a government-established price for the Medicare population.

The IRA also contains provisions that impose rebates if certain prices increase at a rate that outpaces the rate of inflation, beginning October 1, 2022, for Medicare Part D drugs and January 1, 2023, for Medicare Part B drugs. Separate IRA provisions redesign the Medicare Part D benefit in various ways, including by shifting a greater portion of costs to manufacturers within certain coverage phases and replacing the Part D coverage gap discount program with a new manufacturer discounting program. Failure to comply with IRA provisions may subject manufacturers to various penalties, including civil monetary penalties.

In July 2023, Janssen Pharmaceuticals, Inc. (Janssen) filed litigation against the U.S. Department of Health and Human Services as well as the Centers for Medicare and Medicaid Services challenging the constitutionality of the Inflation Reduction Act's (IRA) Medicare Drug Price Negotiation Program. The litigation requests a declaration that the IRA violates Janssen's rights under the First Amendment and the Fifth Amendment to the Constitution and therefore that Janssen is not subject to the IRA's mandatory pricing scheme. The impact of the IRA on our business and the broader pharmaceutical industry remains uncertain, as litigation filed by Janssen and other pharmaceutical companies remains ongoing and CMS has yet to publicly announce the maximum fair price for each of the selected drugs.

Additionally, we expect continued scrutiny on drug pricing and government price reporting from Congress, agencies, and other bodies at the federal and state levels, which may result in additional regulations or other mechanisms to increase pricing transparency and controls.

There are a number of additional bills pending in Congress and healthcare reform proposals at the state level that would affect drug pricing, including in the Medicare and Medicaid programs. This changing legal landscape has both positive and negative impacts on the U.S. healthcare industry with much remaining uncertain as to how various provisions of federal and state law, and potential modification or repeal of these laws, will ultimately affect the industry. The IRA and any other federal or state legislative change could affect the pricing and market conditions for our products.

In addition, business practices in the healthcare industry have come under increased scrutiny, particularly in the U.S., by government agencies and state attorneys general, and resulting investigations and prosecutions carry the risk of significant civil and criminal penalties. Of note is the increased enforcement activity by data protection authorities in various jurisdictions, particularly in the European Union, where significant fines have been levied on companies for data breaches, violations of privacy requirements, and unlawful cross-border data transfers. In the U.S., the Federal Trade Commission has stepped up enforcement of data privacy with several significant settlements (including settlements concerning the downstream sharing of personal information and use and disclosure of personal health data) and there have been a material increase in class-action lawsuits linked to the collection and use of biometric data and use of tracking technologies.

Further, the Company relies on global supply chains, and production and distribution processes, that are complex, and subject to increasing regulatory requirements that may affect sourcing, supply and pricing of materials used in the Company's products. These processes also are subject to complex and lengthy regulatory approvals.

Employees and human capital management

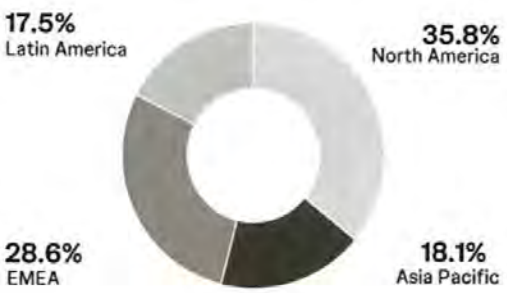
As of December 31, 2023, the number of employees was approximately:

	2023
Employees[1]	134,400
Full-time equivalent (FTE) positions[2]	131,900

1 "Employee" is defined as an individual working full-time or part-time, excluding fixed term employees, interns and co-op employees. Employee data may not include full population from more recently acquired companies and individuals on long-term disability are excluded. Contingent workers, contractors and subcontractors are also excluded.

2 FTE represents the total number of full-time equivalent positions and does not reflect the total number of individual employees as some work part-time.

Employees by region (in percentages)



Strategy

The Company believes that its employees are critical to its continued success and are an essential element of its long-term strategy. Management is responsible for ensuring that its policies and processes reflect and reinforce the Company's desired corporate culture, including policies and processes related to strategy, risk management, and ethics and compliance. The Company's human capital management strategy is built on three fundamental focus areas:

- Attracting and recruiting the best talent
- Developing and retaining talent
- Empowering and inspiring talent

Underpinning these focus areas are ongoing efforts to cultivate and foster a culture built on diversity, equity and inclusion (DEI), innovation, health, well-being and safety, where the Company's employees are encouraged to succeed both professionally and personally while helping the Company achieve its business goals.

Culture and employee engagement

At the Company, employees are guided by Our Credo which sets forth the Company's responsibilities to patients, consumers, customers, healthcare professionals, employees, communities and shareholders. Employees worldwide must adhere to the Company's Code of Business Conduct which sets basic requirements and serves as a foundation for the Company policies, procedures and guidelines, all of which provide additional guidance on expected employee behaviors in every market where it operates. The Company conducts global surveys that offer its employees the ability to provide feedback and valuable insight to help address potential human resources risks and identify opportunities to improve. In 2023, 94% of global employees across 76 countries participated in Our Credo Survey which was offered in 36 languages.

Growth and development

To lead in the changing healthcare landscape, it is crucial that the Company continue to attract and retain top talent. In 2023, the Company's voluntary turnover rate was 7%. The Company believes that its employees must be equipped with the right knowledge and skills and be provided with opportunities to grow and develop in their careers. Accordingly, professional development programs and educational resources are available to all employees. The Company's objective is to foster a learning culture that helps shape each person's unique career path while creating a robust pipeline of talent to deliver on the Company's long-term strategies. In furtherance of this objective, the Company deploys a global approach to ensure development is for everyone, regardless of where they are on their career journey. To prioritize learning, the Company recently held Johnson & Johnson's first Global Learning Day. Employees were encouraged to set aside a full day to explore skill-building courses across five areas: leadership, business skills, digital upskilling, DEI, and well-being, on J&J Learn, the Company's new learning platform.

Diversity, equity, and inclusion (DEI)

The Company is committed to workplace diversity and to cultivating, fostering, and advancing a culture of equity and inclusion. The Company's evidenced-based global enterprise Diversity, Equity and Inclusion strategy recognizes how DEI accelerates the Company's ability to meet the changing needs of the communities the Company serves in, as outlined in Our Credo. The Company's DEI Vision is: *Be yourself, change the world.* The Company's DEI Mission is: *Make diversity, equity and inclusion how we work everyday.* The Company's enterprise DEI Strategy is aligned to the DEI Vision and Mission and rests on four core pillars:

- Build a workforce of individuals with diverse backgrounds, cultures, abilities and perspectives
- Foster a culture of inclusion where every individual belongs
- Transform talent and business processes to achieve equitable opportunities for all
- Drive innovation and growth with our business to serve diverse markets around the world

The Company's DEI strategy is guided by internal and external insights, global best practices and continual employee feedback and recognizes that while diversity changes by location, inclusion is the same everywhere.

Compensation and benefits

As part of the Company's total rewards philosophy, the Company offers competitive compensation and benefits to attract and retain top talent. The Company is committed to fairness and equitable treatment in its compensation and benefits for employees at all levels. The Company observes legal minimum wage provisions and exceeds them where possible. The Company's total rewards offerings include an array of programs to support its employees' well-being, including annual performance incentive opportunities, pension and retirement savings programs, health and welfare benefits, paid time off, leave programs, flexible work schedules and employee assistance programs. In recognition of the Company's commitment to help employees balance their personal and professional responsibilities, the Company enhanced its caregiver, bereavement, and volunteer paid leave benefits, effective July 2023.

Health, wellness and safety

The Company's investment in employee health, well-being and safety is built on its conviction that advancing health for humanity starts with advancing the health of its employees. With the right awareness, focus, practices and tools, the Company ensures that all its employees around the world, as well as temporary contractors and visitors to the Company's sites, can work safely. The Company has continuously expanded health and well-being programs throughout the Company and across the globe, incorporating new thinking and technologies to keep its offerings best-in-class and to help employees achieve their personal health goals. The programs and practices the Company advances for total health—physical, mental, emotional and financial—ensure employee health protection for emerging health risks. The Company continues to address our employees needs through J&J Flex, a hybrid model that empowers the Company's office-based employees to find the right productivity and balance of in-person and remote work.

Available information

The Company's main corporate website address is www.jnj.com. The Company makes its SEC filings available on the Company's website at www.investor.jnj.com/financials/sec-filings, as soon as reasonably practicable after having been electronically filed or furnished to the SEC. The Company's SEC filings are also available at the SEC's website at www.sec.gov.

Investors and the public should note that the Company also announces information at www.factsaboutourprescriptionopioids.com, www.factsabouttalc.com and www.LLTManagementInformation.com. We use these websites to communicate with investors and the public about our products, litigation and other matters. It is possible that the information we post to these websites could be deemed to be material information. Therefore, we encourage investors and others interested in the Company to review the information posted to these websites in conjunction with www.jnj.com, the Company's SEC filings, press releases, public conference calls and webcasts.

In addition, the Amended and Restated Certificate of Incorporation, By-Laws, the written charters of the Audit Committee, the Compensation & Benefits Committee, the Nominating & Corporate Governance Committee, the Regulatory Compliance & Sustainability Committee, the Science & Technology Committee and any special committee of the Board of Directors and the Company's Principles of Corporate Governance, Code of Business Conduct (for employees), Code of Business Conduct & Ethics for Members of the Board of Directors and Executive Officers, and other corporate governance materials, are available at www.investor.jnj.com/governance/corporate-governance-overview on the Company's website and will be provided without charge to any shareholder submitting a written request, as provided above. The information on www.jnj.com, www.factsaboutourprescriptionopioids.com, www.factsabouttalc.com and www.LLTManagementInformation.com is not, and will not be deemed, a part of this Report or incorporated into any other filings the Company makes with the SEC.

Item 1A. Risk factors

An investment in the Company's common stock or debt securities involves risks and uncertainties. The Company seeks to identify, manage and mitigate risks to our business, but uncertainties and risks are difficult to predict and many are outside of the Company's control and cannot therefore be eliminated. In addition to the other information in this report and the Company's other filings with the SEC, investors should consider carefully the factors set forth below. Investors should be aware that it is not possible to predict or identify all such factors and that the following is not meant to be a complete discussion of all potential risks or uncertainties. If known or unknown risks or uncertainties materialize, the Company's business, results of operations or financial condition could be adversely affected, potentially in a material way.

Risks related to our business, industry and operations

The Company's businesses operate in highly competitive product markets and competitive pressures could adversely affect the Company's earnings.

The Company faces substantial competition in its two operating segments and in all geographic markets. The Company's businesses compete with companies of all sizes on the basis of cost-effectiveness, technological innovations, intellectual property rights, product performance, real or perceived product advantages, pricing and availability and rate of reimbursement. The Company also competes with other market participants in securing rights to acquisitions, collaborations and licensing agreements with third parties. Competition for rights to product candidates and technologies may result in significant investment and acquisition costs and onerous agreement terms for the Company. Competitors' development of more effective or less costly products, and/or their ability to secure patent and other intellectual property rights and successfully market products ahead of the Company, could negatively impact sales of the Company's existing products as well as its ability to bring new products to market despite significant prior investment in the related product development. The Company may also experience operational and financial risk in connection with acquisitions if we are unable to fully identify potential risks and liabilities associated with acquired businesses or products, successfully integrate operations and employees, and successfully identify and realize synergies with existing businesses while containing acquisition-related strain on our management, operations and financial resources.

For the Company's Innovative Medicine businesses, loss of patent exclusivity for a product often is followed by a substantial reduction in sales as competitors gain regulatory approval for generic and other competing products and enter the market. Similar competition can be triggered by the loss of exclusivity for a biological product. For the Company's MedTech businesses, technological innovation, product quality, reputation and customer service are especially important to competitiveness. Development by other companies of new or improved products, processes and technologies could threaten to make the Company's products or technologies less desirable, less economical or obsolete. The Company's business and operations will be negatively impacted if we are unable to introduce new products or technological advances that are safe, more effective, more effectively marketed or otherwise outperform those of our competitors.

Interruptions and delays in manufacturing operations could adversely affect the Company's business, sales and reputation.

The Company's manufacturing of products requires the timely delivery of sufficient amounts of complex, high-quality components and materials. The Company's subsidiaries operate 61 manufacturing facilities as well as sourcing from thousands of suppliers around the world. The Company has in the past, and may in the future, face unanticipated interruptions and delays in manufacturing through its internal or external supply chain. Manufacturing disruptions can occur for many reasons including regulatory action, production quality deviations or safety issues, labor disputes, labor shortages, site-specific incidents (such as fires), natural disasters such as hurricanes and other severe weather events, raw material shortages, political unrest, terrorist attacks and epidemics or pandemics. Such delays and difficulties in manufacturing can result in product shortages, declines in sales and reputational impact as well as significant remediation and related costs associated with addressing the shortage.

The Company relies on third parties to manufacture and supply certain of our products. Any failure by or loss of a third-party manufacturer or supplier could result in delays and increased costs, which may adversely affect our business.

The Company relies on third parties to manufacture and supply certain of our raw materials, component parts and products. We depend on these third-party manufacturers to allocate to us a portion of their manufacturing capacity sufficient to meet our needs, to produce products of acceptable quality and at acceptable manufacturing yields and to deliver those products to us on a timely basis and at acceptable prices. However, we cannot guarantee that these third-party manufacturers will be able to meet our near-term or long-term manufacturing requirements, which could result in lost sales and have an adverse effect on our business.

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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 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: Vericel Corporation

Physical Address: 25 Blue Sky Drive

City: Burlington State: MA Zip: 01803

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: https://www.vcel.com/

Name of Designated Representative (DR): Michael G Halpin

Licensing Company Email: VCEL@slsny.com DR Email: mhalpin@vcel.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☒ Others: Drugs (Biologics) Devices (Rx Convenience kit ,Containing a drug component) Devices (For Professionals)	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Clinics, Institutions		☐ Others: Manufacturer - Own Label

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

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

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

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

Provide explanation below:

N/A - No discipline to report

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

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

Name: University Medical Center-Las Vegas
Address: 1800 W Charleston Blvd City: Las Vegas State: NV Zip: 89102
Name: Sunrise Hospital and Medical Center
Address: 3186 S Maryland Pkwy City: Las Vegas State: NV Zip: 89109
Name: Renown South Meadows Medical Center
Address: 10101 Double R Blvd City: Reno State: NV Zip: 89521
Name: St. Rose Siena Hospital
Address: 3001 St Rose Pkwy City: Henderson State: NV Zip: 89052

Section 4: Publicly Traded Corporation

State of Incorporation: MI
Parent Company (if any): Publicly Traded: VCEL
Corporation Name: Vericel Corporation
Mailing Address: c/o State License Servicing, Inc. 225 Dolson Avenue, 4th Floor
City: Middletown State: NY Zip: 10940
Telephone: (845) 544-2482 Email: VCEL@slsny.com
Contact Person Name: Christine Cannon

Date of SEC Registration: 11/1/1996 | SEC Registration Number: 0000887359 | Stock Exchange Symbol: VCEL

N/A **Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization:
Corporation/Organization
Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

N/A **Section 6: Partnership**

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

N/A **Section 7: Sole Owner**

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

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: FDA #: 3038730492	✓	
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.

Vericel Corporation

Facility Name

Michael G Halpin

Print Name of Authorized Person Submitting Application

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

Date 3/19/2026

Board Use Only	Date Received: 4/2/26	Amount: $1000 ck 54156

Proof of FDA

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
Vericel Corporation
64 Sidney St
CAMBRIDGE, MA 02139
Registration Number: 1226230
FEI Number: [redacted]
Status: Active
Date Of Registration Status: 2026

Owner/Operator:
Vericel[6]
64 Sidney Street
Cambridge, MA US 02139
Owner/Operator Number: 10051107[7]

Official Correspondent:
Gina Prochile-Cawston
64 Sidney Street
Cambridge, MA 02139
Phone: 1-617-5665623

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

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Page Last Updated: 03/16/2026
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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

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10051107&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10051107&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM

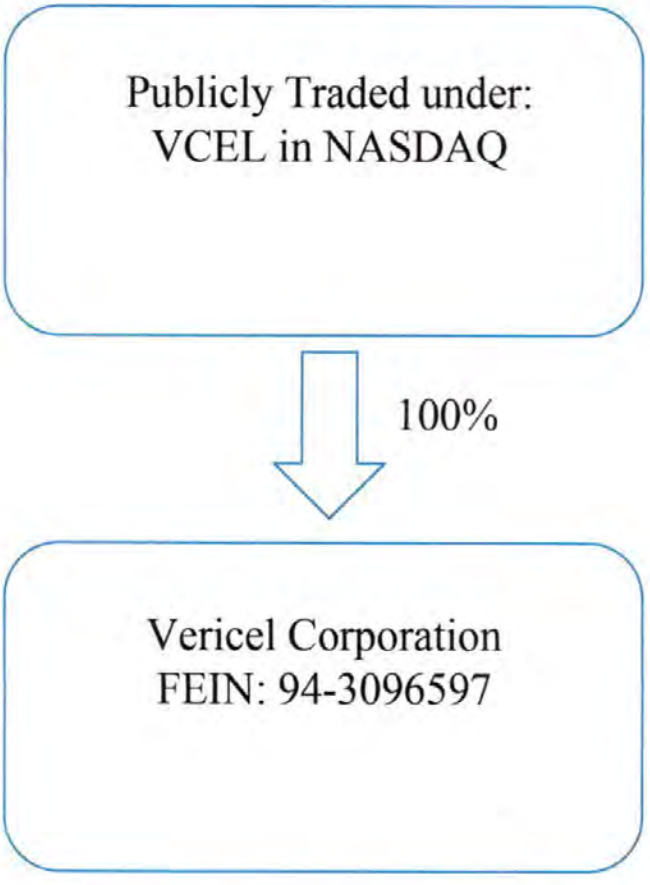
- Not for this location
- Single manufacturer

Org Chart

VERICEL

Vericel Corporation
25 Blue Sky Drive
Burlington, MA 01803
T 617-588-5555
www.vcel.com

Organizational Chart



Vericel Corporation

Corporate Address: 25 Blue Sky Drive, Burlington, MA 01803 USA
FEIN: 94-3096597
https://www.vcel.com/

Drug Labeler Code: 69866
Incorporation State: MI
Incorporation Date: 3/24/1989

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
BUR	25 Blue Sky Drive Burlington, MA 01803 County: Middlesex	3038730492	N/A - No CS	079745570	No	(617) 588-5555	(617) 588-5554

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Michael G Halpin	[redacted]	Chief Operating Officer	No	[redacted]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Publicly Traded: VCEL							

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Michael G Halpin	[redacted]	Chief Operating Officer	No	[redacted]		
Joseph Anthony Mara Jr.		Chief Financial Officer	No			
Karen Ann Mahoney		Chief Human Resources Officer	No			
Sean C Flynn		Chief Legal Officer	No			
Jonathan Mark Hopper		Chief Medical Officer	No			
Dominick Craig Colangelo		Chief Executive Officer				

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
CT Corporation			

Good Standing

UNITED STATES OF AMERICA

The State of Michigan

Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to certify:

Entity Name: VERICEL CORPORATION
Entity ID#: 800549034
Entity Type: Domestic Profit Corporation
Initial Filing Date: 03/24/1989
Delayed Effective Date:
Formation Jurisdiction: Michigan
Act Formed Under: 284-1972 Business Corporation Act

That the above referenced entity was validly incorporated and said corporation is validly in existence under the laws of this state.

This certificate is issued in conformity with the Act it is formed under, to attest to the fact that the company is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

LICENSING AND REGULATORY AFFAIRS
Corporations, Securities & Commercial Licensing Bureau

In testimony whereof, I have hereunto set my hand, in the City of Lansing, on November 26, 2025.

Linda Clegg

Linda Clegg, Director
Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 38991
Verify this certificate at: www.michigan.gov/corpverifycertificate

Verification of Home State

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Tel: 617-624-6000
www.mass.gov/dph

MAURA T. HEALEY
Governor
KIMBERLEY DRISCOLL
Lieutenant Governor

KIAME MAHANIAH, MD, MBA
Secretary
ROBERT GOLDSTEIN, MD, PhD
Commissioner

Verification of Licensure

03/30/2026

To Whom It May Concern:

The organization named below has received the following in the Commonwealth of Massachusetts:

Drug Manufacturer or Drug Distributor Controlled Substance Registration

Name of Organization: Vericel Corporation

Registration Number: RMD400261
Registration Status: Current
Issue Date: 10/29/2025
Expiration Date: 10/29/2026
Last Issue/Renewal Date: 10/29/2025
Drug Schedules: VI
Disciplinary Actions: There are no disciplinary actions against this registration.

Registration verification may be obtained at http://checkahealthlicense.mass.gov/. The information provided in this "Verification" is based on the records maintained by the Massachusetts Bureau of Health Professions Licensure and its licensing boards. Individuals are deemed to be in good standing if their license is current and not subject to any disciplinary status on the date of issuance of the "Verification." Disciplinary status is defined as voluntary surrender, revocation, suspension or probation of a license. The "Verification" does not include information about the existence, absence, or status of complaints. To request such information, please submit a public record request to publicrecordsadmin@massmail.state.ma.us.

Traci Westgate
Traci Westgate
Director

a95357db-5367-4b38-8aa1-c667b15701fd

Home State License

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
Massachusetts Controlled Substance Registration

In accordance with the provision of Massachusetts General Laws, Chapter 94C, issues the registration of Drug Manufacturer or Drug Distributor Controlled Substance Registration to:

Vericel Corporation
25 Blue Sky Drive
Burlington, MA 01803

Robert Goldstein, MD, PhD
Commissioner - Department of Public Health

Registration Number: RMD400261

Type: Manufacture

Schedules: VI

Issue Date: 10/29/2025

Expiration Date: 10/29/2026

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

From: Ryan Afable
To: Ryan Afable
Subject: FW: Vericel Certificate of Liability Insurance
Date: Thursday, April 16, 2026 2:21:00 PM
Attachments: image001.png
image005.jpg

From: Katherine Cutillo <Katherine_Cutillo@ajg.com>
Sent: Friday, March 13, 2026 3:19 PM
To: Ryan Afable <rafable@vcel.com>; Eric Burns <eburns@vcel.com>
Cc: Gina Prochilo-Cawston <gprochilo-cawston@vcel.com>; Brandon Gustafson <bgustafson@vcel.com>; Alexandra Wong <Alexandra_Wong@ajg.com>; Amy Sinclair <Amy_Sinclair@ajg.com>
Subject: RE: Vericel Certificate of Liability Insurance

EXTERNAL SENDER WARNING. Do not be quick to click! ****
This email originated from outside of Vericel. Please exercise caution when opening attachments or clicking links, as they may contain malicious content.

Hi Ryan,

That is correct. Vericel has worldwide liability coverage.

Thank you,

Katherine Cutillo, CLCS
Client Service Manager II, Life Science & Technology Practice

M: 254.350.4436 (Preferred)
O: 617.646.0365
Katherine_Cutillo@ajg.com

Gallagher
115 Federal Street, Suite 800, Boston, MA 02110
www.ajg.com

Arthur J. Gallagher Risk Management Services, LLC.

Communications concerning this matter, including this email and any attachments, may have been provided for purposes of insurance/risk management consulting. Opinions and advice provided by Gallagher are not intended to be, and should not be construed as, legal advice.

A licensed Gallagher representative must provide the appropriate insurance carrier with written instructions in order to bind insurance

coverage. Therefore: client instructions via email are not sufficient to bind coverage unless and until you have received explicit written confirmation from an authorized Gallagher representative.

I would like to emphasize that the discussion set forth above is only an insurance/risk management perspective and is NOT legal advice. We do not provide legal advice and I highly recommend that you seek the advice of legal counsel in order to become fully apprised of the legal implications related to these issues.

From: Ryan Afable <rafable@vcel.com>
Sent: Friday, March 13, 2026 3:15 PM
To: Katherine Cutillo <Katherine_Cutillo@ajg.com>; Eric Burns <eburns@vcel.com>
Cc: Gina Prochilo-Cawston <gprochilo-cawston@vcel.com>; Brandon Gustafson <bgustafson@vcel.com>; Alexandra Wong <Alexandra_Wong@ajg.com>; Amy Sinclair <Amy_Sinclair@ajg.com>
Subject: RE: Vericel Certificate of Liability Insurance

Hi Katherine,

The certificate does not list Vericel's Burlington facility (25 Blue Sky Drive), can you confirm if the certificate of liability applies to both Cambridge and Burlington facilities?

Thanks,
Ryan

Ryan Afable, MS
Manager, Regulatory

Vericel Corporation
25 Blue Sky Drive
Burlington, MA 01803
[redacted]
rafable@vcel.com | www.vcel.com

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limited liability

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/13/2026

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
115 Federal Street
Boston MA 02110

CONTACT NAME:
PHONE (A/C, No, Ext): 617-261-6700 **FAX (A/C, No):** 617-646-0400
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Federal Insurance Company	20281
INSURER B : Columbia Casualty Company	31127
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED VERICOR-02
Vericel Corporation
64 Sidney Street
Cambridge, MA 02139

COVERAGES **CERTIFICATE NUMBER:** 1613867337 **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			36086757	8/1/2025	8/1/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ Excluded
	OTHER:							$
A	AUTOMOBILE LIABILITY			73521274	8/1/2025	8/1/2026	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)	$
								$
A	X UMBRELLA LIAB X OCCUR			79722182	8/1/2025	8/1/2026	EACH OCCURRENCE	$ 20,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 20,000,000
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			71630390	8/1/2025	8/1/2026	X PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N/A					E.L. EACH ACCIDENT	$ 1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Products Liability			35865189	8/1/2025	8/1/2026	Occ/Agg	$10,000,000
B	Excess Products Liability			ADE 7092545585	8/1/2025	8/1/2026	Occ/Agg	$5M excess $10M

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

CERTIFICATE HOLDER

Vericel Corporation
64 Sidney Street
Cambridge MA 02139
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

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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 Vericel Corporation MDEG License # (if applicable) _____

Physical Address 25 Blue Sky Drive

City Burlington State MA Zip 01803

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 https://www.vcel.com/

Licensing Company Email VCEL@SLSNY.COM

Section 2: Personal Information

First Michael Middle G Last Halpin

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

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

Mailing Address [redacted]

City Lincoln State MA Zip [redacted]

Telephone [redacted] Email mhalpin@vcel.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of Virginia		0983 - 1985	
Address	**City**	**State**	**Zip**
1827 University Avenue	Charlottesville	VA	22903
Diploma/Degree obtained, if any			
M.E., Biomedical Engineering			

School Name		From - To (MM/YY – MM/YY)	
University of Virginia		08/1979 - 05/1983	
Address	**City**	**State**	**Zip**
1827 University Avenue	Charlottesville	VA	22903
Diploma/Degree obtained, if any			
B.A., Biochemistry, Minor: Biology			

School Name		From - To (MM/YY – MM/YY)	
Lake Braddock Secondary School		09/1975 - 06/1979	
Address	**City**	**State**	**Zip**
9200 Burke Lake Rd.	Burke	VA	22015
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
05/2002 - Current	[redacted]	Lincoln	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)	
Vericel Corporation			06/2019 - Current	
Business Address		**City**	**State**	**Zip**
25 Blue Sky Drive		Burlington	MA	01803
Phone	**Title**		**Number of Employed Hours**	
(617) 877-0925	Chief Operating Officer		~ 14,000 hours	

Description of Duties

Provide leadership and oversight for all operational activities within Vericel Corporation. Responsible for oversight and management of Manufacturing, R&D, Engineering, Quality, and Regulatory Affairs activities. Responsible for overall operational compliance with cGMP and all other applicable regulations. Responsible for overall regulatory strategy and compliance for commercial products and products in development including partnership product.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
			12240	

Description of Duties

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

Description of Duties

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

Description 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 disclose

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Michael G Halpin, **certify that as the MDEG Administrator for**

Vericel Corporation,

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

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

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

Michael G Halpin
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/19/2026
Date

Board Use Only	Date Received: 4/2/26

Employee List

VERICEL

Vericel Corporation
25 Blue Sky Drive
Burlington, MA 01803
T 617-588-5555
www.vcel.com

Legal First Name	Legal Last Name
Juan	A Marte
Manuel	Acuna
Scott	Addington
Peter	Adelfio
Samuel	Adera
Julius Ryan	Afable
Efe	Agbe-Rankhe
Ujwala	Aggarwal
Bahador	Aghakoochek
Timothy	Ahearne
Tania	Ahmed
Umar	Ahmed
Syed	Alam
Jay	Aldrich
Catherine	Allard
Albert	Almonte
Michael	Amjadi
Jerry	Amos
Gun	An
Erik	Aparicio
Fiona	Armoo
Theodore	Aronis
Pamela	Azevedo
Giovanny	Baez
Eleanny	Baez Martinez
Thomas	Ball
Michael	Banigo
Marta	Banskota
Ali	Barazotto
Michelle	Barczak
Robert	Barnette
Christopher	Barrett
Adam	Barron
Greg	Basinal
William	Beasley
Edward	Beauregard
Daniel	Behl
Carlos	Bello
Isabelle	Bergeron
Rafael	Bergeron
Viktoria	Berkey
Ryan	Bertelli
Vani	Bhagwat
Mansi	Bhardwaj
Amy	Bickelman
Deanna	Bigos Stocker
James	Birkhead
Siera	Blakely

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Brayden	Blick
Michael	Bonaiuto
Emily	Bonanno
James	Bonasoro
James	Boron
John	Borst
Matthew	Boudrow
Mark	Brancieri
Aimee	Brandon
Dylan	Brodeur
Christopher	Brophy
Shelley	Brown
Tyler	Brown
Jason	Buapa
Caleb	Buck
Zack	Buffone
Alden	Burgess
Jamie	Burginyoung
Eric	Burns
Wesley	Burrows
Marisa	Butera
Romuald	Cabrol
Tyson	Callan
Christopher	Campanella
Lisa	Carcerano
Anyae'	Cardwell
Alexcia	Carmona
Maeve	Carolan
Phillip	Carron
Rafael	Castro
Bryan	Centeo
Zachary	Challingsworth
Sze	Chan
Peter	Chann
Alexander	Charette
Jesse	Chebot
Chelsea	Chesner
Troy	Chestnut
Mikhail	Chkolnik
Eric	Christianson
Caleb	Christopher
Jackie	Chui
Jim	Coccia
Dominick	Colangelo
Sarah	Collins
Gary	Collupy
Michael	Connolly
David	Conrad
Steven	Corbin

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Alex	Cote
Clint	Cowman
Anna	Cox
Dr. Caryn	Cramer
Rashad	Crepin
Jacob	Cribbs
Jennifer	Crummet
Ricardo	Cruz
Deborah	Cunningham
James	Cusick
Steven	Damouras-Dixon
Allison	DAprile
Fernando	Davalos
Ethan	Davis
Courtney	Davison
Roland	DeAngelis
Nicholas	DeBella
Esau	Delos Santos
Preston	Demeritt
Alexandra	Denisevich
Erna	Deolmos
Jose	Depina
Sergio	Diaz
Sofia	Diaz
Brian	Diley
Matt	Ditmars
Elizabeth	Do
Kelsey	Dohoney
Fang	Dong
Christopher	Drake
Emma	Drew
Erika	Droz Sastre
E John	Duguid
Ryan	Dumas
Jake	Dumont
Demet	Durak
Meaghan	Dwyer
Margaret	Eastman
Kimberly	Edge
Nicole	Eisenbarth
Troy	Emswiler
Cynthia	Entstrasser
Nathan	Erdmann
Emily	Eschelbach
Christian	Esposito
Chad	Estes
John	Evitts
Nada	Farag
Frank	Faunce

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Connor	Fenoff
Carlos	Figueroa
Fidel	Figueroa
Jennifer	Fisher
Thomas	Flora
Sean	Flynn
Alexandra	Folch-Pi
Kayleb	Forsythe
Patrick	Fowler
Meredith	Frank-Molnia
Patricia	Freitas
Hans	Friedrichs
David	Fritsch
David	Futterrer
Rujuta	Gadgil
Dr. Karl	Gallegos
Thomas	Gallella
Jenn	Gannon
Miguel	Garcia
Marcus	Garcia
Shakira	Garcia-Mathurin
Craig	Gassman
John	Gayton
Jacob	Gebru
Anthony	Gemmellaro
Mary Joy	Geronimo
Blake	Gilliam
Michael	Gilligan
Lauren	Giroux
James	Gitchell
Madison	Glover
Carolyne	Godon
Alexandra	Goldstock
Todd	Golemi
Pratik	Golwala
Long	Gong
Keyla	Gonzalez
Chris	Graham
Jason	Greenberg
Matthew	Greene
Gabriela	Groton
Jacob	Gruskay
Vadim	Gulca
Susan	Gunter-McKellar
Nicolas	Gupta
Brandon	Gustafson
Ashley	Hadyniak
Evan	Halberg
Michael	Halpin

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Susan	Halvatzis
David	Hannigan
Daniel	Harkins
Andrew	Harmon
Kathleen	Harper
Frances	Harper
Jeremy	Harris
Andrew	Harrod
Patrick	Helfrich
Marc	Helmick
Paul	Herbert
Christopher	Higgins
Jacob	Hodge
John	Holleran
Zavontae	Holmes
Jonathan	Hopper
Julio	Hordequint Lugo
Max	Hove
Susan	Hsiong
Dana	Hudak
Ryan	Hughes
Dung	Huynh
John	Ilgenfritz
Umasree	Illapani
Mohammad	Islam
Brent	Jacobs
Napah	Jamdee
Viralkumar	Jayswal
Adrienne	Jones
Daniel	Jones Jr.
Kyle	Jordan
Jharana	Joshi Shrestha
Jeffrey	Joslyn
Jordan	Jounaidi
Afif	Kadri
Mikayla	Kass
Thomas	Kaufman
Evan	Keil
Douglas	Kennedy
Garrett	Kerska
Abdus	Khan
Tahmina	Khan
Mallikarjun	Khobaji
Aidan	Killion
Dr. Helen	Kim
Dave	Kirby
Andrew	Kocher
Damon	Kology
Danielle	Komer

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Jay	Koslowski
Joseph	Koss
Margaret	Krawitz
David	Krazeise
Joanna	Kuchar
Evan	Laberge
Jordan	Lahens
Blanca	Landaverde
Gregory	Lane
Roger	LaVault
Keith	Lawrence
Marqis	Layne
Brian	Lee
Ming	Lee
Jacob	Lefkowitz
Drew	Leonard
Don	Lewis
Xia	Li
Julie	Liberio
Lewis	Liriano
Chris	Lively
Ryan	Lodge
Christopher	Lozano
Hilary	Luderer
Lan	Luong
Charlene	Machnak
Andre	Magana
Joseph	Maggiore
Karen	Mahoney
James	Makseyn
Carl	Malaney
Kenia	Maldonado Aldana
Harrison	Malec
Muntasir	Mamun
Jenny	Man
Robert	Manzella
Joseph	Mara
Elizabeth	Marino
James	Mars
Sterling	Martin
Hector	Martinez
Francisco	Martinez Baez
Ajin	Mathew
Chad	Matthes
Eric	Matthews
Christiane	McCombie
Matthew	McGowan
William	McKay
Timothy	McKeen

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Carissa	Mckizzie
Elizabeth	McLaughlin
Jonathan	McNeill
Kyle	McNulty
Devin	McRoberts
Amy	Mendoza
Seth	Mendoza
Christian	Merino
Amanda	Messina
Julianne	Meyer
Brian	Meyer
Jeromy	Mickey
Douglas	Miller
Gwenyth	Miller
Cathy	Miller
Brianna	Mills
Nancy	Minghella
Jose	Miranda
Mckade	Mitton
Kelli	Moeller
Nadeem	Mohammad
Isidro	Moreno
Miguel	Mota
Jim	Mountjoy
Kristin	Mularz
Tucker	Mulcahy
Dennis	Muoio
Frances	Murphy
Eric	Murphy
Jenna	Murray
Rodney	Murrell
Ami	Naik
Racquel	Nembhard
Anthony	Neri
Scott	Newman
Bao	Nguyen
Huy	Nguyen
Kelvin	Nguyen
Anthony	Nicastro
Tracy	Nicholas
Micah	Nichols
Chase	Nichols
Michael	Nicholson
Parker	Nicholson
Lance	Noble
Warren	Norris
Nicholas	Oddo
Keisha	ONeill
Gabrielle	O'Neill

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Charles	O'Regan
Julie	Ortiz
Brynner	Ortiz
Stephanie	Osborn
Irene	Ostrovsky
Jonathan	Owen
Danielle	Panzer
Andrew	Parke
Shaili	Patel
Billi	Payne
James	Peele
Jason	Peete
Luis	Peguro
Stephen	Pellerin
Jeffrey	Peraza
Nathaniel	Perez
Michael	Petrizzo
Christopher	Phillion
Kevin	Phillips
Nhi	Phuong
Jordy	Pineiro
Sam	Pinzone
Dennis	Pothier
Ryan	Powers
Samuel	Prinzi
Gina	Prochilo-Cawston
Amber	Queen
Karla	Quick
Rafael	Ramos
Julia M.	Ranauro
Jonathan	Rand
Edwin	Rawl
John	Raynes
Jeffrey	Regan
Michael	Remley
Morrill	Reynolds III
Megan	Rice
William	Richmond
William	Rigby
Dawn	Riley
Greg	Ringenberg
Adam	Robb
Christopher	Robichaud
William	Rodgers
Carlos	Rodriguez
Arisleidy	Rodriguez
John	Roffino
Zachary	Rogers
Robert	Rohanna

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Joseph J.	Romano
Joseph	Romano
Jacob	Roos
Nicholas	Roschewsk
Tom	Rothrock
David	Rothstein
Santona	Roy
Michael	Ruhmann
Nasim	Rumi
Cheryl	Russell
Payton	Ruwet
Charles	Sadler
Rajat	Saggar
Anne	Sahagian
Cristina	Salas
Thisbeth	Salazar
Ayla	Sanchez
Joseph	Sandore
Anna	Sargent
Andrew	Sartorelli
Elizabeth	Saylor
Mallory	Saylor
Jennifer	Schildt
Lauren	Schofield
Brian	Schultz
Zane	Shabani
Vandit	Shah
Jonathan	Siegal
Tyren	Sillanpaa
Emily	Simeone
Harjot	Singh
Christopher	Sinn
Stephen	Slack
Jason	Slye
Donald	Smith
Dalton	Smith
Camren	Smith
Pat	Smith
Ezequiel	Soc
Richard	Soja
Michael	Spencer
Emma	Stanley
Olivia	Stevenson
Mary	Stewart
Alison	Su
Melissa	Sukernick
Patrick	Sweeney
Jared	Sylvester
Mark	Szarek

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Van Theresa	Tang
Juliet	Tei
Bernado	Theosmy
Jean	Thermidor
Allyson	Thrasher
Anish	Thyagarajan
Mark	Timko
James	Tinsley
Michael	Toomey
Amy	Tran
Matthew	Treese
Taylor	Tremaine
Jonathan	Truman
Hout	Ty
Bryan	urena urena
Nathanael	VanNoy
Parita	Varma
Michele	Vasquez
David	Velasco
Natalia	Velasquez
Paul	Verschaetse
Elmer	Villanueva Lemus
Enmanuel	Vizcaino
Thanhxuan	Vong
Nina	Vrankic
John	Wade
Ben	Wagner
Nicole	Waitt
Robert	Walker
Julia	Wallace
Lori	Washington
Richard	Watkins
Andrew	Watrous
Cahner	Watson
Bradley	Wayne
Jared	Weaver
Charles	Webber
Trevor	Wells
Shelly	Welton
Angela	Westbrook
Patrick	Wiedt
Lloyd	Williams
Joan	Wilson
Calvin	Winker
Brittany	Withey
Laura	Wong
Chauneen	Wood
Karla	Worley-Ham
Ashley	Yang

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Form 10-K

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

for the fiscal year ended December 31, 2025

or

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

Commission File Number 001-35280

VERICEL CORPORATION

(Exact name of registrant as specified in its charter)

Michigan	**94-3096597**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)

64 Sidney Street
Cambridge, MA 02139
(Address of principal executive offices, including zip code)

Registrant's telephone number, including area code: **(617) 588-5555**

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

Title of Class	Trading Symbol(s)	Name of Each Exchange on Which Registered
Common Stock (No par value)	VCEL	NASDAQ

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, 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. 7262(b)) by the registered public accounting firm that prepared or issued its audit report ☒

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

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

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of the registrant's Common Stock, no par value per share ("Common Stock"), held by non-affiliates of the registrant (based on the closing sales price of the Common Stock as reported on the NASDAQ Capital Market) on June 30, 2025 was approximately $2.1 billion. This computation excludes shares of Common Stock held by each executive officer and director who may be deemed to be affiliates of the registrant. This determination of affiliate status is not necessarily a conclusive determination for other purposes.

As of February 19, 2026, 50,763,319 shares of Common Stock, no par value per share, were outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Document	Form 10-K Reference
Proxy Statement for the Annual Meeting of Shareholders for the fiscal year ended December 31, 2025, scheduled for April 29, 2026	Items 10, 11, 12, 13 and 14 of Part III

VERICEL CORPORATION
ANNUAL REPORT ON FORM 10-K
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Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K, including the documents incorporated by reference herein, contains certain statements that describe our management's beliefs concerning future business conditions, plans and prospects, growth opportunities and the outlook for our business based upon information currently available. Such statements are "forward-looking" statements within the meaning of the Private Securities Litigation Reform Act of 1995, Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended ("Exchange Act"). Wherever possible, we have identified these forward-looking statements by words such as "will," "may," "anticipates," "believes," "intends," "estimates," "expects," "plans," "projects," "trends," "opportunity," "current," "intention," "position," "assume," "potential," "outlook," "remain," "continue," "maintain," "sustain," "seek," "target," "achieve," "continuing," "ongoing," and similar words or phrases, or future or conditional verbs such as "would," "should," "could," "may," or similar expressions. Among the factors that could cause actual results to differ materially from those set forth in the forward-looking statements include, but are not limited to, uncertainties associated with our expectations regarding future revenue, growth in revenue, market penetration for MACI®, MACI Arthro®, Epicel®, and NexoBrid®, growth in profit, gross margins and operating margins, the ability to continue to scale our manufacturing operations to meet the demand for our cell therapy products, including the timely qualification of a new manufacturing facility in Burlington, Massachusetts, the ability to sustain profitability, contributions to adjusted EBITDA, the expected target surgeon audience, potential fluctuations in sales and volumes and our results of operations over the course of the year, timing and conduct of clinical trial and product development activities, timing and likelihood of the FDA's potential approval of the use of MACI to treat cartilage defects in the ankle, the timing and likelihood of obtaining market approval for MACI in the United Kingdom, the estimate of the commercial growth potential of our products and product candidates, competitive developments, changes in third-party coverage and reimbursement, including recent and future healthcare reform measures and private payor initiatives, surgeon adoption of MACI Arthro, physician and burn center adoption of NexoBrid, labor strikes, supply chain disruptions or other events or factors that might affect our ability to manufacture MACI or Epicel or affect MediWound's ability to manufacture and supply sufficient quantities of NexoBrid to meet customer demand, including but not limited to conflicts in the Middle East region involving Israel, negative impacts on the global economy and capital markets resulting from the conflicts in Ukraine and the Middle East and political and military developments in South America, including those associated with potential further involvement by the U.S., changes in trade policies and regulations, including the potential for increases or changes in duties, current and potentially new tariffs or quotas, lingering effects of adverse developments affecting financial institutions, companies in the financial services industry or the financial services industry generally, changes in governmental monetary and fiscal policies, including, but not limited to, Federal Reserve policies in connection with continued inflationary pressures, the impact from future regulatory, judicial and legislative changes to our industry or to the broader landscape, including those included in the One Big Beautiful Bill Act (the "OBBBA"), a U.S. government shutdown and global geopolitical tensions. These forward-looking statements are based upon assumptions our management believes are reasonable. Such forward-looking statements are subject to risks and uncertainties, which could cause our actual results, performance and achievements to differ materially from those expressed in, or implied by, these statements, including, among others, the risks and uncertainties listed in our Annual Report on Form 10-K under "Part I, Item 1A Risk Factors."

Because our forward-looking statements are based on estimates and assumptions that are subject to significant business, economic and competitive uncertainties, many of which are beyond our control or are subject to change, actual results could be materially different and any or all of our forward-looking statements may turn out to be wrong. Forward-looking statements speak only as of the date made and can be affected by assumptions we might make or by known or unknown risks and uncertainties. Many factors mentioned in our discussion in our Annual Report on Form 10-K will be important in determining future results. New factors emerge from time to time, and it is not possible for us to predict which factors will arise. Consequently, we cannot assure you that our expectations or forecasts expressed in such forward-looking statements will be achieved. Except as required by law, we undertake no obligation to publicly update any of our forward-looking or other statements, whether as a result of new information, future events, or otherwise.

Except for the historical information presented, the matters discussed in this Annual Report, including our product development and commercialization goals and expectations, our plans and anticipated timing and results of clinical and regulatory development activities, potential market opportunities, revenue expectations and the potential advantages and applications of our products and product candidates under development, include forward-looking statements that involve risks and uncertainties. Our actual results may differ significantly from the results discussed in the forward-looking statements. Factors that could cause or contribute to such differences include, but are not limited to, those discussed under the caption "Risk Factors." Unless the context requires otherwise, references to "Vericel," "the Company," "our company," "we," "us," and "our" refer to Vericel Corporation.

We own various trademark registrations and applications, and unregistered trademarks, including Vericel, Epicel, MACI, MACI Arthro and our corporate logo. All other trade names, trademarks and service marks of other companies appearing in this Form 10-K are the property of their respective holders, including NexoBrid, which is a registered trademark of MediWound Ltd. Solely for convenience, the trademarks and trade names in this document may be referred to without the ® and ™ symbols, but such references should not be construed as any indicator that their respective owners will not assert, to the fullest extent under applicable law, their rights thereto. We do not intend to use or display other companies' trademarks and trade names to imply a relationship with, or endorsement or sponsorship of us by, any other companies.

Market Data and Industry Forecasts and Projections

We use market data and industry forecasts and projections throughout this Annual Report on Form 10-K, and in particular in "Part I - Item 1. - Business." We have obtained the market data from certain publicly available sources of information, including publicly available independent industry publications and other third-party sources. Unless otherwise indicated, statements in this Annual Report on Form 10-K concerning our industry and the markets in which we operate, including our general expectations and competitive position, business opportunity and market size, growth and share, are based on information from independent industry organizations and other third-party sources (including industry publications, surveys and forecasts), data from our internal research and management estimates. We believe the data that third parties have compiled is reliable, but we have not independently verified the accuracy of this information and there is no assurance that any of the forecasted amounts will be achieved. Any forecasts are based on data (including third-party data), models and experience of various professionals and are based on various assumptions, all of which are subject to change without notice. While we are not aware of any misstatements regarding the industry data presented herein, forecasts, assumptions, expectations, beliefs, estimates and projections involve risks and uncertainties and are subject to change based on various factors, including those described under the heading "Forward-Looking Statements - Cautionary Language" and in "Part I - Item 1A. Risk Factors."

PART I

Item 1. *Business*

General Information

Vericel Corporation is a leading provider of advanced therapies for the sports medicine and severe burn care markets. We have a highly differentiated portfolio of cell therapy and specialty biologic products that combines innovations in biology with medical technologies. We were among the first companies to achieve commercial success in the complex field of cell therapies with treatments that use tissue engineering to regenerate skin and healthy knee cartilage. We currently market two U.S. Food and Drug Administration ("FDA") approved autologous cell therapy products and one FDA-approved specialty biologic product in the U.S. MACI® is an autologous cellularized scaffold product indicated for the repair of symptomatic, single or multiple full-thickness cartilage defects of the knee with or without bone involvement in adults. Since MACI's commercial launch, the product's FDA-approved labeling has provided for a treating surgeon to use MACI to treat a patient through an open surgical procedure. In August 2024, the FDA approved a supplemental Biologics License Application ("sBLA") expanding the MACI indication to add instructions for the arthroscopic delivery of MACI to the product's approved labeling. MACI Arthro® allows surgeons to evaluate and prepare the cartilage defect site as well as deliver the MACI implant through small incisions using custom-designed arthroscopic instruments developed by the Company ("MACI Arthro instruments"). MACI Arthro became commercially available in the U.S. during the third quarter of 2024, and the Company began selling MACI Arthro instruments at that time.

Epicel® is a permanent skin replacement Humanitarian Use Device ("HUD") indicated for the treatment of adult and pediatric patients with deep-dermal or full-thickness burns comprising greater than or equal to 30 percent of a patient's total body surface area ("TBSA"). We also hold an exclusive license from MediWound Ltd. ("MediWound") for the North American rights to NexoBrid® (anacaulase-bcdb), a topically-administered biological orphan product containing proteolytic enzymes, which is indicated for the removal of eschar in adult and pediatric patients with deep partial-thickness and/or full-thickness thermal burns.

Our Strategy

Our objective is to expand our leadership position in the sports medicine and severe burn care markets and deliver a unique combination of revenue and profitability growth. To achieve this objective, we intend to:

- Continue to invest in potential MACI growth initiatives;
- Seek clinical indication expansion for MACI, including for usage in additional joints;
- Launch MACI outside the United States in select markets, including the United Kingdom;
- Leverage our unique burn portfolio to expand the number of burn centers and surgeons using Epicel and NexoBrid; and;
- Generate positive operating income and cash flow.

Manufacturing

We have a cell manufacturing facility in Cambridge, Massachusetts, which is currently used for U.S. manufacturing and distribution of MACI and Epicel. In January 2022, we entered into a lease agreement (as amended, the "Burlington Lease") to lease approximately 126,000 square feet of manufacturing, laboratory and office space in Burlington, Massachusetts. The Burlington facility is complete, and we are currently utilizing the facility's office space. Once validated, the facility's manufacturing component will eventually become the primary manufacturing facility for MACI and Epicel.

The manufacturing process for NexoBrid is conducted by MediWound, primarily at manufacturing locations in Israel. Certain raw materials utilized in NexoBrid's manufacture, including the supply of the active ingredient bromelain, are sourced from Taiwan.

On July 1, 2023, we renewed our long-term supply agreement with Matricel GmbH ("Matricel") for the supply of ACI-Maix collagen membranes used in the manufacture of MACI (the "Matricel Supply Agreement"). In the event Matricel is unable to supply the membranes, we may license the technology and procure the membranes from another source. The Matricel Supply Agreement provides that Matricel will supply the ACI-Maix membranes exclusively to us during the term of the agreement.

The Matricel Supply Agreement is effective until December 31, 2030, with an option to extend its term for three additional years to December 31, 2033. Thereafter, the Matricel Supply Agreement may be renewed for additional three-year periods.

Product Portfolio

Our current marketed products include two FDA-approved autologous cell therapies and one FDA-approved specialty biologic product. MACI is a third-generation autologous cellularized scaffold product indicated for the repair of symptomatic, single or multiple full-thickness cartilage defects of the knee with or without bone involvement in adults. In connection with our MACI product, we sell MACI biopsy kits, which are used by treating surgeons to obtain a sample of cartilage tissue, which is later sent to us. If a patient decides to move forward with MACI treatment, we subsequently use the cartilage sample to manufacture a MACI implant. When an orthopedic surgeon decides to treat a patient by implanting MACI through an arthroscopic approach, the surgeon may choose to use our custom MACI Arthro instruments during the procedure, which we sell by way of a separate transaction.

Epicel is a permanent skin replacement indicated for the treatment of adult and pediatric patients with deep-dermal or full-thickness burns comprising greater than or equal to 30 percent of a patient's TBSA. Both autologous cell therapy products, MACI and Epicel, are currently manufactured and marketed in the U.S. NexoBrid is a topically-administered biological orphan product containing proteolytic enzymes that is indicated for eschar removal in adult and pediatric patients with deep partial-thickness and/or full-thickness thermal burns. We hold exclusive license and supply agreements with MediWound to commercialize NexoBrid in North America.

MACI

Background of Cartilage Defects

Damage to cartilage in the knee can occur from acute or repetitive trauma from playing sports, exercising, work-related physical demands, or performing everyday activities. When damaged, cartilage in the knee does not usually heal on its own. If left untreated, cartilage defects can progress and lead to degenerative joint disease, osteoarthritis and potentially require total knee replacement, which is a poor option for younger and more active patients.

Carticel was the first FDA-approved autologous cartilage repair product for the repair of symptomatic cartilage defects. It was indicated for the repair of symptomatic cartilage defects of the femoral condyle (medial, lateral or trochlea), caused by acute or repetitive trauma, in patients who have had an inadequate response to a prior arthroscopic or other surgical repair procedure such as debridement (the removal of damaged or defective cartilage), microfracture (the creation of tiny fractures in the bone to encourage new cartilage), drilling/abrasion arthroplasty, or osteochondral allograft/autograft. The FDA approved a BLA for Carticel in 1997, and Carticel was marketed in the U.S. by Vericel through the second quarter of 2017. The FDA approved a BLA for MACI on December 13, 2016.

MACI is an autologous cellular scaffold product consisting of autologous cultured chondrocytes seeded onto a resorbable Type I/III porcine-derived collagen membrane. Autologous cultured chondrocytes are human-derived cells which are obtained from a sample of the patient's own cartilage for the manufacture of MACI. An orthopedic surgeon obtains the sample by taking a cartilage biopsy during an initial arthroscopic procedure. We isolate the patient's chondrocytes (the cells that produce cartilage) from the biopsy and expand those cells in a manufacturing process that is compliant with current Good Manufacturing Practices ("cGMP"). The expanded cells are then uniformly seeded onto a resorbable collagen membrane using a proprietary process prior to shipment. After receipt by the surgeon, MACI is implanted into the cartilage defect(s). A key driver of the therapeutic advantage of autologous chondrocyte implantation ("ACI") relative to other approaches, such as microfracture, is that autologous chondrocytes have the potential to produce the hyaline-like cartilage that is naturally present in the knee, rather than fibrous cartilage, which lacks the durability and wear characteristics of hyaline cartilage. Unlike Carticel, which was a cell suspension and required a membrane to be sutured in place to confine the cell suspension to the defect area, MACI is comprised of cells uniformly seeded on a collagen membrane resulting in a surgery that is simpler than Carticel involved surgeries. MACI may be implanted through a smaller incision or mini arthrotomy for focal defects. Additionally, since the FDA approval of MACI Arthro in August 2024, surgeons are now able to evaluate and prepare the cartilage defect site, as well as deliver the MACI implant, through small incisions using the MACI Arthro instruments. MACI is simply trimmed by the surgeon to the size of the defect, allowing for a precise fit, and fixed to the bone with an off-the-shelf surgical fibrin sealant. MACI has expanded the ACI market beyond Carticel because it: (i) shares the efficacy advantages of Carticel, while being less invasive; (ii) has a shorter procedure time; (iii) eliminates the need for a periosteal harvest and suture fixation of the periosteal patch; and (iv) has been recognized to have a short rehabilitation timeline. In addition, MACI is indicated for a broader range of

cartilage defects of the knee, ensures more uniform distribution of the cells in the cartilage defect, and is supported by Phase 3 clinical data demonstrating a statistically significant improvement in pain and function scores compared to microfracture.

The pivotal clinical trial supporting MACI registration in Europe and approval in the U.S., the Superiority of MACI Implant versus Microfracture Treatment in patients with symptomatic articular cartilage defects in the knee ("SUMMIT") trial, was completed in 2012. Analysis of this 144-patient study demonstrated a statistically significant greater improvement in the co-primary endpoint of pain and function at Week 104 for those patients treated with MACI compared to microfracture.

MACI became commercially available in the European Union (the "EU") in 2001 and in Australia in 2002, prior to promulgation of regulations requiring marketing authorizations for cell therapies in those markets. MACI received marketing authorization in Europe in June 2013 by meeting the requirements of the Advanced Therapy and Medicinal Product ("ATMP") guidelines based on the results of the SUMMIT trial. We suspended the marketing of MACI in Europe in September 2014 and the European manufacturing authorization for MACI expired by its terms at the end of June 2018. Australian operations and the commercialization of MACI in that country was discontinued prior to our acquisition of the product in 2014.

Our Burlington facility, discussed more fully above, is designed to meet both U.S. and global manufacturing requirements, which provides strategic flexibility to potentially again commercialize MACI outside the U.S., and we are currently evaluating introducing MACI in additional geographies. We are currently focused on obtaining regulatory and marketing approval for MACI in the United Kingdom through the Medicine and Healthcare products Regulatory Agency ("MHRA") and, if successful, anticipate commercializing MACI in the United Kingdom in 2027.

Market Opportunity for MACI

Our target audiences are orthopedic surgeons who self-identify and/or have formal specialty training in sports medicine, and a subpopulation of general orthopedic surgeons who perform a high volume of cartilage repair procedures involving the knee. A vast majority of the largest commercial payers in the U.S. have a formal medical policy that provides benefit coverage for treatment with MACI. With respect to private commercial payers that have not yet approved a medical policy for MACI, we often obtain approval on a case-by-case basis.

We estimate that approximately 750,000 patients undergo cartilage repair procedures of the knee annually in the U.S. Of these, approximately 315,000 patients are consistent with the current MACI label. Based on defect characteristics, doctors that have implanted MACI consider approximately 125,000 of these patients clinically appropriate for MACI. Approximately 60,000 of these eligible patients have larger lesions and are likely to secure insurance authorization for MACI.

We have traditionally experienced a level of seasonality with respect to the timing of MACI revenues. In the last five years through 2025, MACI sales volumes from the first through the fourth quarter on average represented 21% (20%-22% range), 23% (22%-24% range), 22% (21%-24% range) and 34% (33%-34% range) respectively, of total annual volumes. Historically, MACI orders are normally stronger in the fourth quarter due to several factors including the satisfaction by patients of insurance deductible limits and the time of year patients prefer to start rehabilitation.

Seasonal sales patterns and other variations related to our revenue recognition may cause significant fluctuations in our results of operations and cash flows. We expect to continue to experience this seasonality effect in subsequent years.

Since MACI's commercial launch, the product's FDA-approved labeling has provided for a treating surgeon to use MACI to treat a patient through an open surgical procedure. In August 2024, the FDA approved an sBLA expanding the MACI indication to add instructions for the arthroscopic delivery of MACI to the product's approved labeling, permitting the repair of single or multiple full-thickness cartilage defects of the knee up to 4 cm^2 in size via an arthroscopic approach. MACI Arthro provides a less invasive technique compared to the open arthrotomy approach and allows surgeons to evaluate, prepare and treat the cartilage defect and deliver the MACI implant, under direct arthroscopic visualization and, should the surgeon so choose, to use specialized and custom-designed instruments (the "MACI Arthro instruments") through small incisions or portals. The arthroscopic delivery of MACI may increase the ease of MACI's use for physicians and may reduce both the length of the procedure as well as procedure-induced trauma, which may result in a reduction of a patient's post-operative pain and accelerate a patient's recovery. MACI Arthro became commercially available in the U.S. during the third quarter of 2024, and we began selling the MACI Arthro instruments at that time. We have experienced strong surgeon interest in the MACI Arthro technique since its launch. To date, more than 900 surgeons have participated in Company-sponsored education and training programs concerning the arthroscopic approach. We believe that the availability of MACI Arthro provides a significant growth opportunity for the overall MACI business, as we have already seen a significant increase in both MACI biopsies and implants from those surgeons who have engaged in MACI Arthro training and education programs. In conjunction with the launch of

MACI Arthro, we have expanded our target surgeon base from 5,000 to 7,000 to include orthopedic surgeons that perform high volumes of knee cartilage repair surgeries, predominantly through arthroscopic procedures.

We also are focused on delivering MACI treatment to patients suffering from cartilage damage in the ankle. Following an application to the FDA, we received Investigational New Drug ("IND") clearance for MACI's use in the ankle during the second quarter of 2025, and during the fourth quarter of 2025 initiated a Study of **MA**CI in Patients Aged 17 to 65 with **S**ymptomatic **C**hondral or **O**steochondral Defects of the **T**alus ("MASCOT"). MASCOT is a two-year prospective, multicenter, two-arm, parallel group open-label trial in which a total of 309 subjects, aged 17 to 65 will be randomized using a 2:1 ratio to receive a one-time treatment in the talus with MACI or arthroscopic bone marrow stimulation. MASCOT is the first randomized, controlled clinical trial evaluating MACI for the treatment of Osteochondral Lesion of the Talus ("OLT"). There are approximately 165,000 ankle resurfacing procedures conducted in the U.S. each year. Approximately 66,000 of those patients each year are considered clinically appropriate for MACI by surgeons. We estimate that approximately 18,000 of those patients suffer from larger ankle cartilage lesions, resulting in an increase of MACI's addressable market. If approved, we believe MACI's label expansion allowing its use to repair cartilage defects in the ankle will be a significant long-term growth driver for the product in the coming years.

Epicel

Epicel is a permanent skin replacement for deep-dermal or full-thickness burns comprising greater than or equal to 30 percent of total body surface area ("TBSA"). The extent of the skin surface that the burn affects is usually referred to as a percent of TBSA. Epicel is currently the only FDA-approved cultured epidermal autograft product available for large total surface area burns in both adult and pediatric patients.

Epicel is produced by isolating and expanding keratinocytes, which are the predominant cell type in the epidermis or outer layer of the skin, and which are originally obtained by taking a small biopsy of a patient's healthy skin. Epicel is an important treatment option for patients with severe burns who are generally understood to need a keratinocyte-based epithelium, and, because of the severity and extent of their burns, these patients generally have very little healthy skin remaining on their bodies from which to obtain keratinocyte-based epithelium for autografting.

Epicel is a cell-based product that is regulated by the FDA's Center for Biologics Evaluation and Research ("CBER") under medical device authorities. Epicel was designated as a HUD in 1998 and a Humanitarian Device Exemption ("HDE") application for the product was submitted in 1999. HUDs are devices that are intended for diseases or conditions that affect fewer than 8,000 individuals annually in the U.S., and, for certain HUDs, the amount a manufacturer may charge for the product's use is restricted. Epicel is not price-restricted in this manner because in 2016, the FDA approved our HDE supplement to revise the labeled indications of use for Epicel to specifically include pediatric patients, thus allowing Epicel to be sold for profit. The product label also specifies that the probable benefit of Epicel, mainly related to survival, was demonstrated in two Epicel clinical experience databases and a physician-sponsored study comparing outcomes in patients with large burns treated with Epicel relative to standard care.

Market Opportunity for Epicel

Each year in the U.S., more than 40,000 people are hospitalized for burns. Approximately 1,500 of these patients are treated for burns covering more than 30% TBSA, the labeled indication for Epicel. Currently, the mortality rate for this group is approximately 34%, partially due to the inability to quickly close wounds because of the lack of remaining healthy tissue from which to harvest autografts. The typical Epicel patient has suffered full-thickness burns due to a wide variety of occupational, household or vehicular accidents. Many of the most severely burned patients are transported by medivac to one of the approximately 140 specialized burn centers across the U.S. While the average acute care hospital has less than three admissions for burns annually, these specialized burn centers average over 200 admissions per year.

Relative to clinical need, we believe Epicel has been underutilized by burn centers due to the lack of a consistent promotional and educational effort prior to our acquisition of the product. We expect Epicel's utility to continue to grow as commercial and medical efforts are appropriately dedicated to the product and the burn centers that use it to treat patients.

Due to the low incidence and sporadic nature of severe burns, Epicel revenue has inherent variability from quarter to quarter and does not exhibit significant seasonality. Over the past five years, a single quarter has ranged from as high as 33% to as low as 16% of annual volumes.

NexoBrid

Our portfolio of commercial-stage products also includes NexoBrid (anacaulase-bcdb), a topically-administered biological orphan product containing proteolytic enzymes, for which the FDA approved a BLA in December 2022. NexoBrid is indicated for the removal of eschar in adults with deep partial-thickness and/or full-thickness thermal burns. Subsequently, in August 2024, the FDA approved an sBLA expanding NexoBrid's indication to include pediatric patients.

The treatment pathway for burn patients is generally determined by the ultimate size and depth of the patient's burn injury. Patients with full-thickness burn injuries of any size and partial-thickness burn injuries greater than 10% TBSA are most often transferred to specialized burn centers. These types of burn injuries, which damage the epidermal and dermal layers of the skin, require removal of the damaged tissue, or eschar, followed by grafting of the wound area to achieve closure of the wound. Early eschar removal and burn assessment are critical first steps in the treatment of burn patients. The early removal of eschar can help reduce inflammation, slow or stop burn progression and reduce the potential for infection and sepsis. Surgical excision of eschar, which involves slicing away the burn tissue until healthy tissue is reached, currently is the standard of care for the removal of eschar. There are limitations to surgical excision, however, in that this procedure is non-selective and can cause pain, blood loss and loss of healthy tissue. Currently, there also exist certain non-surgical approaches for the removal of eschar, which have limited efficacy and have not been shown to reduce the need for surgical eschar removal.

In treating patients with deep partial-thickness and/or full-thickness thermal burns, NexoBrid works to selectively degrade eschar over the course of approximately four hours while preserving viable tissue. NexoBrid can be administered to an area of up to 20% body surface area, in two separate applications, at the patient's bedside through a series of steps. First, pain management as practiced for extensive dressing changes of burn wounds is administered, the wound is cleaned, a dressing soaked with antibacterial solution is applied to the treatment area and a petrolatum ointment barrier is created. Then, the NexoBrid lyophilized powder is mixed with a gel vehicle and applied to the wound. After a film dressing is applied, NexoBrid is left in place for four hours, after which the dissolved eschar is removed by scraping it away with a sterile blunt-edged instrument.

Market Opportunity for NexoBrid

In addition to the U.S., NexoBrid is approved in the European Union ("EU") and other international markets and has been designated as an orphan biologic in the U.S., EU and other international markets. NexoBrid has the potential to change the standard of care for eschar removal with respect to hospitalized burn patients and treat a significant addressable market in the U.S. With respect to NexoBrid, of the approximately 40,000 people that are hospitalized in the U.S. each year for burn-related injuries, the majority, over 30,000, have thermal burns and will likely require some level of eschar removal. NexoBrid's FDA approval expands our burn care franchise's total addressable market, which permits us to treat a significantly larger segment of hospitalized burn patients than with Epicel alone. The expansion of our target addressable market supports a broader commercial footprint, and we believe that this will help drive both increased NexoBrid use as well as increased Epicel awareness throughout the burn care space.

The manufacturing process for NexoBrid is conducted by MediWound, primarily at manufacturing locations in Israel. Certain raw materials utilized in NexoBrid's manufacture, including the supply of the active ingredient bromelain, are sourced from Taiwan.

Pursuant to the terms of our existing license agreement, following the FDA's approval of the BLA for NexoBrid, MediWound transferred the BLA to Vericel. Subsequently, in August 2024, the FDA approved a supplemental BLA expanding NexoBrid's indication to include pediatric patients.

Research & Development

The bulk of our ongoing research and development activities have historically focused on exploring methods that improve our ability to efficiently manufacture high quality cell therapy products for patients. In 2025, we initiated a Study of MACI in Patients Aged 17 to 65 with Symptomatic Chondral or Osteochondral Defects of the Talus ("MASCOT"). MASCOT is a two-year prospective, multicenter, two-arm, parallel group open label trial with a total of 309 subjects, aged 17 to 65, which will be randomized 2:1 to receive a one-time treatment in the ankle with MACI or arthroscopic bone marrow stimulation. MASCOT is the first randomized, controlled clinical trial evaluating MACI for the treatment of Osteochondral Lesions of the Talus ("OLT"). Therefore, for the next several years our research and development activities will be more balanced between manufacturing method development and clinical activities for the MASCOT trial.

Patents and Proprietary Rights

Our success depends in part on our ability, and the ability of our future licensors, to obtain patent protection for our products and processes.

As part of the acquisition of the Cell Therapy and Regenerative Medicine ("CTRM") business from Sanofi, we acquired a multinational intellectual property estate, which includes patents and patent applications directed to chondrocyte implants and technologies related to the determination of the presence of chondrocytes in the cell cultures used to produce the chondrocyte implants. Although we do not own any patents or patent applications relating to Epicel, many of the processes and techniques are trade secrets and would be difficult to replicate without significant investment and time. We own issued patents directed to methods of determining the presence of chondrocytes in cell cultures used to produce both MACI and Carticel, which are scheduled to expire in September 2030 in the U.S. and in April 2028 abroad. We own two issued patents directed to compositions and methods for repairing cartilage defects, which are scheduled to expire in the U.S. in March 2039 and February 2040. We have one issued patent in the U.S. directed to a device related to MACI that is set to expire in November 2033, and one issued patent in the EU that is set to expire in November 2034. We own one issued patent directed to methods and devices for repairing cartilage defects via arthroscopic MACI, which is scheduled to expire in the U.S. in March 2043.

As a biologic, MACI is entitled to twelve years of data exclusivity, until December 13, 2028, calculated from its date of approval. When these patents and data exclusivity expire, our opportunity to establish or maintain product revenue could be substantially reduced.

Since 2019, we have held exclusive license and supply agreements with MediWound to commercialize NexoBrid in North America. We will need to continue to comply with the terms of such agreements in order to maintain our exclusive rights to commercialize NexoBrid in the U.S.

Our efforts to secure our proprietary rights also include our reliance on trade secrets and know-how, which we seek to protect, in part, by confidentiality agreements. It is our policy to require our employees, consultants, contractors, manufacturers, outside scientific collaborators, sponsored researchers and other advisors to execute confidentiality agreements upon the commencement of employment or consulting relationships with us. These agreements provide that all confidential information developed or made known to the individual during the course of the individual's relationship with us is to be kept confidential and not disclosed to third parties except in specific limited circumstances. We also require signed confidentiality or material transfer agreements from any company that is to receive our confidential information. In the case of employees, consultants and contractors, the agreements generally provide that all inventions conceived by the individual while rendering services to us shall be assigned to us as the exclusive property of Vericel.

See "Government Regulation — Product Approval" and "Risk Factors — Risks Related to Intellectual Property," below, for additional information.

We also own a broadly filed trademark portfolio with registrations for MACI and Epicel, and additional registrations and applications for various marks related to those two products. MediWound has additionally registered trademarks with respect to NexoBrid, which we have licensed as part of our License Agreement with MediWound.

Sales and Marketing

MACI, Epicel and NexoBrid are specialty products with focused physician and institutional call points. We have two sales teams, one dedicated to MACI and a Burn Care team focused on both Epicel and NexoBrid. Our MACI commercial team, which we expanded by approximately 30% in late 2025, is divided into geographic regions and consists of sales representatives that regularly engage with our target audience and who are managed by a senior sales leadership team. In conjunction with the launch of MACI Arthro, we have expanded our target surgeon base from 5,000 to 7,000 to include orthopedic surgeons that perform high volumes of knee cartilage repair surgeries, predominantly through arthroscopic procedures.

A vast majority of the largest commercial payers in the U.S. have a formal medical policy that provides benefit coverage for treatment with MACI. Even for private payers that have not yet approved a medical policy for MACI, for medically appropriate cases, we often obtain approval on a case-by-case basis.

We contract with two specialty pharmacies, Orsini Pharmaceutical Services, Inc. ("Orsini") and AllCare Plus Pharmacy, Inc. ("AllCare") to distribute MACI in a manner in which we retain the credit and collection risk from the end customer. We pay each specialty pharmacy a fee in each instance when it dispenses MACI for use in treating a patient. Both Orsini and AllCare perform collection activities to collect payment from customers. In addition, we sell MACI directly to hospitals pursuant to an

agreed upon purchase order and to a distributor, DMS Pharmaceutical Group, Inc. ("DMS") at a contracted rate for the treatment of patients at military facilities throughout the U.S. We engage a third-party contractor to provide services in connection with a patient support program to manage patient cases and to ensure that complete and accurate billing information is provided to payers and hospitals.

Following the approval and commercial launch of NexoBrid, we have expanded the burn care commercial team to include both account management and clinical specialist professionals. The burn care commercial team is divided into geographic regions and consists of sales representatives that regularly engage with our target audience and who are managed by a senior sales leadership team. There are approximately 140 burn centers in the U.S., and a subset of these institutions regularly treat patients suffering from large TBSA burns. We sell Epicel directly to hospitals and burn centers based on contracted rates stated in an approved contract or an applicable purchase order with the hospital. We sell NexoBrid to specialty distributors. These customers subsequently resell NexoBrid to hospitals and burn centers.

Government Regulation

Our research and development activities and the manufacturing and marketing of our products are subject to the laws and regulations of governmental authorities in the U.S. and other countries in which our products may be marketed. Specifically, in the U.S., the FDA regulates drugs, biologics and medical devices and requires new product approvals or clearances to assure the safety and effectiveness of these products. Governments in other countries have similar requirements for testing and marketing. In the U.S., in addition to meeting FDA regulations, we are also subject to other federal laws, such as the Occupational Safety and Health Act and the Environmental Protection Act, as well as certain state laws.

Some human cell or tissue products that are intended for implantation, transplantation, infusion, or transfer into a human recipient are regulated solely as human cell, tissue, and cellular or tissue-based products ("HCT/Ps") and do not require the FDA's premarket review. If these cell or tissue products do not meet the FDA's requirements for regulation solely as an HCT/P, they require FDA premarket review and marketing authorization. The types of marketing authorizations required for non-HCT/P cell therapy products have evolved since cell therapy products were initially introduced. Epicel was approved by FDA's Center for Devices and Radiological Health ("CDRH") as an HUD under an HDE in 2007 but now is regulated by CBER under the same medical device regulations. MACI, approved in 2016, is regulated by CBER as a combination cell therapy/device product and required an approved BLA to be marketed in the U.S. Significant changes to products approved under a BLA require a supplemental BLA to be approved before such changes to products may be marketed in the U.S. In August 2024, the FDA approved a supplemental BLA expanding the MACI indication to add instructions for the arthroscopic delivery of MACI to the product's approved labeling. NexoBrid is regulated by FDA's Center for Drug Evaluation and Research ("CDER") as a botanical protein biologic, and the BLA associated with it was approved by the FDA on December 28, 2022, paving the way for marketing and commercialization in the U.S. Subsequently, in August 2024, the FDA approved a supplemental BLA expanding NexoBrid's indication to include pediatric patients. Commercial production of these products must occur in FDA-registered facilities in compliance with cGMP requirements.

Regulatory Process

The FDA regulates biologics under the Federal Food, Drug, and Cosmetic Act ("FFDCA") and the Public Health Service Act ("PHSA"), and their implementing regulations. Obtaining approval of a BLA for a new biological product is a lengthy process, from the development of a new product through preclinical and clinical testing. This process takes several years and requires the expenditure of significant resources. There can be no assurance that our current or future product candidates will ultimately receive approval.

The FFDCA, PHSA, and other federal and state statutes and regulations govern the research, testing, manufacture, safety, labeling, storage, record-keeping, approval, distribution, use, adverse event reporting, and advertising and promotion of our products. Noncompliance with applicable requirements can result in inspectional observations, FDA warning letters, civil penalties, recalls, injunctions or seizures of products, refusal of the government to approve our marketing applications or to allow us to enter into government supply contracts, withdrawal of previously approved applications and criminal prosecution.

The MHRA is responsible for regulating the medicinal products market in the United Kingdom (Great Britain and Northern Ireland). An MHRA authorization must be obtained for each medicine to be marketed in the regions that comprise the United Kingdom. On January 1, 2024, the MHRA launched the International Recognition Procedure ("IRP"), which provides for an expedited authorization procedure for products that have received positive marketing authorization decisions from trusted partner agencies, such as the FDA. Even so, there can be no assurance that our current or future product candidates will ultimately receive approval.

Product Approval in the U.S.

To obtain an FDA license for, or approval of, a new biological product, sponsors must submit proof of safety, purity and potency, or effectiveness. In most cases, such proof entails extensive non-clinical (also known as preclinical) studies in animal models and well-controlled clinical trials in human subjects. The testing and preparation of necessary applications and the processing of those applications by the FDA is expensive, can take several years to complete, and can have uncertain outcomes. The FDA regulatory review and approval process is complex and can result in requests for additional data, resulting in increased development costs, and time to market delays, or could preclude us altogether from bringing to market new products. The FDA may also require post-marketing studies and risk evaluation and mitigation strategies ("REMS") as conditions of approval. These requirements, if imposed, add to the cost of regulatory compliance and the cost of selling, due to complex distribution and restricted commercial operations. Product approvals may be withdrawn if compliance with applicable regulations is not maintained or if safety issues are identified during routine safety monitoring following commercialization.

Adequate and well-controlled clinical studies are required by the FDA for approval of a BLA. To conduct a clinical trial in the U.S., the study sponsor is required to submit an IND application, including the study protocols, prior to commencing human clinical trials. The submission must be supported by data, typically including the results of nonclinical, manufacturing and laboratory testing. The conduct of the nonclinical tests must comply with Good Laboratory Practices, as well as applicable cGMP requirements. Long-term nonclinical testing, such as animal reproductive toxicity and carcinogenicity studies, is conducted if warranted and its results are submitted in connection with the IND to support clinical investigations conducted to support a future BLA. Following the initial submission of the IND, the FDA has 30 days to review the application and raise safety and other clinical trial issues. If questions or objections are not raised within that period, the clinical trial of the investigational product may commence according to the protocol submitted to the FDA and following Institutional Review Board ("IRB") approvals for each of the clinical sites where the study will be conducted. Protocol amendments need to be submitted and approved by the IRB and/or FDA prior to implementation. Clinical studies can also be conducted outside of the U.S. with or without a U.S. IND. However, a clinical trial application ("CTA") or IND is required to be submitted to the local competent regulatory authority to begin conducting human clinical trials. The CTA has similar data requirements to those of an IND including the need for IRB and/or Ethics Committee approvals for investigational protocols.

MACI and NexoBrid are regulated by the FDA as biologics. For products that are regulated as biologics, the FDA requires: (i) nonclinical animal testing to establish a safety profile and/or a starting dose for initiation of clinical trials in humans; (ii) submission to the FDA of an IND application, which must become effective prior to the initiation of human clinical trials; (iii) adequate and well-controlled clinical trials to demonstrate the safety, purity and potency, or effectiveness, of the product for its intended use; (iv) submission to the FDA of a BLA; and (v) review and approval of the BLA, including pre-license inspections conducted by FDA of the facilities that manufacture the biological product or components of the biological product.

For purposes of BLA approval, human clinical trials are typically conducted in three sequential phases that may sometimes overlap:

- Phase 1—The biological product is initially tested for safety and tolerability. The initial human testing is generally conducted in healthy patients. These trials may also provide early evidence of effectiveness.

- Phase 2—These trials are conducted in a limited number of subjects in the target population to determine a safe and effective dosage to evaluate in Phase 3 and to identify possibly related adverse effects and safety risks. Multiple Phase 2 clinical trials may be conducted by the sponsor to obtain information prior to beginning larger and more expensive Phase 3 clinical trials.

- Phase 3—Phase 3 trials are undertaken to provide evidence of clinical efficacy and to further evaluate dosage, potency, and safety in an expanded patient population at multiple clinical trial sites. Phase 3 studies are performed after preliminary evidence suggesting effectiveness of the product has been obtained and they are intended to establish the overall benefit-risk relationship of the investigational product, and provide an adequate basis for product approval and labeling.

Post-approval clinical trials, sometimes referred to as Phase 4 clinical trials, may be conducted after initial marketing approval. These trials may be required by the FDA as a condition of approval to generate additional information and data from the treatment of patients in the intended therapeutic indication, particularly for long-term safety follow-up. The FDA has express statutory authority to require post-market clinical trials to address safety issues. All of these trials must be conducted in accordance with good clinical practice ("GCP") requirements in order protect the health and safety of human subjects and for the data to be considered reliable for regulatory purposes.

During all phases of clinical development, regulatory agencies require extensive monitoring and auditing of all clinical activities, clinical data, and clinical trial investigators. Annual progress reports detailing the results of the clinical trials must be submitted to the IND. Written IND safety reports must be promptly submitted to the FDA and the investigators for serious and unexpected adverse events; any findings from other studies, testing in laboratory animals or in vitro testing that suggests a significant risk for human subjects; or any clinically important increase in the rate of a serious suspected adverse reactions over that listed in the protocol or investigator's brochure. The sponsor must submit an IND safety report within 15 calendar days after the sponsor determines that the information qualifies for reporting. The sponsor also must notify the FDA of any unexpected fatal or life-threatening suspected adverse reaction within seven calendar days after the sponsor's initial receipt of the information.

Phase 1, Phase 2, and Phase 3 clinical trials may not be completed successfully or within any specified period, or at all. Regulatory authorities, a data safety monitoring board or the sponsor may suspend a clinical trial at any time on various grounds, including a finding that the participants are being exposed to an unacceptable health risk. Similarly, an IRB can suspend or terminate approval of a clinical trial at its institution if the clinical trial is not being conducted in accordance with the IRB's requirements or if the biological product has been associated with unexpected serious harm to patients.

An unapproved drug being studied in clinical trials may be made available to individual patients who are not enrolled in the trial in certain circumstances. Pursuant to the 21st Century Cures Act, or Cures Act, which was signed into law in December 2016, the manufacturer of an unapproved, investigational drug for a serious disease or condition is required to make public and readily available, such as by posting on its website, its policy on evaluating and responding to requests for individual patient access to such investigational drug. This requirement applies upon initiation of a Phase 2 or Phase 3 trial of the investigational drug.

Concurrent with clinical trials, companies usually complete additional animal studies and must also develop additional information about the physical characteristics of the biological product as well as finalize a process for manufacturing the product in commercial quantities in accordance with cGMP requirements. To help reduce the risk of the introduction of adventitious agents with the use of biological products, the Public Health Service Act emphasizes the importance of manufacturing control for products whose attributes cannot be precisely defined. The manufacturing process must be capable of consistently producing quality batches of the product candidate and, among other things, the sponsor must develop methods for testing the identity, strength, quality, potency, and purity of the final biological product. Additionally, appropriate packaging must be selected and tested and stability studies must be conducted to demonstrate that the biological product candidate does not undergo unacceptable deterioration over its shelf life.

After completion of the required clinical testing, a BLA is prepared and submitted to the FDA. FDA review and approval of the BLA is required before the marketing of the product may begin in the U.S. The BLA must include the results of all nonclinical, clinical, and other testing, as well as a compilation of data relating to the quality and manufacture of the product, including, chemistry, manufacturing, and controls ("CMC") information demonstrating the safety, purity and potency, or efficacy, of the product. The cost of preparing and submitting a BLA is substantial. Under federal law, the submission of most BLAs is subject to an application user fee, as well as an annual prescription drug product program user fee, which may total several million dollars; these fees generally are increased annually.

The FDA has 60 days from its receipt of a BLA to determine whether the application will be accepted for filing based on the agency's threshold determination that the application is sufficiently complete to permit substantive review. Once the application is accepted for filing, the FDA begins an in-depth review. The FDA has agreed to certain performance goals in its review of BLAs, including to review 90 percent of standard BLAs within 10 months from the date the application is accepted for filing. Although the FDA often meets its user fee performance goals, the FDA can extend these timelines as warranted. The FDA usually refers applications for novel biologics, or biologics which present difficult questions of safety or efficacy, to an advisory committee (typically a panel that includes clinicians and other experts) for review, evaluation, and a recommendation as to whether the application should be approved. The FDA is not bound by the recommendation of the advisory committee, but it generally follows such recommendations. Before approving a BLA, the FDA will typically inspect one, or more, clinical sites to assure compliance with GCPs. Additionally, the FDA typically will inspect the facility or facilities at which the biologic is manufactured as part of a pre-license inspection. The FDA will not approve the product unless it verifies that compliance with cGMP requirements is satisfactory and that the BLA contains data that provides substantial evidence that the biologic is safe, pure, and potent, or effective, for its intended use.

For certain products, the FDA also will not approve the product if the manufacturer is not in compliance with Good Tissue Practice ("GTP") requirements. GTP requirements are set forth in the FDA regulations that govern the methods used in, and the

facilities and controls used for, the manufacture of HCT/Ps, which are human cells or tissue intended for implantation, transplant, infusion, or transfer into a human recipient. The primary intent of the GTP requirements is to ensure that cell and tissue-based products are manufactured in a manner designed to prevent the introduction, transmission and spread of communicable disease. FDA regulations also require tissue establishments to register and list their HCT/Ps with the FDA and, when applicable, to evaluate donors through screening and testing. To assure compliance with cGMP, GTP and GCP requirements, an applicant must expend significant time, money, and effort in the areas of training, record keeping, production, and quality control.

After the FDA evaluates the BLA and the manufacturing facilities, it issues either an approval letter or a complete response letter. A complete response letter means that the BLA will not be approved in its present form and generally outlines the deficiencies in the submission. Complete responses may require substantial additional testing, or information, in order for the FDA to reconsider the application. If and when those deficiencies have been addressed to the FDA's satisfaction, the FDA will issue an approval letter. The agency generally will review such resubmissions within two or six months, depending on the type of information included in the resubmission. The FDA's approval is never guaranteed, and the agency may refuse to approve a BLA if regulatory requirements are not satisfied.

An approval letter authorizes commercial marketing of the biologic with specific prescribing information for specific indications. The approval of a biologic may be significantly more limited than requested in the application, including limitations on the specific diseases and dosages or the indications for use, which could restrict the commercial value of the product. The FDA may also require that certain contraindications, warnings, or precautions be included in the product labeling. In addition, as a condition of BLA approval, the FDA may require a Risk Evaluation and Mitigation Strategy ("REMS") to help ensure that the benefits of the biologic outweigh potential risks. A REMS can include medication guides, communication plans for healthcare professionals, and elements to assure safe use ("ETASU"). ETASU can include, but are not limited to, special training or certification for prescribing or dispensing, distribution controls, dispensing only under certain circumstances, special monitoring, and the use of patient registries. The requirement for a REMS (or use of a companion diagnostic with a biologic) can materially affect the potential market and profitability of the biologic. Moreover, product approval may require, as a condition of approval, substantial post-approval testing and surveillance to monitor the biologic's safety or efficacy. Once granted, product approvals may be withdrawn if compliance with regulatory requirements and standards is not maintained, or problems are identified following initial marketing.

Facilities manufacturing biological products for commercial distribution must be registered with the FDA. In addition to describing the preclinical studies and clinical trials of the biologic product, the BLA includes a description of the facilities, equipment and personnel involved in the manufacturing process. A biologics license, which is the product's approval, is granted on the basis of inspections of the facilities where the product is manufactured. The primary focus of such inspections is compliance with cGMPs and the facility's ability to consistently manufacture the product in the facility in accordance with the BLA. If the FDA finds the results of the inspection to be unsatisfactory, it may decline to approve the BLA, resulting in a delay in production and commercialization of products.

Product Approval in the UK

We are currently focused on obtaining regulatory and marketing approval for MACI in the United Kingdom through the MHRA and, if successful, anticipate commercializing MACI in the UK in 2027. MACI is regulated by the MHRA as an advanced therapy medicinal product. As of January 1, 2021, European Union law no longer directly applies in the UK. The UK has adopted existing European Union medicines regulation as standalone UK legislation with some amendments to reflect procedural and other requirements with respect to marketing authorizations and other regulatory provisions. The MHRA has introduced changes to national licensing procedures, including procedures to prioritize access to new medicines that will benefit patients, an accelerated assessment procedure and new routes of evaluation for novel products and biotechnology products.

On January 1, 2024, the MHRA implemented a new international recognition procedure ("IRP"), which enables applicants who have already received marketing authorization for a medicinal product from a specified "Reference Regulator" to obtain UK authorization through a streamlined assessment process. The procedure applies to marketing authorization applications for chemical and biological new active substances, known active substances, generic applications, hybrid applications, biosimilar applications, and new fixed combination products. Reference Regulators include the FDA (United States), the Therapeutic Goods Administration (Australia), Health Canada (Canada), SwissMedic (Switzerland), the Health Science Authority (Singapore), the Pharmaceuticals and Medical Devices Agency (Japan), and the European Medicines Agency, along with EU/EEA Member State Competent Authorities.

The IRP features two recognition routes with distinct eligibility requirements and timelines. Recognition Route A follows a 60-day timetable (with no clock stop) and is available when the Reference Regulator approval was granted within the previous two years, the manufacturing process remains the same as that approved by the Reference Regulator, and none of the Recognition B criteria apply. Recognition Route B follows a 110-day timetable (with one clock stop at day 70) and applies when the Reference Regulator approval was granted within the previous 10 years and at least one of 24 specified criteria is met. These criteria include situations where the Reference Regulator granted a conditional or exceptional circumstances authorization; additional manufacturing sites have been cited that were not assessed by the Reference Regulator; substantial changes exist in the manufacturing process or analytical methods; the environmental risk assessment or risk management plan was not assessed by the Reference Regulator; the product is a first-in-class new active substance, an advanced therapy medicinal product, or a fractionated plasma product; or the application seeks orphan drug designation.

Humanitarian Device Exemption

Unless an exemption applies, each medical device commercially distributed in the U.S. requires either a substantial equivalence determination under a premarket notification submission pursuant to Section 510(k) of the FFDCA, or approval of a premarket approval application ("PMA"). The FDA provides an incentive for the development of certain devices intended to benefit patients by treating or diagnosing a disease or condition that affects or is manifested in not more than 8,000 individuals in the U.S. per year. These devices receive a HUD designation and may be eligible for marketing approval under an HDE application. An HDE application is a premarket approval application that seeks an exemption from the effectiveness requirement that would otherwise apply to the application. FDA approval of an HDE application authorizes the applicant to market the device.

To obtain marketing approval for a HUD, an HDE application is submitted to the FDA. An HDE application is similar in both form and content to a PMA application in that the applicant must demonstrate a reasonable assurance of safety, but in an HDE application, the applicant seeks an exemption from the PMA requirement to demonstrate reasonable assurance of effectiveness. An HDE application is not required to contain the results of scientifically valid clinical investigations demonstrating that the device is effective for its intended purpose. The application, however, must contain sufficient information for the FDA to determine that the device does not pose an unreasonable or significant risk of illness or injury, and that the probable benefit to health outweighs the risk of injury or illness from its use, taking into account the probable risks and benefits of currently available devices or alternative forms of treatment. Additionally, the applicant must demonstrate that no comparable devices are available to treat or diagnose the disease or condition, and that they could not otherwise bring the device to market.

Except in certain circumstances, HUDs approved under an HDE cannot be sold for profit, i.e., for an amount that exceeds the costs of research and development, fabrication, and distribution of the device. Under the current HDE provision, as amended by the Food and Drug Administration Safety and Innovation Act (the "FDASIA"), a device is eligible to be sold for profit after receiving HDE approval if the device is intended for the treatment or diagnosis of a disease or condition that occurs in pediatric patients or in a pediatric subpopulation, and such device is labeled for use in pediatric patients or in a pediatric subpopulation in which the disease or condition occurs; or is intended for the treatment or diagnosis of a disease or condition that does not occur in pediatric patients or that occurs in pediatric patients in such numbers that the development of the device for such patients is impossible, highly impracticable, or unsafe. If the FDA determines that a HUD meets the eligibility criteria, the HUD is permitted to be sold for profit after receiving HDE approval so long as the number of devices distributed in any calendar year does not exceed the FDA-determined Annual Distribution Number ("ADN") for the device. The holder of the HDE must immediately notify the FDA if the number of devices distributed during a calendar year exceeds the ADN. The ADN is determined by the FDA (i) when the agency approves the original HDE application, or (ii) when the agency approves an HDE supplement for an HDE approved before the enactment of FDASIA if the HDE holder seeks a determination based upon the profit-making eligibility criteria, and the FDA determines that the HUD meets the eligibility criteria.

Post-Approval Requirements

Maintaining substantial compliance with applicable federal, state, local, and foreign statutes and regulations requires the expenditure of substantial time and financial resources. Rigorous and extensive FDA regulation of biological products and devices continues after approval, particularly with respect to cGMPs. We will rely, and expect to continue to rely, on third parties to manufacture or supply certain components, equipment, disposable devices, testing and other materials used in our manufacturing process for any products that we commercialize or may commercialize. With respect to NexoBrid, we will rely on MediWound to source supplies for the manufacture and to manufacture the product to support our commercialization efforts in the U.S. Manufacturers of our products are required to comply with applicable cGMP requirements, including quality control, quality assurance and maintenance of records and documentation. We cannot be certain that we, MediWound, or our

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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 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: Vera Therapeutics, Inc.

Physical Address: 2000 Sierra Point Parkway, Suite 1200

City: Brisbane State: CA Zip: 94005

Mailing Address (if different from physical address): Same as physical address.

City: State: Zip:

Telephone: (650) 770-0077 Website: WWW.VERATX.COM

Name of Designated Representative (DR): Phillip Michael Hivale

Licensing Company Email: statelicense@vertx.com DR Email: statelicense@veratx.com

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

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

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

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

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

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: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): N/A

Corporation Name: Vera Therapeutics, Inc.

Mailing Address: 2000 Sierra Point Parkway, Suite 1200

City: Brisbane State: CA Zip: 94005

Telephone: (650) 770-0077 Email: statelicense@veratx.com

Contact Person Name: Phillip Hivale

Date of SEC Registration: 4/23/21 | SEC Registration Number: 001-40407 | Stock Exchange Symbol: VERA

N/A

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment C	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** See Attachment G	✓			
• **List of all corporation shareholders and their percent ownership.** N/A		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment D	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) See Attachment G	✓			
• **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	✓	✓	✓	✓
• [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	✓	✓	✓	✓
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.

Vera Therapeutics, Inc.

Facility Name

Phillip Hivale

Print Name of Authorized Person Submitting Application

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

Date 1/17/26

Board Use Only	Date Received: 2/3/26	Amount: $1000 CK 1996

Attachment A

Nature of Business

Vera Therapeutics, Inc. "Vera" is a virtual prescription drug manufacturer. Vera's first product has the potential to become an approved therapy for the treatment of adults with immunoglobulin A nephropathy (IgAN), a serious and progressive autoimmune disease of the kidney. Vera will use a contract manufacturer to produce its product and a third-party logistics provider to ship. No product will be handled at Vera's business office. Provided below is the contact information for the contract manufacturer and third party logistics provider.

Contract Manufacturer:

AndersonBrecon Inc. (dba PCI Rockford)
4545 Assembly Drive
Rockford, Illinois 61109
FDA Registration #: 1421377

Third Party Logistics Provider:

Integrated Commercialization Solutions, LLC
420 International Pkwy, Suite 500
Brooks, KY 40109

NDC/NHRIC Labeler Code	Firm Name
73259	Pierce Innovations LLC
27629	Chongqing Taihao Pharmaceutical Co., Ltd..
76956	Southern Lithoplate, Inc.
25063	HMR Corporation
68559	Molecular Health Commerce, Inc.
76072	ZCL Chemicals Limited
29860	Ningbo United Group Co., Ltd.
77135	Carolina Hemp Refinery
54602	BIOCARE LABS INC.
59467	Hikma Specialty USA Inc.
83450	Surgical Technologies, Inc.
73696	NV Labs Inc.
71785	Annora Pharma Private Limited
83017	EMBECTA MEDICAL II, LLC
55505	Kramer Laboratories
81738	Sunny Q Sunscreen LLC
75803	TEXAS ELECTRIC COOPERATIVES, INC.
65091	AMSAL CHEM PRIVATE LIMITED
84771	KAYURA EFFECT, LLC
80206	Western Acceptance LLC
63900	Simoniz Saniclean, LLC
75561	Persedo, LLC
75890	Costree Co., Ltd
55404	Lessors, Incorporated
51144	SEAGEN INC.
72138	HUBOT HEALTHCARE LLC.
71493	Sante Naturelle (A.G.) Ltee
76817	University of Alaska System
76112	Jubilant HollisterStier General Partnership
73401	PREVICARE PHARMACEUTICAL, INC.
84554	R&G Divergency LLC
46012	Suzhou Amerigen Pharmaceuticals Co. Ltd
54218	United States Welding, Inc.
78229	Beauty Partners LLC
54809	Abbott Laboratories GmbH
70842	Melinta Therapeutics, LLC
73539	CellTrans Inc.
85923	Crosby's Drugs
83278	AMC Pharma USA, LLC
90046	TANDUAY DISTILLERS INC.
12294	Kongo Chemical Co., Ltd.
85623	Give Back Beauty, LLC
85052	Vera Therapeutics, Inc.
72231	BELCREST SERVICES, LTD.
46432	Dhaliwal Labs
82140	eHealth Nexus LLC
58110	STELLA CHEMIFA CORPORATION
74091	Epoxytec Intl, Inc.
50248	Ferrer Internacional SA
66559	Cosmetica Laboratories Inc.
47048	Richard E. Colgin I. Ltd
69494	ISDIN

✓ verified M.H 2/5/20

Attachment C

Corporate Officer Information

Vera Therapeutics, Inc.
2000 Sierra Point Parkway, Suite 1200
Brisbane, CA 94005

Marshall Fordyce
Chief Executive Officer and Secretary

Sean Grant
Chief Financial Officer

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VERA 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 TWENTY-FIRST DAY OF JANUARY, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERA THERAPEUTICS, INC." WAS INCORPORATED ON THE TWELFTH DAY OF MAY, A.D. 2016.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 202848093

Date: 01-21-26

6038952 8300

SR# 20260187548

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

Attachment F

Regarding the Resident State License

The resident state license is currently pending. Once issued, a copy of the license will be provided to your office.

CA dca SEARCH

BOARD OF PHARMACY

ISSUANCE DATE
APRIL 1, 2024
EXPIRATION DATE
JULY 31, 2028
CURRENT DATE / TIME
APRIL 6, 2026
5:17:35 AM

LICENSING DETAILS FOR: WLS 8834

NAME: VERA THERAPEUTICS INC
LICENSE TYPE: WHOLESALER
LICENSE STATUS: CLEAR

ADDRESS
2000 SIERRA POINT PARKWAY SUITE 1700
BRISBANE CA 94005
SAN MATEO COUNTY

LICENSE RELATIONSHIPS

NAME: HIVALE, PHILLIP MICHAEL
LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST
LICENSE NUMBER: 68618 **PRIMARY STATUS:** CLEAR

ADDRESS NOT DISCLOSED

Vera Therapeutics Employee Contact List

	Name	Title	Mobile Phone	Time Zone	Manager
1	Adam Catherman	Sr Director, Analytical Sciences	[redacted]		Neeraj Pakala
2	Adebisi Adenle	Medical Science Liaison			Donald Mallet
3	Akshay Patny	Sr Dir, Program Management			Dmitriy Ter-Martirosov
4	Alan Finder	Principal Engineer, Drug Dev Comb Prod Development			Long Nguyen
5	Albert Gao	Sr Mgr, Early-stage Biologics Development, CMC			Dominique Monteil
6	Alejandra Sporre	Sr Manager, Regulatory CMC			Brian Wiggins
7	Alexis Glasgow	Dir, Corporate Counsel			Julie Glasser
8	Allen Ebens	EVP, Research			Robert Brenner
9	Alvin Lin	VP, Commercial Strategy			Lauren Frenz
10	Amber Sved	VP, Transactions & Operations			Jason Carter
11	Amelia Mogot	Senior Executive Assistant			William Turner
12	Amit Sharma	EVP, Clinical Research & Medical Affairs			Robert Brenner
13	Amy Laverdiere	Sr Dir, Program Management			Dmitriy Ter-Martirosov
14	Amy Lehman	Sr Manager, Regulatory Operations & Publishing			Kiran Lakarsu
15	Amy Wang	VP, Head of Business Development			Lauren Frenz
16	Ana Bozas	Dir, Clinical Research Scientist			Zeeshan Khawaja
17	Anaida Cholakyan	Sr Dir, Commercialization Systems			Noel O'Connor
18	Andrew Ko	Sr Field Medical Director Lead (East)			Donald Mallet
19	Andrew Plummer	VP, Clinical Operations			Tom Doan
20	Andy Prasad	Medical Science Liaison			Donald Mallet
21	Anirban Mukherjee	VP, Strategic Sourcing			Jason Carter
22	Anita Sharma	Sr EA & Operations Manager			Marshall Fordyce
23	Annette Pineda	Sr Dir, Strategic Outsourcing & Contracts			Tom Doan
24	Anton Rosenbaum	Exec Dir, Bioanalytical Sciences			Raffaella Faggioni
25	Anup Anajpure	VP, Commercial Operations			Matt Skelton
26	Archana Thippani	Sr Mgr, Regulatory Operations & Publishing			Kiran Lakarsu
27	Arthur Saunders	Assoc Dir, Regional Marketing (Southeast)			Jason Plant
28	Ashlyn McGuire	Sr Mgr, Analytical Sciences			Adam Catherman
29	Audrey Chaudhary	Assoc Dir, HR Operations			HR
30	Basmina Parmakhtiar	Field Medical Director			Donald Mallet
31	Bhavya Panuganti	Clinical Trial Manager, Associate			Christina Butler
32	Brandon Brent	Field Medical Director - Midwest			Donald Mallet
33	Brian Bush	Assoc Dir, Regional Marketing (Northeast)			Jason Plant
34	Brian Wiggins	Sr Dir, Regulatory CMC			Gary Barrera
35	Caitlin Barr	VP, Securities & Governance			Jason Carter
36	Carmen Oliver	Sr Dir, National Accounts			Ed DePaz
37	Caroline Smith	Clinical Project Associate			Sara Graff-Daugherty
38	Carrie Helland	SVP, Prod & Portfolio Strategy and Management			Lauren Frenz
39	Cassie Arn	Assoc Dir, Talent Acquisition			Daniel Ramos
40	Chiara Orlando	Sr, Clinical Research Associate			Isabel Gorham
41	Chris Mix	EVP, Clinical Development			Robert Brenner
42	Christina Butler	Sr Director, Clinical Operations			Tom Doan
43	Christopher Anderson	Assoc Dir, Omnichannel Marketing Operations			KC Collins
44	Christopher Divis	Sr Dir, Regional Sales Heartland			Jeff Weisiger
45	Christopher Voytatt	Sr Dir, Government Accounts & Policy			Ivan Tosques
46	Chun-mao Wang	Assoc Dir, Statistical Programming			Ting Bai
47	Claire Ciccone	Sr Executive Assistant			Robert Brenner
48	Colleen Yap	Dir, Business Systems			Anaida Cholakyan
49	Connor Morgan	Clinical Trial Manager, Associate			Christina Butler
50	Cristian Gibson	Dir, Medical Affairs, Field, Strategy & Engagement			Kerry Cooper
51	Cynthia Jackson	Sr Mgr, Pharmacovigilance Scientist			Reginald Gay
52	Damemarie Paul	Sr Dir, Evidence Generation			Jay Jackson
53	Daniel Davids	Director, Patient Marketing			Dara Dayani
54	Daniel Elliott	Human Resources Business Partner			HR
55	Daniel Kent	Sr Dir, Regional Sales Southeast			Steve Wallis

56	Daniel Ramos	Director, Talent Acquisition	[redacted]	HR
57	Danielle Cartron	Exec Dir, Compliance		Sandra Park
58	Danilo Martinez	Assoc Dir, Regional Marketing (West)		Jason Plant
59	Dara Dayani	Sr Dir, HCP Promotional Marketing Lead		Emma Haywood
60	Darren Martin	Executive Director, Clinical Data Management		Tom Doan
61	David Adams	Exec Dir, Trade & Distribution, Specialty Pharmacy		Ed DePaz
62	David Johnson	Chief Operating Officer		Marshall Fordyce
63	Debra Charlesworth	VP, Corporate Communications		Lauren Frenz
64	Diana Miller	Sr Executive Assistant		Matt Skelton
65	Dmitriy Ter-Martirosov	VP, Product & Portfolio Management		Lauren Frenz
66	Dominique Monteil	Dir, Biologics Process Development		Roderick Garcia
67	Donald Mallet	VP, Medical Affairs, Field Medical Team Leader		Kerry Cooper
68	Ed DePaz	VP, Value and Access		Matt Skelton
69	Emma Haywood	VP, Marketing		Matt Skelton
70	Erbel Colon	Sr Dir, Commerical Supply Chain Management		Neeraj Pakala
71	Eric Michael	Sr Dir, Clinical Research		Zeeshan Khawaja
72	Erin Collins	Sr Director, Clinical Regulatory Affairs		Gary Barrera
73	Erin Heyeck	Scientific Communications & Research Associate		Kim Sweeney
74	Errolyn Reyes	Quality Technical Manager-GMP		KC Ho
75	Flaviana Mamaradlo	Sr Executive Assistant		Sean Grant
76	Francois Cherestal	Medical Science Liaison		Donald Mallet
77	Frelon Ngai	VP, Financial Planning & Analysis		Joe Young
78	Gabriel Green-Lemons	Dir, Pharmacovigilance		Reginald Gay
79	Gabrielle Gordon	Sr Dir, Regional Sales Northeast		Steve Wallis
80	Gary Barrera	SVP, Regulatory & Quality Assurance		William Turner
81	German Guerrero	Exec Dir, Medical Affairs		Kerry Cooper
82	Gina Ly	Manager, Accounting		Thy Doan
83	Gregory Grant	Dir, Regional Accounts Market Access - East		Jim Smith
84	Heidi Fromm	Sr Dir, HCP Strategy Marketing Lead		Alvin Lin
85	Ian Roy	Assoc Dir, Drug Product & Formulation Development		Long Nguyen
86	Igor Tkachenko	VP, Manufacturing Operations		Neeraj Pakala
87	Iris Tiongco	Assoc Dir, Market Research		Prachi Khandelwal
88	Isabel Gorham	Sr Director Clinical Operations		Tom Doan
89	Ivan Tosques	Exec Dir, Pricing, Contracting & Government		Ed DePaz
90	Ivy Tran	Sr Dir, Program Management		Dmitriy Ter-Martirosov
91	Jabir Bhuiyan	Senior Medical Editor		Randall Mann
92	Jake Simons	Clinical Trial Manager		Christina Butler
93	James Babcock	Sr Dir, Revenue & Cost Accounting		Joe Young
94	James Barnard	Sr Mgr, Drug Product Development		Ian Roy
95	James Harrington	SVP, Intellectual Property		Jason Carter
96	James Smith	Exec Dir, National Accounts		Ed DePaz
97	Jasmine Garcia	Facilities Manager		David Johnson
98	Jason Feinberg	FP&A Manager		Lara Patel
99	Jason Marshall	Sr Dir, Regional Sales Mid-Atlantic		Steve Wallis
100	Jason Plant	Sr Dir, Thought Leader Liaisons		Emma Haywood
101	Jason Smyth	VP, Quality Assurance		Gary Barrera
102	Jason Torrado	Manager, Clinical Data Management		Darren Martin
103	Jay Jackson	Exec Dir, HEOR		Amit Sharma
104	Jayme Brant	Sr Dir, Regional Sales Capitol		Steve Wallis
105	Jeffrey Calhoun	Sr Dir, Regional Sales Great Plains		Jeff Weisiger
106	Jeffrey Citro	Sr Dir, Regional Sales Southwest		Jeff Weisiger
107	Jeffrey Geer	Sr Dir, Sales Training		Anup Anajpure
108	Jeffrey Weisiger	Exec Dir, Regional Sales Director - West Region		Matt Skelton
109	Jenelle Zuvella	Sr Paralegal		Julien Capers
110	Jennifer Jordan	Medical Science Liaison		Donald Mallet
111	Jessica Coppola	Assoc Dir, PV Operations		Reginald Gay
112	Jessica Li	Director, Market Access and Reimbursement		Alvin Lin
113	Jigisha Shah	Senior Manager, Regulatory		Erin Collins

			[redacted]	
114	Jillian Byers	Assoc Dir, Regulatory Affairs		Dmitriy Ter-Martirosov
115	Jing Li	Exec Dir, Clinical Pharmacology & Pharmacometrics		Raffaella Faggioni
116	Joe Young	Chief Accounting Officer		Sean Grant
117	John O'Reilly	Sr Dir, Trade & Distribution		David Adams
118	Jonathan Pribble	Sr Dir, Regional Sales Southcentral		Jeff Weisiger
119	Joseph Fischer	Assoc Dir, Biologics Product Development		Long Nguyen
120	Joseph Oberholtzer	Dir, Strategic Finance		Josh Qin
121	Josh Qin	Exec Dir, Corporate Strategy & Finance		Sean Grant
122	Joshua Bast	Dir, Regional Accounts Market Access - West		Jim Smith
123	Joshua Conrad	Dir, Statistical Programming		Ting Bai
124	Juan Armijo	Manager, QA Document Control & Training		Paul Safra
125	Julie Glasser	SVP, Corporate Law & Strategic Operations		Jason Carter
126	Julie Miller	Sr Dir, Regional Sales Northwest		Jeff Weisiger
127	Julie Person	Chief People Officer		Marshall Fordyce
128	Karen Ho	Dir, QA Drug Substance		KC Ho
129	Kathleen Harding	Sr Executive Assistant		David Johnson
130	KC Ho	Senior Director, Quality Assurance		Gary Barrera
131	Keith Tagoe	Field Medical Director, Gulf Coast		Donald Mallet
132	Kelly Ong	Exec Dir, Clinical Quality Assurance		Jason Smyth
133	Kerry Cooper	SVP, Medical Affairs		Robert Brenner
134	Kimberly Collins	Sr Dir, Digital Marketing & Communications		Emma Haywood
135	Kimberly Fung	Sr Clinical Trials Manager		Isabel Gorham
136	Kimberly Matlack	Dir, Medical Writing		Randall Mann
137	Kimberly Sweeney	Exec Dir, Medical Affairs		Robert Brenner
138	Kiran Lakarsu	Exec Dir, Regulatory Operations & GXP Systems		Gary Barrera
139	Krista Chan	Sr Manager, Clinical Supply		Logan Langenhuizen
140	Kristen Jones	Assoc Dir, Clinical Scientist		Pamela Winterberg
141	Kristen Proctor	Sr Executive Assistant		Jason Carter
142	Lara Patel	Director, FP&A		Joe Young
143	Laura Jiang	Sr Dir, Biostatistics		Xuelian Wei
144	Lauren Frenz	Chief Business Officer		Marshall Fordyce
145	La'Vern George	Sr Mgr, Pharmacovigilance Operations		Reginald Gay
146	Lawrence Huang	Sr Mgr, Process Development, Downstream		Dominique Monteil
147	Leilani De Vera	Sr Dir, Medical Affairs Operations		Amit Sharma
148	Leslee Smith	Sr Financial Systems Analyst		Ryan Dumbrique
149	Leticia Salazar	Sr Dir, Accounting		Joe Young
150	Lijie Zhong	SVP, Biometrics		William Turner
151	Lili Li	Assoc Dir, Statistical Programming		Ting Bai
152	Lindsey Berkebile	Dir, Marketing Operations		Anup Anajpure
153	Lindsey Iacovacci-Clapes	Sr Executive Assistant		Amit Sharma
154	Lisa Khosla	Exec Dir, Medical Information		Kerry Cooper
155	Lixi Yu	Dir, Biostatistics		Xuelian Wei
156	Logan Langenhuizen	Dir, Clinical Supply Chain		Neeraj Pakala
157	Long Nguyen	Sr Director, Biologics Development & Mfg		Neeraj Pakala
158	Lynn Zhang	Sr Manager, Analytical Sciences		Wendy Yares
159	Marissa Quinones	Director, Med Affairs, Field, Strategy & Engagement		Kerry Cooper
160	Mark Miller	Assoc Dir, Regional Marketing (Midwest)		Jason Plant
161	Marshall Fordyce	Founder & CEO		Board
162	Marshall Gleisten	Assoc Dir, Quality Assurance		KC Ho
163	Martin Schwickart	Exec Dir, Tranlational Research		Raffaella Faggioni
164	Matt Russo	Sr Dir, Human Resources		David Johnson
165	Matt Skelton	EVP, Commercial		David Johnson
166	Matthew Karas	Clinical Trial Manager		Isabel Gorham
167	Melanie Nelson	Sr Dir, Patient Support Svs & Patient Affordability		David Adams
168	Melissa Beard	Assoc Director, Marketing Operations		Alvin Lin
169	Menaka Seshadri	Assoc Dir, Project Management		Dmitriy Ter-Martirosov
170	Mengya Yin	Associate Director, Biostatistics		Xuelian Wei
171	Meredith Shea	Field Medical Director - Northeast		Donald Mallet

172	Michael Keith	Health Outcomes Liaison	[redacted]	Paul Cockrum
173	Michael Miller	Sr Dir, Regional Sales Great Lakes		Steve Wallis
174	Michele Rest	Dir, Internal Comms & Employee Engagement		Debra Charlesworth
175	Michelle To	Human Resources Coordinator		Zandy Zoltowski
176	Mike Wang	Sr Field Medical Director Lead (West)		Donald Mallet
177	Nathan Standifer	Exec Dir, Translational Medicine		Raffaella Faggioni
178	Neeraj Pakala	SVP, Prod Dev & Mfg		Marshall Fordyce
179	Nina Sinha	Assoc Dir, Analytical Quality Assurance		KC Ho
180	Nishita Gorupati	Clinical Trial Manager		Isabel Gorham
181	Noel O'Connor	VP, Information Technology		David Johnson
182	Olivier Morteau	Assoc Dir, Scientific Communications & Publications		Kim Sweeney
183	Pamela Winterberg	Sr Dir, Clinical Research		Zeeshan Khawaja
184	Patricia Jackson	Assoc Dir, Congress & Peer-to-Peer Marketing		Dara Dayani
185	Patricia Yang	Contracts Manager		Annette Pineda
186	Patrick Grandt	Sr Mgr, Drug Device Combo Prod Dev		Long Nguyen
187	Paul Cockrum	Health Outcomes Liasons Lead		Donald Mallet
188	Paul Safra	Assoc Dir, Quality Assurance		Gary Barrera
189	Peter Moon	Exec Dir, Pipeline & New Product Planning		Alvin Lin
190	Phillip Azcuna	Sr Dir, GxP Compliance		Gary Barrera
191	Phillip Hivale	Health Outcomes Liaison		Donald Mallet
192	Pouya Javidpour	Dir, Medical Writing		Randall Mann
193	Prachi Khandelwal	Sr Dir, Insights Analytics		Alvin Lin
194	Prashant Kulkarni	Exec Dir, Digital Products & Analytics		Noel O'Connor
195	Priyanka Seegobin	Assoc Dir, Program Management		Dmitriy Ter-Martirosov
196	Rachel Fournier	Sr Dir, AI & Digital Innovation		Noel O'Connor
197	Radhika Sharma	Clinical Program Manager		Christina Butler
198	Raffaella Faggioni	SVP, Clinical Pharmacology & Translational Medicine		Robert Brenner
199	Ramy Radwan	Field Medical Director - Great Lakes		Donald Mallet
200	Ramy Youssef	Field Medical Director, Mid-Atlantic		Donald Mallet
201	Randall Mann	Sr Dir, Medical Writing		Tom Doan
202	Raymo Santilli	Sr Dir, National Accounts		Ed DePaz
203	Raymond (Rafe) Shellooe	Assoc Dir, Research		Allen Ebens
204	Rebecca Gaffar	Clinical Trial Manager		Christina Butler
205	Reginald Gay	VP, Pharmacovigilance		Robert Brenner
206	Renee Gardner	Senior HR Specialist		HR
207	Robert Brenner	Chief Medical Officer		Marshall Fordyce
208	Rod Garcia	Sr Director, Manufacturing		Neeraj Pakala
209	Rohini Sen	Assoc Dir, Accounting Operations		Joe Young
210	Ronald Valley	Sr Contracts Manager		Annette Pineda
211	Ruipeng Mu	Dir, Bioanalytical Sciences		Anton Rosenbaum
212	Ryan Dumbrique	Assoc Dir, Financial Systems & Compliance		Leticia Salazar
213	Ryan Sze	Clinical Program Manager		Isabel Gorham
214	Ryan Weaver	VP, Total Rewards & Operations		HR
215	Samuel Blanchard	Sr Manager, SEC Reporting & Technical Accounting		Leticia Salazar
216	Sandra Park	SVP, Legal Commercial, Operations & Compliance		Jason Carter
217	Sara Graff-Daugherty	Assoc Dir, Clinical Operations		Christina Butler
218	Sarah Caviston	Sr Dir, Business Operations		Anup Anajpure
219	Saran Tse	Dir, Corporate Communications		Lauren Frenz
220	Saynie Liu	Sr Accountant		Leticia Salazar
221	Scott McAlpine	Sr Manager, Manufacturing - Drug Product		Roderick Garcia
222	Scott Rossi	Sr Dir, Cybersecurity		Noel O'Connor
223	Sean Grant	Chief Financial Officer		Marshall Fordyce
224	Shamir Patel	Dir, Specialty Pharmacy & Patient Support Program		David Adams
225	Sherri Hubby	Director, Quality Assurance		Gary Barrera
226	Simrun Grewal	Sr Dir, Forecasting & Analytics		Anup Anajpure
227	Sindhuja Punnam	Associate Dir, Clinical Data Mgmt		Darren Martin
228	Srimoyee Sinha	Dir, Medical Information		Lisa Khosla
229	Stephanie Mar	Assoc Dir, Clinical Operations		Christina Butler

230	Stephen Nguyen	Manager, Accounting	[redacted]	Thy Doan
231	Steven Wallis	Exec Dir, Regional Sales Director - East Region		Matt Skelton
232	Sumit Arora	Dir, Data Analytics		Prashant Kulkarni
233	Suraj Pradhan	Dir, Business Development		Amy Wang
234	Swati Mohan	Dir, QA Drug Product		KC Ho
235	Tao Sheng	Dir, Biostatistics		Xuelian Wei
236	Ted Egbulefu	Sr Dir, Global Commercial Development		Alvin Lin
237	Thy Doan	Associate Dir, R&D Finance		Leticia Salazar
238	Ting Bai	Exec Dir, Statistical Programming		Lijie Zhong
239	Tom Doan	EVP, Development Operations		Marshall Fordyce
240	Victoria Kam	Clinical Supply Manager		Logan Langenhuizen
241	Vince Mozie-Ibeto	Sr Mgr, Clinical Data Management		Darren Martin
242	Vincent Wong	Assoc Dir, Project Management		Dmitriy Ter-Martirosov
243	Vivian Liu	Clinical Project Associate		Isabel Gorham
244	Wendy Yares	Dir, Analytical QC		Adam Catherman
245	Wenjing Li	Sr Mgr, QC Stability Management		Wendy Yares
246	William Turner	Chief Development Officer		Marshall Fordyce
247	Xuelian Wei	VP, Biostatistics		Lijie Zhong
248	Zandy Zoltowski	Assoc Dir, Talent Acquisition		Daniel Ramos
249	Zeeshan Khawaja	VP, Clinical Research		Amit Sharma
250	Zherylynn Vinyard	Assoc Dir, Analytical Sciences		Adam Catherman

Attachment G

SEC Report and Top Shareholders

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2024

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934 FOR THE TRANSITION PERIOD FROM TO**

Commission file number 001-40407

Vera Therapeutics, Inc.

(Exact name of registrant as specified in its charter)

Delaware	**81-2744449**
(State or other jurisdiction of incorporation or organization)	**(I.R.S. Employer Identification No.)**
2000 Sierra Point Parkway, Suite 1200	
Brisbane, California	**94005**
(Address of principal executive offices)	**(Zip Code)**

Registrant's telephone number, including area code: (650) 770-0077

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

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A common stock, $0.001 par value per share	VERA	The Nasdaq Stock Market LLC

Indicate by check mark if the Registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. YES ☒ NO ☐

Indicate by check mark if the Registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. YES ☐ NO ☒

Indicate by check mark whether the Registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the Registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. YES ☒ NO ☐

Indicate by check mark whether the Registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the Registrant was required to submit such files). YES ☒ NO ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☒
Emerging growth company	☐		

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

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

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

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

Indicate by check mark whether the Registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). YES ☐ NO ☒

The aggregate market value of the Registrant's Class A common stock held by non-affiliates of the Registrant as of June 28, 2024, the last business day of the Registrant's most recently completed second fiscal quarter, was approximately $1.7 billion based on the closing price of the Registrant's Class A common stock on the Nasdaq Global Select Market of $36.18 per share.

As of February 24, 2025, the registrant had 63,748,290 shares of Class A common stock, $0.001 par value per share, and no shares of Class B common stock, $0.001 par value per share, outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the Registrant's definitive proxy statement for its 2025 Annual Meeting of Stockholders, which the Registrant intends to file pursuant to Regulation 14A with the Securities and Exchange Commission not later than 120 days after the Registrant's fiscal year ended December 31, 2024, are incorporated by reference into Part III of this Annual Report on Form 10-K.

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SPECIAL NOTE REGARDING FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K (the Annual Report) may contain "forward-looking statements" within the meaning of the federal securities laws made pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1995. Our actual results could differ materially from those anticipated in these forward-looking statements as a result of various factors, including those set forth under Part I, Item 1A, "Risk Factors" in this Annual Report. Except as required by law, we assume no obligation to update these forward-looking statements, whether as a result of new information, future events or otherwise. These statements, which represent our current expectations or beliefs concerning various future events, may contain words such as "may," "will," "expect," "anticipate," "intend," "plan," "believe," "estimate" or other words indicating future results, though not all forward-looking statements necessarily contain these identifying words. Such statements may include, but are not limited to, statements concerning the following:

- our financial performance;
- the sufficiency of our existing cash to fund our future operating expenses and capital expenditure requirements;
- the accuracy of our estimates regarding expenses, future revenue, capital requirements, and needs for additional financing;
- the scope, progress, results and costs of developing our product candidates and conducting nonclinical studies and clinical trials;
- the timing and costs involved in obtaining and maintaining regulatory approval of our product candidates and the timing or likelihood of regulatory filings and approvals, including our expectation to seek special designations for our product candidates for various diseases;
- our plans relating to commercializing our product candidates, if approved, including the geographic areas of focus and our ability to grow a sales team;
- the ability to license additional intellectual property relating to any future product candidates and to comply with our existing license agreements;
- the impact of unfavorable geopolitical and macroeconomic conditions on our business and operations;
- the implementation of our strategic plans for our business and current product candidates or any other product candidates we may develop;
- the size of the market opportunity for our product candidates in each of the diseases we target;
- our reliance on third parties to conduct nonclinical research activities, and for the manufacture of our product candidates;
- the beneficial characteristics, safety, efficacy and therapeutic effects of our product candidates;
- our estimates of the number of patients in potential commercial markets who suffer from the diseases we target and the number of subjects that will enroll in our clinical trials;
- the progress and focus of our current and future clinical trials, and the reporting of data from those trials;
- our ability to advance product candidates into and successfully complete clinical trials;
- the ability of our clinical trials to demonstrate the safety and efficacy of our product candidates, and other positive results;
- the success of competing therapies that are or may become available;
- developments relating to our competitors and our industry, including competing product candidates and therapies;

- our plans relating to the further development and manufacturing of our product candidates, including additional indications that we may pursue;
- existing regulations and regulatory developments in the United States and other jurisdictions;
- our potential and ability to successfully manufacture and supply our product candidates for clinical trials and for commercial use, if approved;
- the rate and degree of market acceptance of our product candidates, as well as the pricing and reimbursement of our product candidates, if approved;
- our continued reliance on third parties to conduct additional clinical trials of our product candidates, and for the manufacture of our product candidates;
- our plans and ability to obtain and protect intellectual property rights;
- the scope of protection we are able to establish and maintain for intellectual property rights, including atacicept, MAU868, VT-109 and any other product candidates we may develop; and
- our ability to retain the continued service of our key personnel and to identify, hire, and then retain additional qualified personnel.

Moreover, we operate in a very competitive and rapidly changing environment. New risks emerge from time to time. It is not possible for our management to predict all risks, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements we may make. You should be aware that the occurrence of any of the events discussed under Part I, Item 1A, "Risk Factors" and elsewhere in this Annual Report could substantially harm our business, results of operations and financial condition and that if any of these events occurs, the trading price of our common stock could decline and you could lose all or a part of the value of your shares of our common stock.

The cautionary statements made in this Annual Report are intended to be applicable to all related forward-looking statements wherever they may appear in this Annual Report. We urge you not to place undue reliance on these forward-looking statements, which speak only as of the date of this Annual Report. Except as required by law, we assume no obligation to update our forward-looking statements publicly, or to update the reasons actual results could differ materially from those anticipated in any forward-looking statements, whether as a result of new information, future events or otherwise.

SUMMARY OF RISKS ASSOCIATED WITH OUR BUSINESS

An investment in shares of our Class A common stock involves a high degree of risk. Below is a list of some of the material risks associated with our business. This summary does not address all of the risks that we face. Additional discussion of the risks listed in this summary, as well as other risks that we face, is set forth under Part I, Item 1A, "Risk Factors" in this Annual Report on Form 10-K:

- We have completed a limited number of clinical trials for our lead product candidate, atacicept, and have no products approved for commercial sale, which may make it difficult to evaluate our current business and predict our future success and viability.
- We will require substantial additional capital to finance our operations. If we are unable to raise such capital when needed, or on acceptable terms, we may be forced to delay, reduce and/or eliminate one or more of our research and drug development programs of our product candidates or future commercialization efforts.
- We have incurred net losses since inception, and we expect to continue to incur net losses for the foreseeable future. In addition, we may be unable to continue as a going concern over the long-term.
- The terms of our loan agreement place restrictions on our operating and financial flexibility. If we raise additional capital through debt financing, the terms of any new debt could further restrict our ability to operate our business.
- We are substantially dependent on the success of our product candidates, atacicept and MAU868, which are currently in the clinical development stage, and VT-109, which is in the pre-clinical development stage. If we are unable to complete development of, obtain regulatory approval for and commercialize our product candidates in one or more indications and in a timely manner, our business, financial condition, results of operations and prospects will be significantly harmed.
- Enrollment and retention of participants in clinical trials is an expensive and time-consuming process and could be made more difficult or rendered impossible by multiple factors outside our control, including difficulties in identifying patients with IgAN, the availability of competitive products, and significant competition for recruiting participants in clinical trials.
- The incidence and prevalence for target patient populations of our product candidates in specific indications are based on estimates and third-party sources. If the market opportunities for atacicept, MAU868, VT-109, or any future product candidate we may develop, if and when approved, are smaller than we estimate or if any approval that we obtain is based on a narrower definition of the patient population, our revenue and ability to achieve profitability might be materially and adversely affected.
- Interim, initial, "top-line" and preliminary data from our clinical trials that we announce or publish from time to time may change as more participant data become available and are subject to audit and verification procedures that could result in material changes in the final data.
- We face significant competition, which may result in others discovering, developing or commercializing products before or more successfully than us.
- Changes in methods of manufacturing or formulation of our product candidates may result in additional costs or delays.
- Our product candidates may cause significant adverse events, toxicities or other undesirable side effects when used alone or in combination with other approved products or investigational new drugs that may result in a safety profile that could inhibit regulatory approval, prevent market acceptance, limit their commercial potential or result in significant negative consequences.
- Even if any product candidate we develop receives regulatory approval, it could be subject to significant post-marketing regulatory requirements and will be subject to continued regulatory oversight.
- Biosimilars to our product candidates may provide competition sooner than anticipated.
- Unfavorable geopolitical and global economic conditions could adversely affect our business, financial condition and results of operations.

- Our success is highly dependent on our ability to attract and retain highly skilled executive officers and employees and key consultants.
- We have never commercialized a product candidate before and may lack the necessary expertise, personnel, and resources to successfully commercialize any products on our own or together with suitable collaborators.
- Our success depends on our ability to protect our intellectual property and our proprietary technologies.
- If we breach our license agreement (Ares Agreement) with Ares Trading S.A. (Ares), an affiliate of Merck KGaA, Darmstadt, Germany, related to atacicept, or the license agreement with Novartis International Pharmaceutical AG (Novartis) related to MAU868, or the license agreement with the Board of Trustees of Leland Stanford Junior University (Stanford) related to VT-109, we could lose the ability to continue the development and commercialization of atacicept, MAU868, or VT-109, respectively.
- We may be required to make significant payments under our license agreements related to atacicept, MAU868, and VT-109.
- If the scope of any patent protection we obtain is not sufficiently broad, or if we lose any of our patent protection, our ability to prevent our competitors from commercializing similar or identical product candidates would be adversely affected.
- Patent terms may be inadequate to protect our competitive position on atacicept, MAU868, VT-109, or any future product candidates we may develop for an adequate amount of time.
- We rely, and expect to continue to rely, on third parties, including independent clinical investigators and CROs, to conduct certain aspects of our nonclinical studies and clinical trials. If these third parties do not successfully carry out their contractual duties, comply with applicable regulatory requirements or meet expected deadlines, we may not be able to obtain regulatory approval for or commercialize atacicept, MAU868, VT-109, or future product candidates we may develop and our business, financial condition, results of operations and prospects could be significantly harmed.
- The manufacture of drugs is complex and our third-party manufacturers may encounter difficulties in production. If any of our third-party manufacturers encounter such difficulties, our ability to provide adequate supply of our product candidates for clinical trials or our product for patients, if approved, could be delayed or prevented.
- If we engage in future acquisitions or strategic partnerships, this may increase our capital requirements, dilute our stockholders, cause us to incur debt or assume contingent liabilities, and subject us to other risks.
- The price of our common stock may be volatile, and you could lose all or part of your investment.
- We no longer qualify as an "emerging growth company" or a "smaller reporting company" and, as a result, we will no longer be able to avail ourselves of certain reduced disclosure requirements applicable to emerging growth companies and/or smaller reporting companies.
- If we experience material weaknesses in internal control over financial reporting in the future or otherwise fail to maintain an effective system of internal controls in the future, we may not be able to accurately or timely report our financial condition or results of operations, which may adversely affect investor confidence in us and, as a result, the value of our common stock.
- Our principal stockholders and management own a significant percentage of our outstanding voting stock and will be able to exert significant control over matters subject to stockholder approval.
- Provisions in our amended and restated certificate of incorporation and amended and restated bylaws and Delaware law could make an acquisition of us, which may be beneficial to our stockholders, more difficult and may prevent attempts by our stockholders to replace or remove our current management.
- We may be subject to securities litigation, which is expensive and could divert management attention.

PART I

Item 1. Business.

Overview

We are a late clinical-stage biotechnology company focused on developing and commercializing transformative treatments for patients with serious immunological diseases. Our lead product candidate, atacicept, a fully humanized TACI-Fc fusion protein that binds both B-cell activating factor (BAFF) and A proliferation-inducing ligand (APRIL) and is self-administered subcutaneously, is currently being evaluated for the treatment of immunoglobulin A nephropathy (IgAN). We are conducting ORIGIN 3, the pivotal Phase 3 trial of atacicept 150 mg in IgAN, and in September 2024 completed enrollment of the initial cohort of 200 participants that will provide data for the 36-week urine protein creatinine ratio (UPCR) primary efficacy endpoint. We expect to announce primary endpoint results in the second quarter of 2025, supporting our planned submission for regulatory approval later in 2025. The Phase 2b ORIGIN clinical trial evaluated the safety and efficacy of atacicept in 116 participants with IgAN and reported positive results at 24 weeks in January 2023, 36 weeks in June 2023, and 96 weeks in October 2024. The trial remained blinded through 36 weeks, after which all participants were eligible for the open label extension portion of the study and received atacicept 150 mg through 96 weeks. At 24 and 36 weeks, atacicept met its primary and key secondary endpoints, respectively, with statistically significant reductions in UPCR, and stable estimated glomerular filtration rate (eGFR) was observed with clinically meaningful and statistically significant difference for participants on atacicept versus placebo. Participants treated with atacicept demonstrated reductions in galactose-deficient IgA1 (Gd-IgA1), the autoantigen produced by B cells in patients with IgAN, and a reduction in hematuria. The improvements in Gd-IgA1, hematuria, UPCR and eGFR represent the quartet of findings consistent with IgAN disease modification. The 96-week open label extension results showed consistent and sustained reductions in Gd-IgA1, hematuria, and UPCR, with continued eGFR stabilization at a rate similar to the general population without kidney disease. Additionally, atacicept's safety profile was comparable to placebo. We believe that atacicept has pipeline in a molecule potential, with potential application in multiple diseases. Based on data from the Phase 2b ORIGIN trial, the US FDA granted Breakthrough Therapy Designation to atacicept for the treatment of IgAN. We have also committed to providing long-term access to atacicept for all ORIGIN participants by initiating ORIGIN EXTEND, a long-term Phase 2 extension study that offers open-label atacicept to participants who completed ORIGIN Phase 2b or 3 until commercial availability in their country or region. We will be evaluating atacicept in non-IgAN autoimmune kidney diseases, including primary membranous nephropathy (pMN), focal segmental glomerulosclerosis (FSGS) and minimal change disease (MCD), in the Phase 2 PIONEER clinical trial that will initiate in 2025, in patients with anti-PLA2R antibodies or other autoantibodies. Potential other future indications include several rheumatologic diseases such as systemic lupus erythematosus and Sjogren's disease, and hematologic diseases, including idiopathic thrombocytopenic purpura and autoimmune hemolytic anemia. We also hold worldwide, exclusive development and commercial rights to MAU868, a potentially first-in-class monoclonal antibody to treat reactivated BK virus (BKV) infections for which we completed a Phase 2 clinical trial in 2022, and in January 2025, we acquired field-limited, worldwide, exclusive development and commercial rights to VT-109, a novel, next-generation dual BAFF/APRIL inhibitor that is in preclinical development. We believe that our current pipeline programs leverage the deep expertise of our team and have strong potential commercial synergies. We hold global developmental and commercial rights to all of our pipeline molecules.

Atacicept in IgAN

IgAN is a serious and progressive autoimmune disease of the kidney that is driven by the production of Gd-IgA1 and its corresponding autoantigen produced by B cells. IgAN is associated with a high risk of kidney-related morbidity and mortality. We estimate there will be approximately 157,000 biopsy-confirmed IgAN patients in the United States, 136,000 in Europe, and 130,000 in Japan, at estimated peak year of sales. Up to 50% of patients diagnosed with IgAN develop end-stage renal disease (ESRD) within 20 years from initial diagnosis, requiring dialysis or kidney transplant. ESRD causes considerable morbidity and impact on patients' lives and represents a significant health economic burden, which was estimated to be $70.6 billion in the United States in 2022. Despite this high level of morbidity, only three treatments have been approved for this indication: TARPEYO (budesonide, developed by Calliditas Therapeutics AB), a reformulated steroid, FILSPARI (sparsentan, developed by Travere Therapeutics), a dual endothelin angiotensin receptor antagonist, and FABHALTA (iptacopan, developed by Novartis), a complement inhibitor. None of these agents have been shown to reduce the rate of eGFR decline to a level that minimized the lifetime risk of kidney failure, and thus are not disease-modifying treatments in IgAN. The current standard of care continues to consist of non-specific CKD therapies such as off-label use of renin-angiotensin-aldosterone system (RAAS) inhibitors, including angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARBs), and, in some patients, sodium-glucose cotransporter-2 (SGLT2) inhibitors. We estimate the global market opportunity for novel, disease-modifying therapeutics in IgAN is approximately $6.0 billion to $10.0 billion annually, based on the disease prevalence and the segment of IgAN patients at high risk of progressing to ESRD.

Atacicept is a TACI-Fc fusion protein self-administered at home as a subcutaneous injection once weekly that blocks both BAFF and APRIL, which stimulate B cells to produce autoantibodies contributing to certain autoimmune diseases. We believe that atacicept's mechanism has the potential to generate clinical success by measures designed to assess efficacy in IgAN and other immunologic diseases. BAFF inhibition has been clinically and commercially validated through the approval of Benlysta (belimumab) in both systemic lupus erythematosus (SLE) and lupus nephritis (LN). Preclinical and clinical evidence support that atacicept's mechanism of

dual inhibition of BAFF and APRIL may provide improved clinical outcomes, measured by endpoints designed to assess efficacy, compared to inhibiting either signal alone. Atacicept has the potential to be the first disease-modifying therapy for IgAN due to its ability to precisely modulate B cell activity, with reductions in Gd-IgA1, hematuria, and proteinuria – and stabilization of eGFR.

We have worldwide, exclusive rights to atacicept from Ares, an affiliate of Merck KGaA, Darmstadt, Germany, pursuant to the Ares Agreement, which advanced atacicept in randomized, double-blind, placebo-controlled clinical trials for several autoimmune diseases in over 1,500 patients, in which it was well tolerated. In IgAN, Merck KGaA, Darmstadt, Germany, conducted a randomized, double-blind, placebo-controlled Phase 2a trial known as JANUS. Results from the JANUS trial showed a dose-dependent effect of atacicept 25 mg and 75 mg weekly on serum Gd-IgA1, proteinuria, and key biomarkers, including serum Ig levels. As reported at the American Society of Nephrology (ASN) Kidney Week conference in 2022, atacicept is also the first therapeutic candidate in IgAN to show reduction in all first three hits of disease pathogenesis—serum Gd-IgA1, anti-Gd-IgA1 autoantibody, and immune complex levels.

We are conducting a multinational, randomized, double-blind, placebo-controlled Phase 3 clinical trial in IgAN, which we refer to as ORIGIN 3, and have completed the open label extension of our Phase 2b clinical trial in IgAN, which we refer to as ORIGIN 2b. The ORIGIN 3 trial is evaluating atacicept 150 mg by weekly subcutaneous injection at home versus placebo through 104 weeks. The primary endpoint is reduction in UPCR in a 24-hour urine collection versus placebo at 36 weeks to support potential accelerated approval. A significant reduction in proteinuria, as measured by UPCR in a 24-hour urine collection, is associated with improved renal outcomes in patients with IgAN. UPCR is a surrogate endpoint accepted by the FDA for primary glomerular diseases associated with significant proteinuria, including IgAN. Given the FDA's recent approvals of TARPEYO and FILSPARI, we believe the use of proteinuria as a surrogate endpoint for accelerated approval has been validated. The key secondary endpoint is eGFR change up to week 104.

The ORIGIN 2b trial evaluated three subcutaneous weekly doses of atacicept (25 mg, 75 mg and 150 mg) and their impact on the reduction of proteinuria as measured by UPCR as the primary endpoint, with secondary endpoints including the difference in kidney function between treated and placebo participants as measured by eGFR and reduction in Gd-IgA1. We completed enrollment of the Phase 2b ORIGIN trial in mid-2022, enrolling a total of 116 participants at multiple global sites. In January 2023, we announced that atacicept met the primary endpoint: the pooled 75 mg and 150 mg arms achieved a statistically significant reduction in proteinuria versus placebo at 24 weeks. In June 2023, we announced positive results at 36 weeks in a late-breaking presentation at the European Renal Association (ERA) Conference. In a prespecified per-protocol (PP) analysis in which a blinded third-party CRO identified and excluded participants with protocol deviations, atacicept 150 mg achieved a 43% mean reduction in proteinuria versus placebo, and a 35% mean reduction in proteinuria versus placebo in the intent-to-treat (ITT) population. Stable eGFR was observed for participants on atacicept 150 mg at 36 weeks, with an 11% mean eGFR change versus placebo, approximating to an absolute difference of 5.8 mL/min/1.73m2. Atacicept 150 mg reduced Gd-IgA1 64% from baseline and resolved hematuria in 80% of participants receiving atacicept 150 mg compared to 5% of those receiving placebo. Furthermore, Atacicept was well tolerated, and its safety profile in IgAN was comparable to placebo. The ORIGIN 2b trial remained blinded through 36 weeks, after which all participants were eligible to roll onto the open label portion of the trial and receive atacicept 150 mg once weekly through 96 weeks, allowing for the evaluation of long-term safety and durability of response of atacicept in IgAN. In October 2024, we simultaneously announced positive results through 96 weeks with a late breaking presentation at ASN Kidney Week and a publication in the *Journal of the American Society of Nephrology (JASN)*. Through 96 weeks of treatment, atacicept demonstrated further reductions in Gd-IgA1, hematuria resolution, reductions in UPCR, and eGFR stabilization at a rate of decline similar to the general population without kidney disease. The open label extension adverse events profile was consistent with the randomized period. In aggregate, we believe these data provide evidence that atacicept offers a potential safe, long-term, disease-modifying treatment for patients with IgAN.

We completed full enrollment for the primary endpoint of ORIGIN 3 in the second half of 2024. With Phase 3 topline results expected in the second quarter of 2025, if positive, we expect to submit a biologics license application (BLA) for atacicept in IgAN to the FDA in the second half of 2025.

Pipeline

Beyond our lead indication in IgA nephropathy, we have several late-stage opportunities for potential patient benefit – consisting of both indication expansion opportunities for atacicept, and the development of VT-109 in B cell mediated diseases and MAU868 for BK viremia among kidney transplant recipients. We are currently evaluating these opportunities for future development.

For atacicept, we plan to evaluate the possibility of extended dosing intervals as part of our life cycle management strategy. There are also multiple indications in which blocking BAFF and APRIL may offer therapeutic benefit and offer an attractive commercial opportunity.

In January 2025, we announced a license agreement with Stanford University to acquire global rights to VT-109, a novel, next generation fusion protein targeting BAFF and APRIL that is in preclinical development with wide therapeutic potential across the spectrum of B cell mediated diseases. These rights are for all therapeutic, prophylactic, diagnostic, and treatment uses in humans outside of cancer immunotherapy.

Regarding MAU868 for BK viremia among kidney transplant recipients, at ASN Kidney Week 2022, final results from the Phase 2 clinical trial of MAU868 versus placebo showed that MAU868 was well tolerated and demonstrated clinically meaningful reductions in BK antiviral activity through 36 weeks in kidney transplant patients with BK viremia. Following feedback from the FDA on the Phase 2 clinical trial, we are evaluating strategies for continued development, including a potential next clinical trial.

MAU868 in BK viremia among kidney transplant recipients

We have exclusive worldwide rights, pursuant to the Novartis license, to MAU868, which is a potential treatment for reactivated BK infection in kidney transplant recipients. While up to 90% of healthy adults have been infected with BKV at some point in their lives, it remains latent except in severely immunocompromised populations such as kidney transplant recipients. BKV is a polyoma virus that can cause BKV nephropathy (BKVN), a condition in which BK infection, typically first identified as BK viremia, triggers inflammation, which then progresses to fibrosis and tubular injury; BKVN is a leading cause of allograft loss. Currently, there are no approved treatment options for BK viremia or BKVN. We estimate that approximately 80,000 kidney transplants are conducted globally each year, with approximately 20,000 in the United States, 20,000 in Europe, 1,500 in Japan, and 10,000 in China. Approximately 15% of kidney transplant recipients develop BK viremia; 3–4% of kidney transplant recipients develop BKVN. We estimate the market for a novel agent to treat reactivated BK infection in kidney transplant recipients to be a large commercial opportunity worldwide. We believe that MAU868 has the potential to become standard of care for the treatment of reactivated BK infection in order to prevent devastating consequences following kidney transplantation such as BKVN and graft loss.

Our business principles and strategy

Our goal is to develop and commercialize transformative treatments for patients suffering from severe immunological diseases. We believe the successful translation of biomedical science into innovative therapeutic products for patients with immunological diseases will enable outsized growth over the next decade and beyond. Specifically, our strategy is based on the following business principles:

- **Develop disease-modifying medicines to improve patients' lives.** Our team seeks to bring transformative medical products to patients with severe immunological diseases, who often receive steroids as the current standard of care. The non-specific immunosuppressive effect of steroids, with known acute and chronic side effects, presents an important opportunity for innovation. We aim to develop and commercialize disease-modifying drugs that target the source of disease, minimize side effects, and have high potential to meaningfully change standard medical care and improve patients' lives.
- **Establish clear line-of-sight to successful products.** We apply our deep drug development experience, scientific rigor, and disciplined decision making to establish clear line-of-sight along the full spectrum of drug development. We pursue biologic targets, product candidates, and disease indications with a strong scientific rationale, de-risked profile, and capital-efficient development pathway, and optimize for high probability of clinical, regulatory, and commercial success.
- **Build a leading biotech company that delivers innovative medicines to patients.** We believe our team's expertise and our business culture are fundamental to our success. Our Research and Development and Commercial teams are led by experienced drug development executives with proven track records in clinical and commercial development who have led or been involved in the approvals of more than 15 medicines from leading companies, including Gilead Sciences and Amgen. We leverage our team's know-how with additional outsourced resources and enable focused clinical development of our product candidates with the goal of improving patients' lives.

These principles have guided us to the successful in-licensing of atacicept from Ares, VT-109 from Stanford University, and obtaining the rights to MAU868 from Pfizer, in each case with worldwide rights for development and commercialization. We take a gated-capital raise approach and scale product candidate investment and exposure in close step with key development milestones to ensure high return on development costs.

The near- and long-term objectives to achieve our goal include:

- **Complete global development of atacicept in IgAN.** We reported positive 96-week results from the open label extension of the ORIGIN Phase 2b clinical trial in October 2024. We completed enrollment for the primary endpoint cohort of our global pivotal Phase 3 clinical trial in September 2024 and full enrollment is projected in Q2 2025. We anticipate primary endpoint results in the second quarter of 2025. If positive, we expect to submit a biologics license application (BLA) for atacicept in IgAN to the FDA in the second half of 2025. We have also committed to providing access to atacicept for all global ORIGIN participants until atacicept is available in their region through the ORIGIN EXTEND study. The PIONEER study will evaluate atacicept in an expanded IgAN population beyond the ORIGIN program. We anticipate clinical results from the ORIGIN EXTEND and PIONEER studies in 2025 and 2026.
- **Build and scale organizational capabilities to support commercialization of atacicept.** Under the leadership of our experienced management team, we are building a specialized commercial organization with deep launch experience in

nephrology, B cell, and autoimmune therapeutics, to launch atacicept in the United States and other key markets, if approved. During 2024, we hired a Chief Commercial Officer and Executive Vice President, Commercial, to lead this organization.

- **Explore additional disease areas where atacicept holds significant therapeutic promise.** By targeting BAFF and APRIL, atacicept's ability to reduce disease-causing autoantibodies may provide clinical benefit. We intend to explore additional immunologic diseases where BAFF and APRIL are abnormally elevated, or where autoantibodies play an important role.
- **Advance the development of VT-109 and explore its potential in multiple B-cell mediated diseases.** We acquired rights to this novel, next-generation dual BAFF/APRIL inhibitor in January 2025 and plan to leverage our research, translational medicine, clinical development and commercial expertise in developing this program.
- **Identify next clinical trial for MAU868 in BK viremia in kidney transplant recipients and align with regulatory authorities.** We reported positive final results from our Phase 2 clinical trial in kidney transplant recipients in 2022 and are working to design our next clinical trial for MAU868.
- **Expand our pipeline by acquiring or in-licensing product candidates for immunologic diseases with unmet needs.** We believe our expertise and track record will enable us to identify and acquire or in-license additional product candidates that represent opportunities to expand the potential value of our pipeline. We will leverage our lean clinical development operation to bring to market additional product candidates to address kidney and immunologic diseases.

Atacicept in IgAN

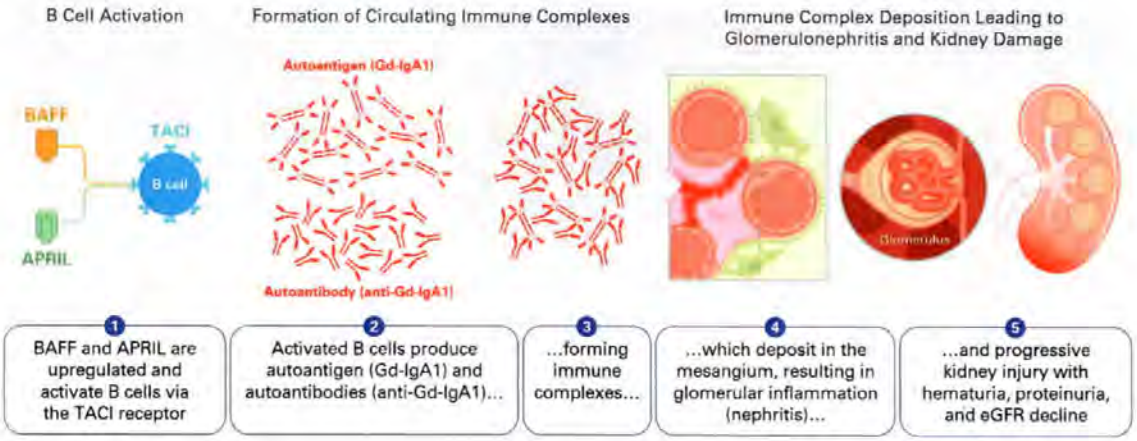
We are developing atacicept as a potential treatment for patients with IgAN, a serious and progressive autoimmune disease of the kidney with a high unmet medical need and limited treatment options available. Up to 50% of confirmed IgAN patients progress to ESRD, requiring dialysis or kidney transplant. ESRD causes significant morbidity and impact on patients' lives and represents a significant health economic burden estimated to be over $70 billion annually in the United States. Despite this high level of morbidity, the current standard of care consists of non-IgAN specific CKD therapies, including off-label use of RAAS inhibitors (ACE inhibitors and ARBs), increasing use of SGLT2 inhibitors, and potentially steroids. IgAN is driven by the production of pathogenic Gd-IgA1, and patients with elevated Gd-IgA1 are at increased risk of kidney-related morbidity and mortality. We reported positive topline 24-week results in January 2023, 36-week results in June 2023, and 96-week results in October 2024 from the Phase 2b ORIGIN trial. We initiated a pivotal Phase 3 clinical trial in the second quarter of 2023, which we refer to as ORIGIN 3, that is currently ongoing. We believe that atacicept has the potential to be the best-in-class, leading B-cell modulator therapy for IgAN.

Pathophysiology of IgAN

The IgA antibody plays a key role in the immune system by protecting the body from foreign substances such as bacteria and viruses. Patients with IgAN produce elevated levels of Gd-IgA1. This abnormal glycosylation pattern of IgA1 is of central importance to the disease etiology.

As shown in Figure 1 below, a multi-step process leads to the ultimate development of progressive renal injury.

Figure 1: IgAN pathophysiology



(1) B cells, which mature into plasma cells, are abnormally primed in the Peyer's patch region of the ileum of the intestines, potentially due to a combination of genetic predisposition and environmental, bacterial or dietary factors. BAFF and APRIL are upregulated, leading to B cell maturation and survival, and antibody class switching, a mechanism that changes cells' production from one immunoglobulin to another, causing an increase in the production of immunogenic Gd-IgA1.

(2) The Gd-IgA1 antibodies are immunogenic when found in the systemic circulation, and are recognized as an autoantigen by autoantibodies, or antibodies created by the body in response to a constituent of its own tissue.

(3) Gd-IgA1 and anti-Gd-IgA1 autoantibodies combine to form pathogenic immune complexes, or clusters of antibodies.

(4) Pathogenic immune complexes are deposited and become trapped in the kidney's glomeruli. This initiates an inflammatory response that damages the membranes.

(5) As the glomeruli are destroyed, the kidney's ability to remove waste products from the blood is reduced, and protein and blood leak into the urine. This can result in potentially life-threatening complications that lead to the need for dialysis or kidney transplant in many patients.

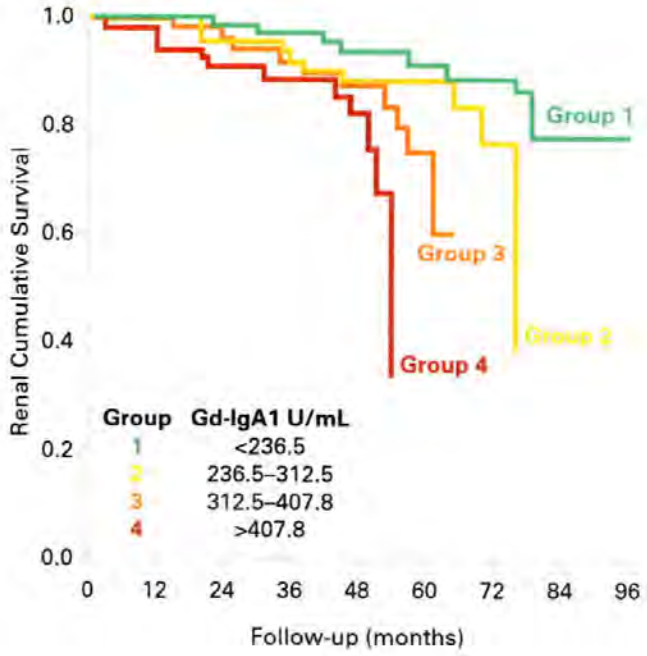
Gd-IgA1 is central to the pathogenesis of IgAN

Gd-IgA1 is a subclass of IgA antibodies that lack units of galactose, a type of sugar, at the O-linked glycans of their hinge region. The hinge region is a stretch of amino acids in the IgA antibody. Circulating Gd-IgA1 antibodies have been shown to be the target of autoantigens for IgG antibodies with specificity for the hinge region.

A histopathological hallmark of IgAN is deposition of Gd-IgA1 in the glomerular mesangium, either alone or in combination with IgG and/or IgM. Sampling of the serum of patients with IgAN has confirmed the presence of elevated levels of circulating immune complexes containing Gd-IgA1.

Clinical trials of patients with IgAN have correlated higher serum levels of Gd-IgA1 with greater severity of IgAN disease, suggesting that reduction in serum Gd-IgA1 may slow disease progression. Compared with healthy subjects, patients with IgAN have an increased proportion of Gd-IgA1 O-glycoforms in the serum. As published in Kidney International, in a prospective study of 275 patients with IgAN, higher serum levels of aberrantly glycosylated IgA1 demonstrated correlation with a higher likelihood of developing progressive renal failure, as shown in Figure 2 below. A separate clinical trial of patients with IgAN of varying severity found that higher titers of autoantibodies specific for Gd-IgA1 corresponded to both absolute renal risk score and risk of ESRD or death.

Figure 2: Renal survival by serum Gd-IgA1 quartiles in IgAN patients



In addition, high serum APRIL levels correlate with increased expression of serum Gd-IgA1 in IgAN patients and high serum BAFF levels are associated with more severe clinical features, as well as more severe histopathological features. For these reasons, we believe a fusion protein that blocks both BAFF and APRIL, which has the potential to reduce serum Gd-IgA1, would address the upstream source of IgAN, and represent the first disease-modifying approach for IgAN.

Disease burden, diagnosis, and predictors of disease progression

IgAN is a rare disease in the United States and Europe and is also the predominant cause of primary glomerulonephritis. Patients with IgAN are diagnosed throughout life, but most commonly in the second and third decades. There are three common ways in which patients present:

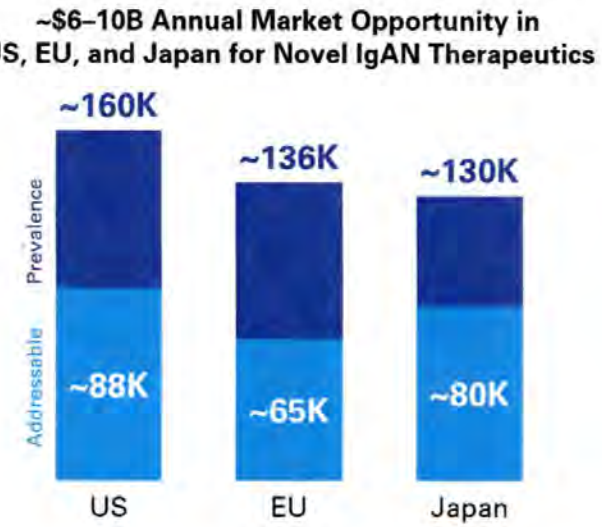
- 40–50% present with one or more episodes of gross (visible) hematuria, often linked to an upper respiratory tract infection.
- 30–40% present with microscopic hematuria and mild proteinuria, which is detected in a routine physical or during chronic kidney disease evaluation.
- Less than 10% present with either nephrotic syndrome or an acute, rapidly progressive glomerulonephritis with symptoms including edema, hypertension, renal insufficiency, and hematuria.

Once IgAN is suspected based on clinical history and laboratory data, kidney biopsy, which is the gold standard for IgAN diagnosis, is performed.

IgAN market opportunity

We estimate there will be approximately 157,000 biopsy-confirmed IgAN patients in the United States, 136,000 in Europe, and 130,000 in Japan, at estimated peak year of sales, and that growth in the diagnosed prevalent population is due to overall population growth. Underlying genetic differences may contribute to the significantly higher rate in Japan. As therapies become commercially available, however, an increase in diagnosis rate or longer time to progression, due to better treatments, may increase the diagnosed population over time.

Figure 3: Estimated IgAN epidemiology at estimated peak year of sales



Current standard of care for IgAN patients

Despite the high unmet medical need in IgAN, there are limited treatment options available. The following two general approaches are typically employed for the treatment of patients with IgAN:

- Non-specific measures to slow progression, including RAAS inhibitors (including ACE inhibitors or ARBs) and SGLT2 inhibitors.

- Steroids with or without other immunosuppressive agents to non-specifically reduce inflammation as a result of immune complex deposition in the glomeruli.

Treatment is selected based on perceived risk of progressive kidney disease, and clinical measures such as hematuria, proteinuria, and eGFR are used to monitor patients while on treatment. The current standard of care is seen as insufficient by physicians and patients; these treatment approaches have limited clinical efficacy and are not well tolerated. Approximately 50% of patients fail to achieve controlled UPCR on ACE inhibitors, ARBS, or steroids. The use of steroids may cause significant side effects, including serious infections, high blood pressure, weight gain, diabetes, and osteoporosis. As such, there is a high unmet medical need for targeted therapies that impact the underlying disease pathophysiology and more tolerable, steroid-sparing treatment options for IgAN patients.

Emerging therapies in development

There are three agents approved for the treatment of IgAN and there are several treatments in clinical development. The multistep IgAN pathogenesis hypothesis offers potential target points and approaches for therapeutic intervention. Most therapeutic candidates in clinical development have employed various approaches to target inflammation and the downstream effects. Atacicept is the first agent in development for IgAN that has demonstrated a 64% reduction of Gd-IgA1, the upstream source of IgAN pathogenesis, after 36 weeks of treatment. Importantly, atacicept is the first agent in development to demonstrate Gd-IgA1 reductions, hematuria improvements, and UPCR reductions with eGFR stabilization at a rate of decline similar to the general population without kidney disease through 96 weeks, suggesting atacicept may offer a potential long-term, disease-modifying treatment for IgAN with a favorable safety profile.

These agents can be grouped mechanistically into the following categories: glucocorticoid receptor agonists, endothelin receptor antagonists (ERAs), complement inhibitors, B cell modulators, and a variety of other approaches that are earlier in development.

Glucocorticoid receptor agonists. Glucocorticoid receptor agonists are a well-known class of molecules that have broad anti-inflammatory effects, and well-established acute and chronic side effects. Though reduction in the risk of eGFR decline was shown in clinical trials, there is no consensus on whether glucocorticoids may improve renal survival. The glucocorticoid budesonide has been reformulated to concentrate steroid effects locally on the gut mucosa, theoretically suppressing the abnormal B cell activity and reducing systemic steroid toxicity. Reformulated budesonide is currently approved by the FDA and European Commission for reducing the loss of kidney function in adults with IgAN who are at risk for disease progression, though systemic steroid side effects have been observed in clinical trials.

ERAs. Aberrant endothelin signaling is implicated in structural podocyte changes and increased mesangial proliferation in chronic kidney diseases, including IgAN. ERAs block endothelin-induced cell proliferation and hence may reduce renal perfusion pressure and proteinuria. Since this mechanism of action works downstream of disease-related immune activities, it is not expected to reduce Gd-IgA1 or the resulting immune complexes that cause the disease. ERAs have previously been approved for the treatment of pulmonary arterial hypertension and erectile dysfunction and make use of a vasodilatory effect. One ERA that is currently approved by the FDA has a boxed warning for hepatotoxicity and embryo-fetal toxicity and a Risk Evaluation and Mitigation Strategies (REMS) assigned for liver toxicity, and another ERA is completing Phase 3 development. ERAs have been associated with edema, significant liver toxicity and increased risk of heart failure.

Complement inhibitors. Increased complement activation is commonly observed in patients with IgAN. It is hypothesized that immune-complex deposition in glomeruli may contribute to complement activation, though the exact mechanism is not well understood. Several agents that inhibit complement activation are in clinical development for IgAN. Modest reduction of proteinuria has been observed in early clinical trials. As complement inhibition works downstream of immune complex formation, these agents are not expected to impact the upstream cause of disease and reduce Gd-IgA1 or the resulting immune complexes that cause inflammation and complement activation in the kidney.

B cell modulators. B cell modulators, including atacicept, are an important category of emerging therapies for IgAN. The disease-causing Gd-IgA1 is predominantly produced by B cells. Therefore, control of B cell activation may reduce production of Gd-IgA1 and the downstream formation of autoantibodies and immune complexes. Preclinical models have shown that dual inhibition of BAFF and APRIL offers improved suppression of B cell activities over blocking BAFF or APRIL alone. Atacicept blocks both BAFF and APRIL and has shown substantial reduction (64% at 36 weeks) in Gd-IgA1. We believe that dual inhibition may also confer a potential dosing advantage versus APRIL-only inhibition.

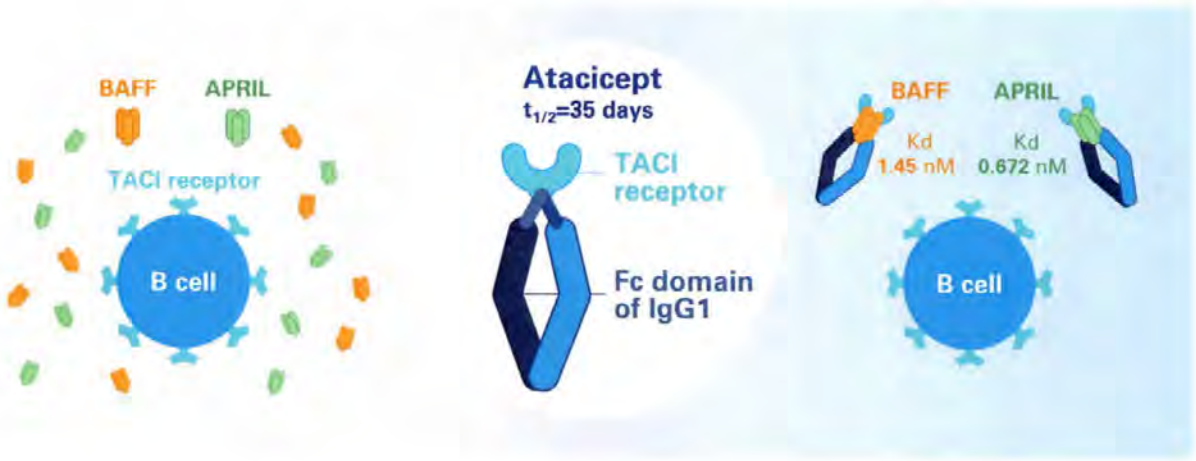
Our solution: Atacicept

Atacicept is a fusion protein that blocks both BAFF and APRIL, which play key roles in the upstream pathway that causes IgAN and is dosed once weekly via a 1-mL subcutaneous injection, self-administered at home. As a result, we believe atacicept has the potential to be the first disease-modifying therapy for IgAN. Through an integrated analysis of randomized, double-blind, placebo-controlled clinical trials in multiple autoimmune diseases with over 1,500 participants to date, atacicept has a well-characterized clinical safety profile. We completed enrollment of participants in the Phase 2b ORIGIN trial in 2022, and we reported positive results at 24 weeks in January 2023, 36 weeks in June 2023, 72 weeks in January 2024, and 96 weeks in October 2024.

Our approach to IgAN: Reducing Gd-IgA1, the source of autoantibodies

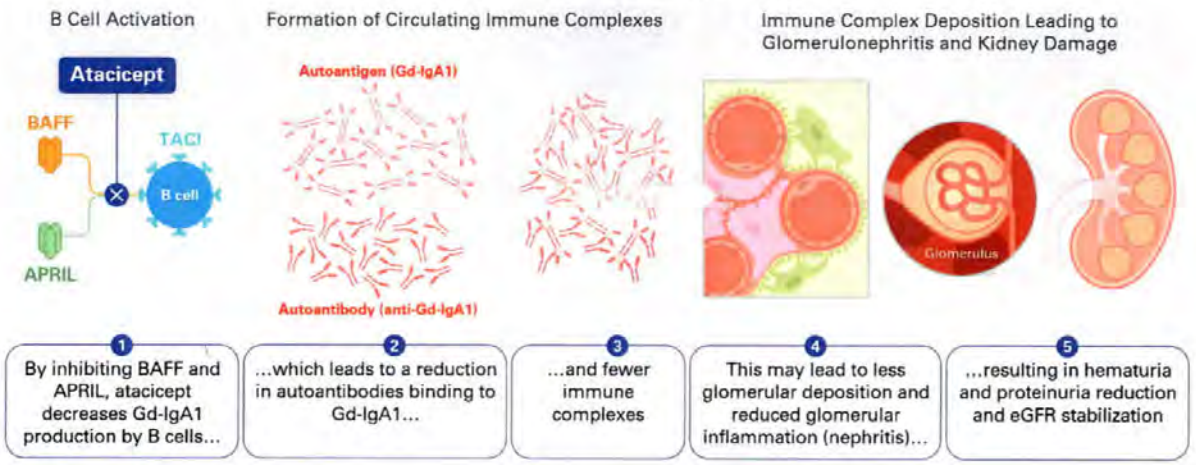
Atacicept is a fully humanized fusion protein that is designed to modulate the B cell pathway, which has well characterized implications in immunologic diseases. Specifically, as shown in Figure 4 below, atacicept contains the soluble extracellular domain of the TACI receptor fused with the inactivated Fc domain of IgG1. TACI is a native receptor for BAFF and APRIL, members of the tumor necrosis factor family that promote B cell survival and autoantibody production associated with IgAN and other immunologic diseases. Dual blockade of BAFF and APRIL by TACI has been shown to be more potent than blocking BAFF alone or APRIL alone and has the benefit of targeting long-lived plasma cells, in addition to B cells, thus reducing production of Gd-IgA1 and its autoantibodies. Therefore, atacicept is designed to precisely modulate B cell activity by binding both BAFF and APRIL, and follows a long history of impactful agents that are logically designed Fc fusion proteins. This mechanism acts directly on the source of IgAN, which we believe will significantly mitigate the downstream effects of the disease.

Figure 4: Atacicept is the result of rational drug design



Atacicept's specific actions on IgAN disease pathogenesis are shown in Figure 5 below.

Figure 5: Atacicept impact on IgAN pathogenesis



(1) Atacicept inhibits BAFF and APRIL, leading to decreased Gd-IgA1 production by B cells.

(2) This leads to a reduction in the autoantibodies that bind to Gd-IgA1.

(3) Therefore, formation of pathogenic immune complexes is greatly reduced.

(4) This, in turn, reduces immune complex deposition in glomeruli and glomerular inflammation is reduced.

(5) Ultimately, progressive renal injury is attenuated, with reductions in hematuria and proteinuria, and stabilization of eGFR, which we believe will significantly lower the morbidity and mortality associated with IgAN.

Atacicept's disease-modifying mechanism addresses the upstream processes that cause IgAN, while most other molecules in development act downstream. Therefore, we believe that the clinical outcomes of atacicept, measured by endpoints designed to assess efficacy and durability, will be favorable over competitors, with a demonstrated tolerability profile. Once weekly 1 mL subcutaneous dosing also provides an attractive target product profile for patients.

Atacicept in IgAN: clinical development

Atacicept was the subject of a collaboration agreement between Ares and ZymoGenetics, Inc. in 2001, and was licensed on an exclusive basis to Ares in 2008. It was advanced by Merck KGaA, Darmstadt, Germany, in clinical trials for several autoimmune diseases, including rheumatoid arthritis (RA), multiple sclerosis, SLE, and IgAN, and in totality studied in double-blind placebo-controlled clinical trials in over 1,500 participants to date.

Atacicept was studied in the Phase 2b ORIGIN clinical trial, a multinational, randomized, placebo-controlled, double-blind trial for the treatment of IgAN (Figure 6). The ORIGIN Phase 2b trial was designed to evaluate the efficacy and safety of atacicept in participants with biopsy-proven IgAN and persistent proteinuria despite stable and maximum-tolerated RASi regimen for at least 12 weeks. The clinical trial consisted of a 36-week double-blind treatment period, followed by a 60-week open-label treatment period and a 26-week safety follow-up period. The trial assessed three doses (25 mg, 75 mg and 150 mg) of once-weekly 1-mL subcutaneous injections, administered at home, of atacicept versus placebo on impact of renal function as measured by proteinuria and eGFR. The primary endpoint was change from baseline in UPCR at 24 weeks based on 24-hour urine collection, with a secondary endpoint of UPCR at 36 weeks. Other secondary endpoints include UPCR at multiple timepoints, the effect of atacicept on change in eGFR, and safety and tolerability.

Figure 6: Phase 2b ORIGIN trial design

Primary endpoint efficacy and secondary endpoint safety data were published in Kidney International in 2024. The primary endpoint was met at week 24 as the mean UPCR was reduced from baseline by 31% in the combined atacicept group (defined as atacicept 75mg and 150mg dosing groups) versus 8% with placebo, resulting in a significant 25% reduction with atacicept versus placebo. At week 36, the key secondary endpoint was met as the mean urine protein creatinine ratio reduced from baseline by 34% in the combined atacicept group versus a 2% increase with placebo, resulting in a significant 35% reduction with atacicept versus placebo. The reduction in proteinuria was accompanied by stabilization in endpoint eGFR with atacicept compared to a decline with placebo at week 36, resulting in significant between-group geometric mean difference of 11%, approximating an absolute difference of 5.7 mL/min/1.73m2. Endpoint Gd-IgA1 levels significantly decreased from baseline by 60% versus placebo. The safety profile of atacicept was similar to placebo.

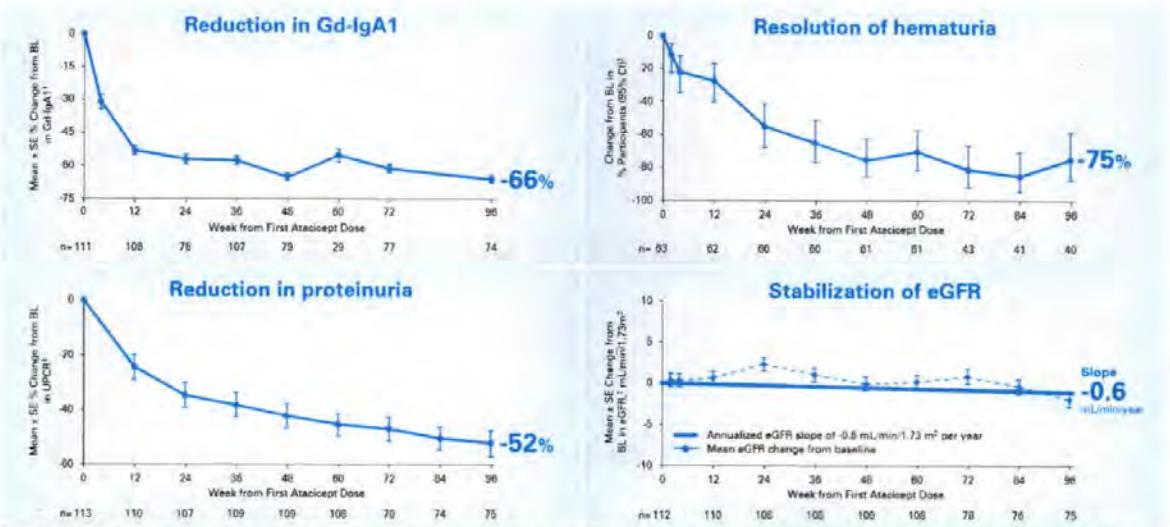
Vera reported positive results from the randomized phase of the Phase 2b ORIGIN clinical trial, which showed the following at 36 weeks:

- Gd-IgA1 reduction of 64% from baseline with atacicept 150 mg.

- Hematuria resolution in 80% of participants on atacicept 150 mg versus 5% on placebo.
- In a Per Protocol (PP) analysis, a blinded third-party CRO identified participants with protocol deviations that potentially confounded proteinuria measure. In the PP population that excludes these participants, atacicept 150 mg achieved a 43% mean reduction in proteinuria versus placebo ($p<0.05$); in the ITT population, atacicept 150 mg achieved a 35% further decrease from placebo.
- Stable eGFR observed for participants on atacicept, with clinically meaningful and statistically significant difference versus placebo.
- Clinical safety profile similar between atacicept and placebo.

In October 2024, long-term results from the ORIGIN Phase 2b trial were simultaneously presented in a late breaking oral presentation at ASN Kidney Week 2024 and published in a manuscript in the Journal of the American Society of Nephrology (JASN). Over 96 weeks, participants treated with atacicept demonstrated a 66% reduction in Gd-IgA1, resolution of hematuria in 75% of participants, a 52% reduction in proteinuria, and a mean annualized eGFR slope of -0.6 mL/min/1.73m2/year. This eGFR slope profile is consistent with the aging-related decline observed in the general population without biopsy-proven kidney disease. The cumulative generally favorable safety profile of atacicept remained consistent with that observed during the randomized period, with a 90% completion rate of atacicept treatment in the open-label extension period. We believe these data support the potential for atacicept to offer long-term, comprehensive IgAN disease modification and provide further confidence in the ongoing pivotal Phase 3 ORIGIN trial of atacicept in IgAN.

Figure 7: ORIGIN Phase 2b long-term 96-week results with atacicept was consistent with disease-modifying IgAN profile



Atacicept group includes all participants receiving any atacicept dose at each timepoint; with baseline (BL) defined as the last available measurement prior to the first dose of atacicept. Data from weeks 0 to 60 includes participants who switched from placebo to atacicept. 1. Percentage changes from BL computed using FDA-endorsed mixed-effects modeling; 2. Percentages represent change from BL in number of participants with hematuria at each visit divided by number with BL hematuria; 3. Changes from BL in eGFR were analyzed using MMRM analyses and LS estimation and SE were estimated from the model directly. eGFR slope was analyzed using mixed-effects model with random intercept and random slope and mean slope and SE were estimated from the model directly.

Atacicept safety and tolerability profile

In the randomized phase of the ORIGIN Phase 2b clinical trial, the clinical safety profile was similar between atacicept and placebo – and in the 96-week results, the safety profile observed was consistent with that of the randomized phase (Figure 8 below).

Figure 8: Phase 2b ORIGIN clinical trial adverse events profile

Participants, n (%)	Double-Blind Baseline to Week 36		Open-Label Extension Week 36 to 96[1]
	Placebo n=34	**All Atacicept n=82**	**Atacicept 150 mg n=111**
TEAEs	28 (82)	60 (73)	85 (77)
Infections and infestations	11 (32)	35 (43)	43 (39)
Study drug-related TEAEs[2]	14 (41)	42 (51)	52 (47)
Serious TEAEs[3]	3 (9)	2 (2)	12 (11)
TEAEs leading to study drug discontinuation[4]	1 (3)	1 (1)	2 (2)
Deaths	0	0	0

TEAE = treatment-emergent adverse event.
1. Week 96 cut-off includes all safety data as of June 03, 2024, including visits past Week 96. AEs were considered treatment-emergent during the open-label extension period if they started after the first dose of open-label atacicept 150 mg through the end of the trial. n=111 represents 80 atacicept and 31 placebo who entered the open-label extension.
2. Mostly injection site reactions.
3. Serious TEAEs during double-blind period were previously reported (Lafayette R, et al. Kidney Int. 2024;S0085-2538(24)00236-9); serious TEAEs during the OLE: excess abdominal fat and left basal bronchopneumonia (n=1), acute kidney injury (n=1), angioedema (n=1), termination of pregnancy (n=1), post cricoid ulcer (n=1), pancreatitis, passed out common bile duct stone, and acute cholecystitis (n=1), tonsillitis (n=1), pneumonia (n=1), acute coronary syndrome required hospitalization (n=1), left 5th metatarsophalangeal joint gout (n=1), mild flare of IgA nephropathy (n=1), and urethral stricture worsening (n=1).
4. Reasons for discontinuation during double-blind period were previously reported; discontinuations during the OLE were due to: pneumonia in a heavy smoker, resolved (n=1); and worsening alanine aminotransferase and aspartate aminotransferase, resolved and unrelated to study treatment (n=1).

In an integrated safety analysis of clinical trials for multiple indications with over 1,500 participants, atacicept was well tolerated, as shown in Figure 9 below. Serious treatment-emergent adverse events (TEAEs) reported in the highest proportions were infections and infestations (placebo 3.9% versus atacicept 4.4%), musculoskeletal and connective tissue disorders (placebo 1.9% versus atacicept 1.3%), and nervous system disorders (placebo 2.1% versus atacicept 1.2%). The most frequently reported TEAE was pneumonia (placebo 1.2% versus atacicept 1.3%). We believe that this large and established data set is a competitive advantage for atacicept versus other approved and emerging therapies in development, many of which lack extensive safety data.

Figure 9: Integrated safety analysis: Summary of treatment-emergent adverse events > 5% in any arm, by dose

Patients, %	Placebo n=483	Atacicept 25 mg n=129	Atacicept 75 mg n=384	Atacicept 150 mg n=572	All Atacicept n=1085	Overall n=1568
Infections and infestations	211 (43.7)	43 (33.3)	180 (46.9)	281 (49.1)	504 (46.5)	715 (45.6)
General disorders and administration site conditions	100 (20.7)	42 (32.6)	145 (37.8)	201 (35.1)	388 (35.8)	488 (31.1)
Gastrointestinal disorders	97 (20.1)	20 (15.5)	98 (25.5)	129 (22.6)	247 (22.8)	344 (21.9)
Nervous system disorders	92 (19.0)	28 (21.7)	83 (21.6)	100 (17.5)	211 (19.4)	303 (19.3)
Musculoskeletal and connective tissue disorders	86 (17.8)	21 (16.3)	70 (18.2)	105 (18.4)	196 (18.1)	282 (18.0)
Respiratory, thoracic and mediastinal disorders	50 (10.4)	7 (5.4)	45 (11.7)	66 (11.5)	118 (10.9)	168 (10.7)
Serious TEAE	51 (18.9)	15 (30.0)	51 (23.9)	61 (21.8)	127 (23.4)	178 (21.9)

The safety profile of atacicept 25 mg, 75 mg and 150 mg has been characterized in healthy subjects and patients with RA, multiple sclerosis, optic neuritis, SLE, and B cell malignancies, and is considered acceptable in IgAN. Over 2,213 individuals have been enrolled in ongoing and completed interventional clinical trials with atacicept, of which over 1,635 individuals have received at least one dose of atacicept. As of February 19, 2025, 647 participants with SLE from five Phase 2/3 clinical trials have received at least one dose of atacicept, and 124 participants with IgAN from two Phase 2 clinical trials have received at least one dose of atacicept. An additional estimated 180 patients are being dosed with atacicept in the ongoing blinded ORIGIN Phase 3 study.

We believe the benefit-risk balance of atacicept to be favorable for further development in IgAN and certain additional autoimmune diseases, and we intend to explore additional immunologic diseases where BAFF and APRIL are abnormally elevated, or where autoantibodies play an important role.

UPCR is an accepted surrogate primary endpoint for clinical trials in IgAN, which potentially allows for a faster path to commercialization than rate of change/slope in eGFR, which is determined with two years of data. The recommendation for usage of

this surrogate endpoint was put forward by the ASN, partnering with the FDA under the auspices of the Kidney Health Initiative, and the European Medicines Agency (EMA), and has now been implemented in five Phase 3 clinical trials in IgAN and in the three FDA approvals granted. Accelerated and/or conditional approval may be granted on the UPCR endpoint, with full approval to be granted upon longer-term data demonstrating stabilization of eGFR with treatment.

Ongoing Phase 3 ORIGIN clinical trial

We advanced atacicept 150 mg into a pivotal Phase 3 trial in IgAN in the second quarter of 2023, using the same formulation from the Phase 2b trial and learnings from the Phase 2b subgroup analyses to reduce risk in the design of a Phase 3 trial that aims to accurately assess treatment efficacy while minimizing potential confounders for proteinuria measure.

Figure 10: Phase 3 ORIGIN 3 trial design

ORIGIN 3 is a Phase 3 global, multicenter, randomized, placebo-controlled, double-blind trial (Figure 10) in participants with IgAN who have persistent proteinuria and remain at high risk of disease progression despite being on a stable prescribed regimen of renin-angiotensin system inhibitors (ACE inhibitors or ARBs) for at least 12 weeks that is the maximum labeled or tolerated dose. The clinical trial consists of a 104-week double-blind treatment period which is currently ongoing, followed by a 52-week open-label extension and a 26-week safety follow-up period. The trial will assess at-home self-administered once weekly 1-mL subcutaneous injections of atacicept 150 mg versus placebo on impact of kidney function as measured by proteinuria and eGFR. The primary endpoint is change from baseline in UPCR at 36 weeks based on 24-hour urine collection and the key secondary endpoint is eGFR up to 104 weeks. Additional secondary endpoints are change in Gd-IgA1, hematuria resolution, change in eGFR up to 52 weeks, and time from randomization to first occurrence of composite kidney failure endpoint event.

We completed enrollment for the Phase 3 primary endpoint cohort in September 2024 and anticipate full enrollment of the study in the second quarter of 2025. The Phase 3 primary endpoint results are expected in the first half of 2025, and, if supportive, we expect to submit a BLA to the FDA for accelerated approval of atacicept in IgAN in the second half of 2025.

ORIGIN EXTEND Phase 2 clinical trial

We initiated the ORIGIN EXTEND trial, a Phase 2 extension study in participants who complete ORIGIN Phase 2b or Phase 3. The objectives of the trial are to 1) provide patients with extended access to atacicept prior to commercial availability in their country or region; 2) capture longer-term data for research purposes; and 3) generate data from reinitiation of atacicept treatment following an off-treatment period. We anticipate clinical results from the trial in 2025 and 2026.

Initiation of PIONEER Phase 2 Study to assess Atacicept in pMN, FSGS, and MCD

Due to the positive results of the ORIGIN Phase 2b clinical trial, and following discussions with the FDA, we plan to initiate a new Phase 2 clinical trial for atacicept to treat patients with nephrotic syndrome who have biomarkers that may predict a positive response to B cell modulation. The PIONEER study will initiate in 2025 and will study atacicept in additional autoimmune glomerular diseases characterized by the presence of antibodies to glomerular antigens, including within primary membranous nephropathy (pMN), focal segmental glomerulosclerosis (FSGS), and minimal change disease (MCD). We anticipate clinical results from the trial in 2025 and 2026.

Atacicept in primary membranous nephropathy (pMN)

pMN Pathophysiology and Disease Overview

pMN is an autoimmune disease characterized by glomerular membrane thickening and long-term proteinuria. pMN patients are initially treated with ACEi / ARBs, and upon progression typically are treated with either immunosuppressive or CD20 therapies. Despite proper management, patients still progress to ESRD, highlighting the need for a more effective standard of care.

pMN Market Opportunity, Current Standard of Care, and Our Proposed Solution

There are approximately 50,000 patients in the United States with pMN. In 70-80% of cases, inflammation of the renal glomeruli is caused by autoantibodies targeting the proteins phospholipase A2 receptor (PLA2R) and thrombospondin type 1 domain-containing 7A (THSD7A). The remaining 20-30% of cases develop as a secondary condition due to underlying issues such as infections, other autoimmune diseases, tumors, or drug poisoning. Most patients with biopsy-confirmed primary membranous nephropathy (pMN) have circulating anti-PLA2R autoantibodies, with approximately 70% of pMN cases associated with anti-PLA2R+ antibodies, and 65% of these cases considered moderate-to-severe. According to current KDIGO guidelines, PLA2R is recognized as a crucial diagnostic marker, eliminating the need for a kidney biopsy if the patient is seropositive for PLA2R and exhibits clinical symptoms. Additionally, the concentration of anti-PLA2R antibodies provides insights into disease activity and progression, serving as a clinical criterion for assessing the risk of progressive renal failure in pMN patients: 1) higher antibody concentrations indicate more active pMN and a greater risk of kidney failure, and 2) monitoring antibody levels can predict phases of clinical remission and relapses, as changes in anti-PLA2R antibody levels typically precede improvements or worsening of the disease.

Current treatments tackle the autoimmune aspect of pMN through B-cell depletion (e.g., agents such as rituximab) or immunosuppression via cyclophosphamide / high dose steroids; these therapies have been associated with significant toxicity. With no FDA-approved pMN therapies, significant unmet need remains for efficacious and safe agents, including those that can reduce adverse events associated with immunosuppressant therapy, offer benefit for the ~40% of patients that are refractory to rituximab, and further reduce disease progression to CKD and ESRD.

A more targeted approach that focuses on modulating autoimmune B-cell production, rather than broad immunosuppression, may offer a potential solution. Autoreactive B-cells are implicated in the immunopathogenesis of primary membranous nephropathy (pMN), with the phospholipase A2 receptor (PLA2R) identified as the target antigen for the typical immunoglobulin G (IgG) deposition observed in renal biopsies. While immunosuppressive treatments have shown reductions in PLA2R autoantibody (PLA2R-Ab) levels, patients with higher serum levels of both BAFF and APRIL are less likely to achieve clinical remission on standard immunosuppressive therapy. Additionally, the BAFF-targeting immunomodulator belimumab has been shown to improve proteinuria and PLA2R titers in an open-label trial. This supports the rationale for using other treatments involving B-cell modulation, such as atacicept. Atacicept's ability to block pathogenic B-cell activation via BAFF and APRIL cytokine binding suggests it may be effective in treating pMN, particularly in patients who have been treated with immunosuppressive therapies but still maintain high BAFF and APRIL serum levels.

Atacicept in FSGS and MCD

FSGS and MCD Pathophysiology and Disease Overview

FSGS is characterized by histological lesions (scarring) on kidney glomeruli, manifestations of proteinuria & hypoalbuminemia, and chronic kidney disease, which can present at any age. FSGS often presents with nephrotic syndrome manifestations, including high-grade proteinuria (>3.5 g/day), hypoalbuminemia, and edema, with 30 – 40% progressing to ESRD by 10 years. Nephrin is a transmembrane protein found in kidney podocytes, plays a significant role in maintaining the integrity and function of the glomerular filtration barrier, and it can be used as a biomarker for early glomerular injury, since elevated levels of nephrin in the urine (nephrinuria) can indicate damage to the podocytes and the filtration barrier. Recently, anti-nephrin antibodies were identified in ~10% of primary FSGS patients, indicating potential autoimmune involvement in the disease pathology and demonstrating a strong correlation to uACR.

MCD is a kidney disorder that leads to glomeruli damage and is characterized by sudden onset of nephrotic syndrome, including increased proteinuria, edema, and hypoalbuminemia. Immune dysregulation, including the presence of autoantibodies against nephrin and other podocyte components, contributes to podocyte injury and disease progression. MCD accounts for 70 – 90% of pediatric and 15% of adult idiopathic nephrotic syndrome patients. MCD is distinguished from other nephrotic diseases based on sudden onset of clinical features such as proteinuria (i.e., days/weeks vs. months) and distinct morphological features (e.g., podocyte effacement, normal glomerulus) based on kidney biopsy. Approximately two-thirds of adult patients with MCD and active nephrotic syndrome have anti-nephrin autoantibodies, while this figure rises to about 90% in children with idiopathic nephrotic syndrome.

FSGS and MCD Market Opportunity, Current Standard of Care, and Our Proposed Solution

There are approximately 44,000 diagnosed primary FSGS patients in the United States, of which approximately 7,000 may be identified as auto-immune assuming improved diagnostic methods. Primary FSGS patients are typically treated with background ACEi / ARBs, followed by sequencing steroids, calcineurin inhibitors (CNIs), immunosuppressive therapies (ISTs), and / or rituximab, with the aim to preserve kidney function and reduce risk to ESRD. Despite the current standard of care (which includes steroids, CNIs), there is persistent unmet need as up to 40% of patients reach ESRD and there are no FDA-approved disease-modifying drugs. Given the severity of clinical symptoms (e.g., ESRD risk), autoimmune FSGS patients would benefit from novel, efficacious therapies.

There are approximately 15,000 adult MCD patients and almost 10,000 pediatric MCD patients in the United States. Recently, anti-nephrin antibodies were identified in approximately 50% of pediatric MCD and adult MCD patients, indicating potential autoimmune involvement in disease pathology, which correlated to higher uACR and serum albumin levels. Patients are typically managed via steroids or other immunosuppressive therapies including CP, MMF and Levamisole. Additional treatments include

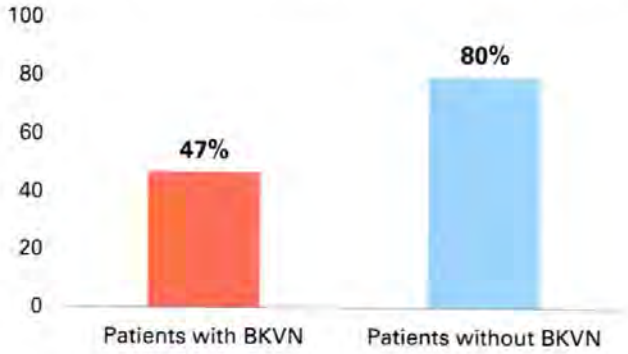
diuretics for edema, ACE inhibitors or ARBs to reduce proteinuria, and dietary changes like a low-sodium diet. No FDA-approved therapies are currently available for MCD.

Given the autoimmune involvement in the disease pathology for at least some sub-populations of FSGS and MCD patients, potentially via B-cell mediated immune/inflammatory pathways, as demonstrated by response to rituximab in some patients, there is reason to believe that therapies that inhibit the proliferation and maturation of auto-reactive B-cells, such as atacicept, may be efficacious.

MAU868 in reactivated BK infection among kidney transplant recipients

We have exclusive worldwide rights, pursuant to the Novartis license, to MAU868, which is a potential treatment for reactivated BK infection in kidney transplant recipients. While up to 90% of healthy adults have been infected with BKV at some point in their lives, it remains latent in everyone except severely immunocompromised populations such as kidney transplant recipients. There are approximately 80,000 kidney transplants annually worldwide, with approximately 20,000 in the United States. Approximately 225,000 kidney allograft recipients are living in the United States. Waitlists to receive kidneys are long: approximately 3–5 years and 75,000 people long in the United States. Up to 12% of transplants per year are re-transplants, which further limits organ availability for new patients. BKV is a polyoma virus that is tropic to the kidney and bladder tissue and can reactivate with the immunosuppression required for kidney transplant. This reactivation can cause BKVN, a condition in which BK infection, typically first identified as BK viremia, triggers inflammation, which then progresses to renal fibrosis and tubular injury; as shown in Figure 11, BKVN is a leading cause of allograft loss, a devastating outcome for kidney transplant recipients.

Figure 11: Graft survival (%) in kidney transplant patients is worse with BKVN



Currently, there are no approved treatment options for BK viremia or BKVN. We shared full Cohort 1 and Cohort 2 results in 2022 from the Phase 2 trial conducted by Amplyx. Following feedback from the FDA on the Phase 2 clinical trial, we are evaluating strategies for continued clinical development, including a potential next clinical trial. We believe that MAU868 has the potential to become standard of care for the treatment of BK viremia in order to prevent devastating consequences such as BKVN.

Pathophysiology of BK virus in kidney transplant

BKV has a worldwide seroprevalence of up to 90%. Primary BK infection is typically acquired during childhood, after which the virus establishes lifelong infection in the kidney and bladder tissue. Most people do not experience any known adverse effects from either primary or persistent infection. Control of infection is dependent on CD4+ and CD8+ T cell immunity, which can be displaced by immunosuppressants. In the setting of kidney transplant and related immunosuppression, latent virus can be reactivated or new virus can be transmitted via the donor kidney. BKV reactivation is marked first by viruria—or detection of virus in the urine, and then viremia—detection of viral DNA in the blood, and most commonly occurs within the first year of transplant.

Viremia typically occurs in 15% of kidney transplant recipients, after which BKVN may occur. Approximately 3-4% of kidney transplant recipients develop BKVN.

BKVN disease burden and diagnosis

BKVN may lead to allograft injury and in some cases, allograft loss. 24–60% of all graft losses are due to BKV-associated disease. The average cost of a kidney transplant in the United States is over $440,000. Pre-transplant, recipients are typically on dialysis, for which the cost is approximately $90,000 per year; there is an approximate 450% increase in annual medical cost to treat transplant recipients who experience graft loss.

Most institutions monitor for BK in both the urine, through PCR and urinalysis, and plasma, via PCR. It is common practice to screen kidney transplant recipients for BK viremia via PCR test monthly in the first six months post-transplant and then every three months until two years post-transplant, after which patients are typically screened annually. Also, at any sign of allograft dysfunction, physicians will test for BK viremia. Viral load levels >1000 copies/mL are considered positive for BK viremia, and levels >10,000 copies/mL are considered presumptive BKVN. Kidney allograft biopsy is considered the gold standard for diagnosing BKVN. Late diagnosis of BKV can lead to irreversible renal function decline and poor treatment outcomes.

Kidney transplant market opportunity

An estimated 80,000 kidney transplants are conducted globally each year, with approximately 20,000 in the United States, 20,000 in Europe, 1,500 in Japan, and 10,000 in China. Approximately 225,000 kidney allograft recipients are living in the United States. Waitlists to receive kidneys are long: 3–5 years and 75,000 people deep in the United States. Up to 12% of transplants per year are re-transplants, which further limits organ availability for new patients. Approximately 15% of kidney transplant recipients develop BK viremia. Patients can be risk stratified for BK viremia based on the degree of immunosuppression employed, which is related to the degree of human leukocyte antigen (HLA) match between the graft and recipient; the greater the mismatch, the more intense immunosuppression required, which increases the risk of BKV reactivation.

We estimate the market for a novel agent to treat reactivated BK infection in kidney transplant recipients to be a large commercial opportunity. We believe that MAU868 has the potential to become standard of care for the treatment of reactivated BK infection in order to prevent devastating consequences following kidney transplantation such as BKVN and graft loss.

Current standard of care for kidney transplant patients with BK viremia

Currently, there is no approved treatment specific to BKV. Upon detection of BK viremia, physicians' first line of defense is to reduce immunosuppression with the goal of restoring CD4+ and CD8+ T cell immunity without causing acute rejection. Initial modification will typically consist of lowering MMF by 50% followed by a reduction in tacrolimus by 50%. If no improvement is observed, use of MMF and tacrolimus will be stopped and dose of prednisone will be increased. Other agents such as intravenous immunoglobulin (IVIG), leflunomide, and cidofovir, are occasionally used—but all have limited data and both leflunomide and cidofovir have serious safety concerns. After development of BKVN, patients have limited options and may continue to receive antivirals or IVIG. Physicians are not satisfied with current treatment options for BKV and highlight that there is a significant unmet need for a viable therapy.

Emerging therapies in development

Despite the high level of unmet need in treating BK viremia and preventing devastating consequences, there is limited development in the space. Memo Therapeutics is also developing a BKV-neutralizing monoclonal antibody and is in Phase 2 clinical development.

Our solution: MAU868 / scientific rationale

MAU868 is a human monoclonal antibody (IgG1/l isotype subclass) directed against the major viral capsid protein of BKV, VP1, which is essential for binding to and infection of new cells, as shown in Figure 12. MAU868 neutralizes all four serotypes of BKV at sub-nanomolar concentrations and has a high barrier to resistance in vitro (resistant isolates of BKV were not selected in vitro at any of the concentrations of MAU868 investigated). MAU868 is being developed for the treatment of BKV disease in kidney transplant recipients (BKV nephropathy) and being considered for hematopoietic stem cell transplant (HSCT) recipients (BKV-associated hemorrhagic cystitis). MAU868 also has neutralizing activity in vitro against the closely related JC virus, the cause of progressive multifocal leukoencephalopathy.

Figure 12: MAU868 blocks BK virion binding

4K

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03115	☐ 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: Dutch Ophthalmic, USA, Inc.

Physical Address: 10 Continental Drive, Bldg 1

City: Exeter State: NH Zip: 03833

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 603-778-6929 Website: licenses-us@dorcglobal.com

Name of Designated Representative (DR): Minal Jamkhande

Licensing Company Email: licenses-us@dorcglobal.com DR Email: licenses-us@dorcglobal.com

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

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

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

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

Date of Event/Arrest	Disposition Date	State	City	County
2/2018	6/26/2018	AL		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
18-L-0056	Alabama Board of Pharmacy (ALBOP)

Reason/Charge
Failure to renew license due to incorrect contact details

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
ALBOP	Consent order

Name of Business/Industry/Entity
Dutch Ophthalmic, USA, Inc.

Provide explanation below:

In June 2018, Dutch Ophthalmic, USA, Inc. (Dutch) entered into a Consent Order with the Alabama Board of Pharmacy (ALBOP) in connection with Dutch's wholesale drug distributor license. As outlined below, the circumstances surrounding this matter involve what we consider minor clerical errors (an incorrect Designated Representative address in the application and an error in the contact email address on file for Dutch) which resulted in Dutch's renewal application not being processed and the renewal license not being issued prior to the deadline. More specifically:

•Dutch submitted an application to ALBOP for renewal of its wholesale drug distributorlicense in December 2017, prior to the renewal due date of December 31, 2017.

•It was discovered by ALBOP that a portion of the Designated Representative's address wasentered incorrectly.

•ALBOP sent a deficiency notice informing Dutch of the error, however, the email on file withALBOP was incorrect and ALBOP's notification emails were returned as undeliverable.

•As ALBOP's notice was never received by Dutch, the company was not aware of anyproblem with the application and was waiting for notification from ALBOP that the renewalhad been processed.

•In February 2018, Kim Pickett of ALBOP called Dutch to inform the company of thedeficiency and the undeliverable emails.

•As soon as it was made aware of the problem, Dutch worked with ALBOP to resolve theissue, which resulted in the attached Consent Order dated June 26, 2018, and the companyhas maintained a license in good standing with ALBOP through the present.

Original Signature (electronic, copies or stamps not accepted)

04/03/2026
Date

IN THE MATTER OF:	)	**BEFORE THE ALABAMA**
	)	
DUTCH OPHTHALMIC, USA	)	**STATE BOARD OF PHARMACY**
	)	
Private Label	)	**CASE NO: 18-L-0056**
Distributor Permit No. 194588	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Dutch Ophthalmic, USA relating to distributing drug products in the State of Alabama during 2018 without first renewing your permit from the Board required by and in violation of Code of Alabama (1975) § 34-23-32.

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

1. The Board finds that Dutch Ophthalmic, USA violated Code of Alabama (1975) § 34-23-32 by distributing drug products in the State of Alabama during 2018 without first having renewed your permit.

2. Dutch Ophthalmic, USA shall pay to the Board an administrative fine in the amount of Two Thousand Five Hundred dollars ($2,500.00) within thirty (30) days of the effective date of this Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and Dutch Ophthalmic, USA shall not attempt to discharge the same in any bankruptcy proceeding.

3. That Dutch Ophthalmic, USA expressly waives its rights pursuant to the

Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to a statement or notice of charges, the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Dutch Ophthalmic, USA 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, Dutch Ophthalmic, USA hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

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

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

advice of counsel before executing this Consent Order.

DONE this the 18 day of June, 2018.

Dutch Ophthalmic, USA

SHAWN S. KARIMI
Notary Public
Commonwealth of Massachusetts
My Commission Expires
November 7, 2019

By: _____
Its: MANAGING DIRECTOR

DONE this the 26 day of JUNE, 2018.

ALABAMA STATE BOARD OF PHARMACY

By: _____
David Darby, R.Ph., President

By: _____
James S. Ward
Its Attorney

WARD & COOPER, LLC.
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
[redacted]

DUTCH OPHTHALMIC USA

10 CONTINENTAL DRIVE, Building 1
EXETER, NH 03833
TEL: [redacted] (800) 753-8824
FAX: (603) 778-0911

ATTACHMENT

In connection with disciplinary orders, please see explanatory note below and attached consent order.

In June 2018, Dutch Ophthalmic, USA, Inc. (Dutch) entered into a Consent Order with the Alabama Board of Pharmacy (ALBOP) in connection with Dutch's wholesale drug distributor license. As outlined below, the circumstances surrounding this matter involve what we consider minor clerical errors (an incorrect Designated Representative address in the application and an error in the contact email address on file for Dutch) which resulted in Dutch's renewal application not being processed and the renewal license not being issued prior to the deadline. More specifically:

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- In February 2018, Kim Pickett of ALBOP called Dutch to inform the company of the deficiency and the undeliverable emails.
- As soon as it was made aware of the problem, Dutch worked with ALBOP to resolve the issue, which resulted in the attached Consent Order dated June 26, 2018, and the company has maintained a license in good standing with ALBOP through the present.

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: D.O.R.C. Dutch Ophthalmic Research Center (International) B.V.
Address: Scheijdelveweg 2 City: Zuidland, The Netherlands State: Zip:

Name: Pharmpur GmbH
Address: Messerschmittring 33 City: Königsbrunn, Germany State: Zip:

Name: FCI
Address: VEL INDUSTRIAL COMPLEX ROYAL R City: Mauritius 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: NH
Parent Company (if any): Carl Zeiss Meditec, Inc.
Corporation/Organization Name:
Mailing Address: 5300 Central Pkwy
City: Dublin State: CA Zip: 94568
Telephone: (925) 557-4100 Email: info.meditec.us@zeiss.com.
Contact Person Name: Aaron Kim

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.

Dutch Ophthalmic, USA, Inc.

Facility Name

Lorena Kutt

Print Name of Authorized Person Submitting Application

L L Kutt

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

04/03/2026

Date

Board Use Only	Date Received: 4/8/26	Amount: $1000 ch 00001515 7

NABP ACCREDITED
DRUG DISTRIBUTOR

Dutch Ophthalmic, USA

located at

10 CONTINENTAL DR, BLDG 1, Exeter, NH, 03833

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

03/13/2023 to 03/12/2026
Period of Accreditation

DUTCH OPHTHALMIC USA

10 CONTINENTAL DRIVE, Building 1
EXETER, NH 03833
TEL: (603) 778-6929 / (800) 753-8824
FAX: (603) 778-0911

In response to OWNERSHIP Question

***OWNER Officers* (Dutch Ophthalmic, USA, Inc.)**

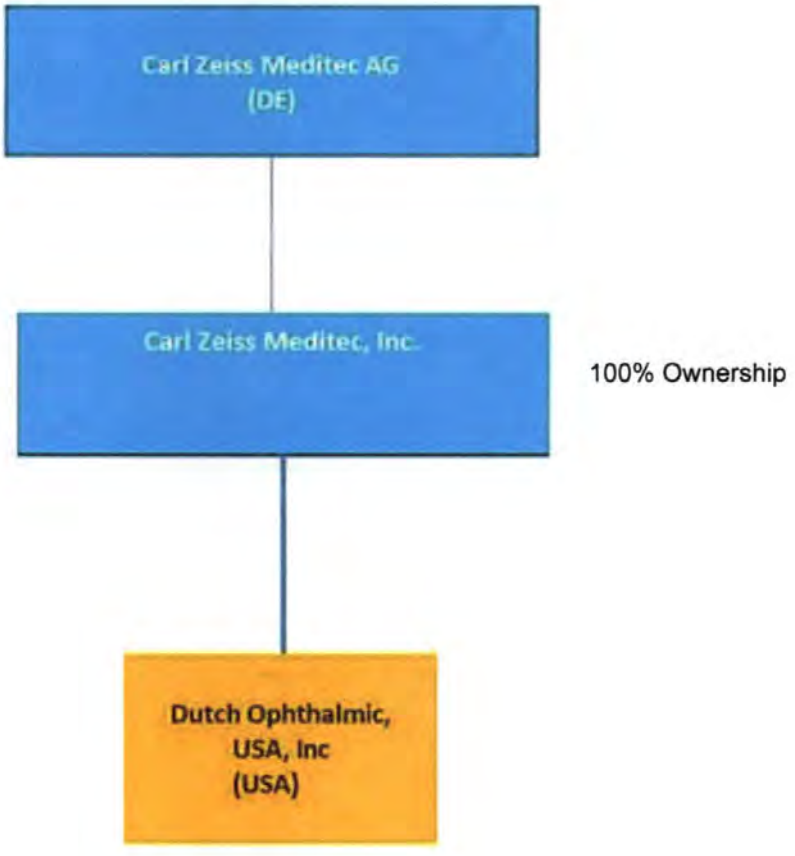
Name	Title	Business Address
Federico Villegas	President	5300 Central Parkway, Dublin, CA 94568
Irene Ruether	Treasurer	5300 Central Parkway, Dublin, CA 94568
Aaron Kim	Secretary	5300 Central Parkway, Dublin, CA 94568

***Parent company OWNER Officers* (Carl Zeiss Meditec, Inc.)**

Name	Title	Business Address
Irene Ruether	President /Treasurer	Carl Zeiss Meditec, Inc. 5300 CENTRAL PARKWAY, DUBLIN, CA, UNITED STATES, 94568
Aaron Kim	Secretary	Carl Zeiss Meditec, Inc. 5300 CENTRAL PARKWAY, DUBLIN, CA, UNITED STATES, 94568

DUTCH OPHTHALMIC USA	**Parent Companies for Dutch Ophthalmic, USA, Inc.**

Dutch Ophthalmic, USA, Inc. Parent Companies After April 1st ,2026



This document is confidential and the property of Dutch Ophthalmic, USA, Inc. It may not be reproduced in any form without the written consent of the owner. All copies shall be returned to Dutch Ophthalmic, USA, Inc. upon request.

Dutch Ophthalmic, USA, Inc. Parent Companies Prior to April 1st ,2026

This document is confidential and the property of Dutch Ophthalmic, USA, Inc. It may not be reproduced in any form without the written consent of the owner. All copies shall be returned to Dutch Ophthalmic, USA, Inc. upon request.

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 DUTCH OPHTHALMIC, USA, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on January 15, 1990. 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: **147899**
Certificate Number: **0007808268**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 26th day of February A.D. 2026.

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

Dutch Ophthalmic, USA, Inc.

is licensed to practice as a(n)

MAN/DIST/WHOLE/BROKER

LICENSE NO. 08540

EXPIRATION DATE: 04/28/2027

Always verify licenses online at https://forms.nh.gov/licenseverification/

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 09/30/2025

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

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

PRODUCER Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 16th 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:
INSURED Dutch Ophthalmic USA 10 Continental Drive Bldg 1 Exeter NH 03833 USA	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Allianz Global Risks US Insurance Co. — 35300 INSURER B: Travelers Property Cas Co of America — 25674 INSURER C: Travelers Casualty & Surety Company — 19038 INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 570115886425 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:			USL00103125	09/30/2025	09/30/2026	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 $2,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			T1NJCAP-1R573604-TIL-25	09/30/2025	09/30/2026	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 X RETENTION $100,000			USL00103325	09/30/2025	09/30/2026	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
B C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N — N/A If yes, describe under DESCRIPTION OF OPERATIONS below			UBB94321782551K All Other States UBB94302042551R AZ,MA,WI	09/30/2025 09/30/2025	09/30/2026 09/30/2026	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

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

RE: Evidence Only.

CERTIFICATE HOLDER

Dutch Ophthalmic USA
10 Continental Drive
Building 1
Exeter NH 03833 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 : 570115886425

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Liberty Mutual. SURETY

VERIFICATION CERTIFICATE FOR INDEFINITE TERM BOND

The Ohio Casualty Insurance Company, Surety upon:

a certain Bond No.: **999129122**

Cross Ref Bond No.:

dated effective: August 26, 2021

on behalf of: Dutch Ophthalmic, USA, Inc.

and in favor of: Nevada State Board of Pharmacy

Amount of bond: $25,000.00

Description of bond: Pharmaceutical Wholesaler

Current Bond Term: August 26, 2025 to August 26, 2026

and that the said bond remains in effect, subject to all its agreements, conditions and limitations, and ends only with the cancellation of said bond or other legal termination.

Signed and dated on: April 1, 2026

Surety Name: The Ohio Casualty Insurance Company

THE OHIO CASUALTY INSURANCE COMPANY INCORPORATED 1919 NEW HAMPSHIRE

By:

Carolyn Banks, Assistant Secretary

Agency Name: Cross Insurance, Inc. - New Hampshire

Agency Address: 1100 Elm Street, Manchester, NH 03101

Agency Telephone: s1place

Liberty Mutual. SURETY

POWER OF ATTORNEY

The Ohio Casualty Insurance Company

Principal: Dutch Ophthalmic, USA, Inc.
Agency Name: Cross Insurance, Inc. - New Hampshire Bond Number: 999129122
Obligee: Nevada State Board of Pharmacy
Bond Amount: ($25,000.00) Twenty-five Thousand Dollars And Zero Cents

KNOW ALL PERSONS BY THESE PRESENTS: that The Ohio Casualty Insurance Company, a corporation duly organized under the laws of the State of New Hampshire (herein collectively called the "Company"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint **Carolyn Banks** in the city and state of **Seattle, WA**, 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 Company in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of the Company has been affixed thereto this 1st day of April, 2026.

The Ohio Casualty Insurance Company

By: _____
Nathan J. Zangerle, Assistant Secretary

STATE OF PENNSYLVANIA
COUNTY OF MONTGOMERY ss

On this 1st day of April, 2026, before me personally appeared Nathan J. Zangerle, who acknowledged himself to be the Assistant Secretary of The Ohio Casualty 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 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-law and Authorizations of The Ohio Casualty Insurance Company, which is 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 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.

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 or electronic signatures of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, wherever appearing upon a certified copy of any power of attorney or bond issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of The Ohio Casualty Insurance Company do hereby certify that this power of attorney executed by said Company 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 Company this 1st day of April, 2026.

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.

eBonding_POA

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 Dutch Ophthalmic, USA, Inc. MDEG License # (if applicable) _____

Physical Address 10 Continental Drive, Bldg 1

City Exeter State NH Zip 03833

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email licenses-us@dorcglobal.com

Section 2: Personal Information

First Minal Middle _____ Last Jamkhande

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

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

Mailing Address [redacted]

City Bedford State _____ Zip _____

Telephone [redacted] Email Minal.Jamkhande@zeiss.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)	
Aston University		09/2006 - 07/2007	
Address	**City**	**State**	**Zip**
Aston University	Birmingham	UK	B4 7ET
Diploma/Degree obtained, if any			
Postgraduate diploma for Overseas Pharmacists			

School Name		From - To (MM/YY – MM/YY)	
SNIOP, Amravati University		06/2001 -05/2003	
Address	**City**	**State**	**Zip**
SNIOP	Pusad	MH	India
Diploma/Degree obtained, if any			
Masters in Industrial Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
ABCP, Shivaji University		06/1997 - 05/2001	
Address	**City**	**State**	**Zip**
Appasaheb Birnale College of Pharmacy	SANGLI	MH	India
Diploma/Degree obtained, if any			
Bachelor 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			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2020 - PRESEN	[redacted]	Bedford	NH	[redacted]
12/2014 -10/2020		Bedford	NH	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	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)	
Dutch Ophthalmic, USA, INC.			06/2025- Present	
Business Address		**City**	**State**	**Zip**
10 Continental Drive, Bldg 1		Exeter	NH	03833
Phone	**Title**		**Number of Employed Hours**	
(603) 778-6929	Regulatory Compliance Manager		1600	
Description of Duties				
Serve as a Designated Representative for the facility, for state licensure purposes. Collaborate with the Quality Assurance team to implement and uphold product handling protocols, product recall procedur				

Business Name			From - To (MM/YY – MM/YY)	
Rite Aid Pharmacy				
Business Address		**City**	**State**	**Zip**
123 Nashua Rd		Londonderry	NH	03053
Phone	**Title**		**Number of Employed Hours**	
603 437 8100	Staff Pharmacist		11460	
Description of Duties				
Evaluate and process prescriptions, ensuring compliance with state and federal regulations. Maintain accurate patient and medication records for audit and regulatory purposes. Manage inventory,onduct regular stock checks, and reconcile				

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

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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, Minal Jamkhande, **certify that as the MDEG Administrator for**

Dutch Ophthalmic, USA, Inc.,

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

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

Minal Jamkhande
Print Name (First, Last)

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

04/06/2026
Date

Board Use Only	Date Received: 4/8/26

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: Dutch Ophthalmic, USA, Inc.

Pharmacy/Wholesaler License # (if applicable): WH03115

Physical Address: 10 Continental Drive, Bldg 1

City: Exeter State: NH Zip: 03833

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: Website:

Licensing Company Email: licenses-us@dorcglobal.com

Section 2: Personal Information

First: Minal Middle: Last: Jamkhande

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

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

Mailing Addres: [redacted]

City: Bedford State: NH Zip: [redacted]

Telephon: [redacted] Email: Minal.Jamkhande@zeiss.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)	
Aston University		09/2006 - 07/2007	
Address	**City**	**State**	**Zip**
Aston University	Birmingham	UK	B4 7ET
Diploma/Degree obtained, if any			
Postgraduate diploma for Overseas Pharmacists			

School Name		From - To (MM/YY – MM/YY)	
SNIOP, Amravati University		06/2001 -05/2003	
Address	**City**	**State**	**Zip**
SNIOP	Pusad	MH	India
Diploma/Degree obtained, if any			
Masters in Industrial Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
ABCP, Shivaji University		06/1997 - 05/2001	
Address	**City**	**State**	**Zip**
Appasaheb Birnale College of Pharmacy	Sangli	MH	India
Diploma/Degree obtained, if any			
Bachelor 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			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2020 - PRESENT	[redacted]	Bedford	NH	[redacted]
12/2014 -10/2020		Bedford	NH	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	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)	
Dutch Ophthalmic, USA, INC.			06/2025- Present	
Business Address		**City**	**State**	**Zip**
10 Continental Drive, Bldg 1		Exeter	NH	03833
Phone	**Title**		**Number of Employed Hours**	
(603) 778-6929	Regulatory Compliance Manager		1600	
Description of Duties				
Serve as a Designated Representative for the facility, for state licensure purposes. Collaborate with the Quality Assurance team to implement and uphold product handling protocols, product recall procedures, and corrective actions when necessary.				

Business Name			From - To (MM/YY – MM/YY)	
Rite Aid Pharmacy			03/2028- 06/2025	
Business Address		**City**	**State**	**Zip**
123 Nashua Rd		Londonderry	NH	03053
Phone	**Title**		**Number of Employed Hours**	
603 437 8100	Staff Pharmacist		11460	
Description of Duties				
Evaluate and process prescriptions, ensuring compliance with state and federal regulations. Maintain accurate patient and medication records for audit and regulatory purposes. Manage inventory, conduct regular stock checks, and reconcile discrepancies.				

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

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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, Minal Jamkhande, **certify that as the designated representative for**

Dutch Ophthalmic, USA, Inc.,

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

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

Minal Jamkhande

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/06/2026

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.

Minal Jamkhande

Print Name (First, Last)

Minal J.

Original Signature (electronic, copies or stamps not accepted)

04/06/2026

Date

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

State of New Hampshire, ss. County of Rockingham

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

Minal J.

Original Signature

4/6/2026

Date

Subscribed and Sworn to before me this 6TH day of April.

Notary Public Signature

MERCEDES B. CONNELLY
NOTARY PUBLIC
State of New Hampshire
My Commission Expires
July 24, 2029

(Seal)

Employees of Dutch Ophthalmic, USA, Inc.
Aaron Blake
Greg Marchese
Tom Sadowski
Lillian McDonough
Will Charron
Sue Millar
Lorena Kutt
Minda Buckley
Minal Jamkhande
Mercedes Connelly
Jen Sarkisian
Ryan Statterly

4L

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH02313	☐ 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: HERCULES PHARMACEUTICALS, INC.

Physical Address: 27 SEAVIEW bOULEVARD

City: PORT WASHINGTON State: NY Zip: 11050

Mailing Address (if different from physical address): SAME AS PHYSICAL

City: N/A State: N/A Zip: N/A

Telephone: (212) 390-8577 Website: herculesrx.com

Name of Designated Representative (DR): TIMOTHY WARD

Licensing Company Email: legal@herculesrx.com DR Email: legal@herculesrx.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)?		✔

Maria Herrera

From: Nadir Khan <NKhan@herculesrx.com>
Sent: Thursday, March 19, 2026 10:54 AM
To: Maria Herrera
Cc: Legal
Subject: Re: Nevada Out-of-State Wholesaler Application-Hercules Pharmaceuticals, Inc. (WH02313)

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 the past we have sold medical devices, however at this time our formulary does not contain medical devices, therefore we did not check this box on the application.

Best Regards,
Nadir Khan, Esq.
Associate Attorney
Hercules Pharmaceuticals, Inc.

(M) [redacted]
27 Seaview Boulevard Port Washington, NY 11050
www.herculesrx.com

Hercules Pharmaceuticals, Inc. does not provide medical or other advice, and the information contained herein should not be treated as such. This electronic message is intended solely for the exclusive use of the designated recipient(s). This message, including any attachments, may contain information that is confidential, privileged, proprietary, or may be subject to other confidentiality protections. If you are not the intended recipient, any disclosure, copying, distribution or use of the contents of this message (including any attachments) is prohibited and may be unlawful. The unintended transmission does not waive any privilege or claims to confidentiality. If you have received this message in error or it was forwarded from recipients who received it in error, please notify the sender immediately by return email and destroy all electronic, paper, and other versions of this message.

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Wednesday, March 18, 2026 4:12 PM
To: Nadir Khan <NKhan@herculesrx.com>
Cc: Legal <Legal@herculesrx.com>
Subject: RE: Nevada Out-of-State Wholesaler Application-Hercules Pharmaceuticals, Inc. (WH02313)

WARNING: This email originated outside of our company. DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Hello Nadir,

Does this facility handle Medical Devices?

Kind Regards,
Maria H.

From: Nadir Khan <NKhan@herculesrx.com>
Sent: Monday, March 9, 2026 2:34 PM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Cc: Legal <Legal@herculesrx.com>
Subject: Re: Nevada Out-of-State Wholesaler Application-Hercules Pharmaceuticals, Inc. (WH02313)

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

Dear Nevada Board of Pharmacy:

We at Hercules Pharmaceuticals, Inc. ("Hercules") (**License Number: WH02313**) hope this correspondence finds you well.

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:
NOT APPLICABLE

Timothy M. Ward
Original Signature (electronic, copies or stamps not accepted)

2/9/26
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: Please see attached addendum for top four 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: N/A

Parent Company (if any): N/A

Corporation Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Contact Person Name: N/A

Date of SEC Registration: N/A | SEC Registration Number: N/A | Stock Exchange Symbol: N/A

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NEW YORK

Parent Company (if any): N/A

Corporation/Organization Name: HERCULES PHARMACEUTICALS, INC.

Mailing Address: 27 SEAVIEW BOULEVARD

City: PORT WASHINGTON State: NY Zip: 11050

Telephone: (212) 390-8577 Email: legal@herculesrx.com

Contact Person Name: TIMOTHY WARD

Section 6: Partnership

Partnership Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Contact Person Name: N/A

Section 7: Sole Owner

Owner's Name: N/A

Business Name: N/A

Business Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

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.

HERCULES PHARMACEUTICALS, INC.
Facility Name

Timothy M. Ward
Print Name of Authorized Person Submitting Application

Timothy M. Ward
Original signature of Authorized Person (copies or stamps not accepted)

2/9/26
Date

Board Use Only	Date Received: 2/10/26	Amount: $1000 CK 5995

NABP ACCREDITED

DRUG DISTRIBUTOR

Hercules Pharmaceuticals, Inc.

located at

27 Seaview Boulevard, Port Washington, NY 11050

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

05/25/2023 - 05/24/2026
Period of Accreditation

Hercules
your ethical wholesaler

List of Corporate Officers/Directors

- **Sara Amani, Chief Executive Officer**
  Business Address: 27 Seaview Boulevard, Port Washington, NY 11050
  Business Telephone: +1 212 390-8577 Ext. 920
- **Timothy Ward, President and Chief Legal Officer**
  Business Address: 27 Seaview Boulevard, Port Washington, NY 11050
  Business Telephone: +1 212 390-8577
- **Jonathan Amani, Chief Operations Officer**
  Business Address: 27 Seaview Boulevard, Port Washington, NY 11050
  Business Telephone: +1 212 390-8577 Ext. 32

Hercules
your ethical wholesaler

List of Shareholders

- **Sara Amani**
  Percentage of Shares Owned: 32.66%
- **Jonathan Amani**
  Percentage of Shares Owned: 31.67%
- **Roots of Cvion Trust**
  Percentage of Shares Owned: 29%
- **Daniel Kim**
  Percentage of Shares Owned: 3.5%
- **Timothy Ward**
  Percentage of Shares Owned: 2.67%
- **Ian Corn**
  Percentage of Shares Owned: .5%

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	HERCULES PHARMACEUTICALS, INC.
DOS ID Number:	3942415
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	04/27/2010
Statement Status:	CURRENT
Statement Due Date:	04/30/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on September 17, 2025 at 09:07 A.M.

WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100008780441 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2023-26

NAME OF SUPERVISOR
SARA AMANI

THIS IS TO CERTIFY

HERCULES PHARMACEUTICALS, INC.
27 SEAVIEW BLVD.
PORT WASHINGTON, NY 11050

is duly recorded as a

REGISTERED WHOLESALER OF DRUGS AND/OR DEVICES

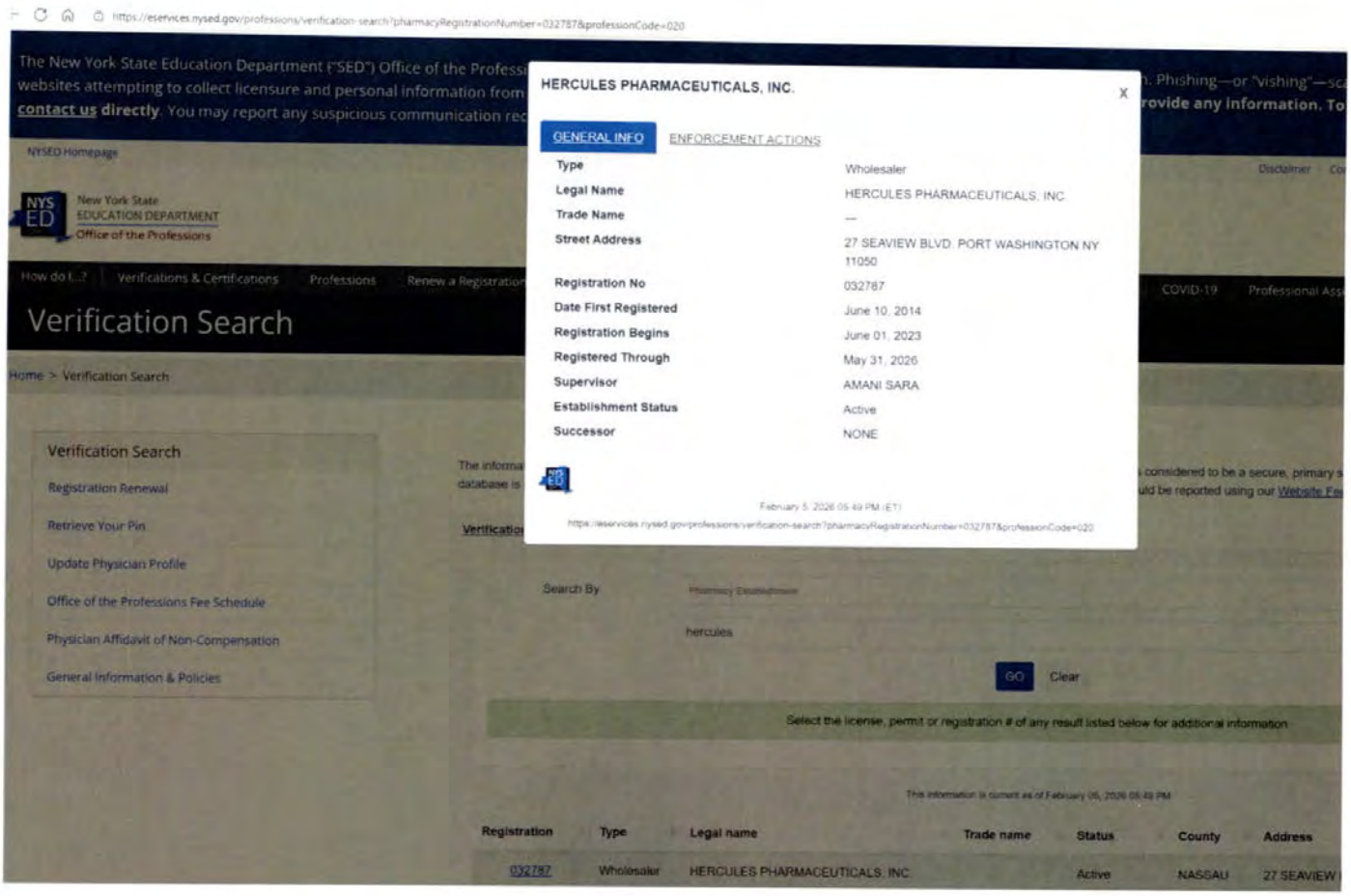
in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF JUNE, 2023.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF MAY, 2026.

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

REGISTRATION NUMBER
032787

EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY


https://eservices.nysed.gov/professions/verification-search?pharmacyRegistrationNumber=032787&professionCode=020
The New York State Education Department ("SED") Office of the Profess
websites attempting to collect licensure and personal information from
contact us directly. You may report any suspicious communication rec
NYSED Homepage
New York State
EDUCATION DEPARTMENT
Office of the Professions
How do I...?
Verifications & Certifications
Professions
Renew a Registration
COVID-19
Professional Ass
Verification Search
Home > Verification Search
Verification Search
Registration Renewal
Retrieve Your Pin
Update Physician Profile
Office of the Professions Fee Schedule
Physician Affidavit of Non-Compensation
General Information & Policies
Search By
hercules
GO
Clear
Select the license, permit or registration # of any result listed below for additional information
Registration
Type
Legal name
Trade name
Status
County
Address
032787
Wholesaler
HERCULES PHARMACEUTICALS, INC.
Active
NASSAU
27 SEAVIEW
HERCULES PHARMACEUTICALS, INC.
GENERAL INFO
ENFORCEMENT ACTIONS
Type
Wholesaler
Legal Name
HERCULES PHARMACEUTICALS, INC.
Trade Name
--
Street Address
27 SEAVIEW BLVD. PORT WASHINGTON NY 11050
Registration No
032787
Date First Registered
June 10, 2014
Registration Begins
June 01, 2023
Registered Through
May 31, 2026
Supervisor
AMANI SARA
Establishment Status
Active
Successor
NONE
February 5, 2026 05:49 PM (ET)
https://eservices.nysed.gov/professions/verification-search?pharmacyRegistrationNumber=032787&professionCode=020

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/11/2026

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 SterlingRisk 135 Crossways Park Drive P.O. Box 9017 Woodbury NY 11797 License#: BR-1418528	CONTACT NAME: PHONE (A/C, No, Ext): 516-487-0300 FAX (A/C, No): 516-487-0372 E-MAIL ADDRESS: request@sterlingrisk.com
INSURED Hercules Pharmaceuticals, Inc. 27 Seaview Blvd Port Washington NY 11050 HERCPHA-01	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Underwriters at Lloyd's London (IL) — 15792 INSURER B : Federal Insurance Company — 20281 INSURER C : Great Northern Insurance Company — 20303 INSURER D : Chubb Custom Insurance Company — 38989 INSURER E : — INSURER F : —

COVERAGES **CERTIFICATE NUMBER: 967979818** **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			36066255	2/10/2026	2/10/2027	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 15,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
C	AUTOMOBILE LIABILITY			73648599	2/10/2026	2/10/2027	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X 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			56726637	2/10/2026	2/10/2027	EACH OCCURRENCE	$ 10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Cyber			PRO-0003394778	2/10/2026	2/10/2027	aggregate	5,000,000
D	Products Liability			36066255	2/10/2026	2/10/2027	aggregate	10,000,000

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

CERTIFICATE HOLDER

For information only

CANCELLATION 10 days

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

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 HERCULES PHARMACEUTICALS, INC. MDEG License # (if applicable) WH02313

Physical Address 27 SEAVIEW BLVD.

City PORT WASHINGTON State NY Zip 11050

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First TIMOTHY Middle MICHAEL Last WARD

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

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

Mailing Addres[redacted]

City LLOYD HARBOR State NY Zip [redacted]

Telephone [redacted] Email WARD@HERCULESRX.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)	
HOFSTRA SCHOOL OF LAW		1999-2001	
Address	**City**	**State**	**Zip**
121 HOFSTRA UNIVERSITY	HEMPSTEAD	NY	11549
Diploma/Degree obtained, if any			
JURIS DOCTOR			

School Name		From - To (MM/YY – MM/YY)	
DICKINSON COLLEGE		1987-1990	
Address	**City**	**State**	**Zip**
272 WEST HIGH STREET	CARLISLE	PA	17013
Diploma/Degree obtained, if any			
BACHELOR OF ART: POLITICAL SCIENCE			

School Name		From - To (MM/YY – MM/YY)	
LA SALLE MILITARY ACADEMY		1982-1986	
Address	**City**	**State**	**Zip**
500 MONTAUK HIGHWAY	OAKDALE	NY	11769
Diploma/Degree obtained, if any			
MILITARY CATHOLIC HIGH SCHOOL DEGREE			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
PRESENT	[redacted]	LLOYD HARBOR	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
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: HERCULES PHARMACEUTICALS, INC.			From - To (MM/YY – MM/YY): MAY 2011- PRESENT
Business Address: 27 SEAVIEW BLVD.	City: PORT WASHINGTON	State: NY	Zip: 11050
Phone: 212 390 8577	Title: PRESIDENT, CHIEF LEGAL OFFICER		Number of Employed Hours: APPROX 34,515 HOUR
Description of Duties: PRESIDENT AND CHIEF LEGAL OFFICER			

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

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

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

Timothy M. Ward

Original Signature (electronic, copies or stamps not accepted)

2/9/26

Date

I, Timothy M. Ward, **certify that as the MDEG Administrator for** Hercules Pharmaceuticals, Inc., **that I (initial that you have read and meet the following requirements):**

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

Timothy M. Ward
Print Name (First, Last)

Timothy M. Ward
Original Signature (electronic, copies or stamps not accepted)

2/9/26
Date

Board Use Only	Date Received: 2/10/26

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 HERCULES PHARMACEUTICALS, INC.
Pharmacy/Wholesaler License # (if applicable) WH02313
Physical Address 27 SEAVIEW BLVD.
City PORT WASHINGTON State NY Zip 11050
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone _____ Website _____
Licensing Company Email _____

Section 2: Personal Information

First TIMOTHY Middle MICHAEL Last WARD
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X
Mailing Address [redacted]
City LLOYD HARBOR State NY Zip [redacted]
Telephon[redacted] Email WARD@HERCULESRX.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)	
Hofstra School of Law		1999-2001	
Address	City	State	Zip
121 Hofstra University	Hempstead	NY	11549
Diploma/Degree obtained, if any			
Juris Doctor			

School Name		From - To (MM/YY – MM/YY)	
Dickinson College		1987-1990	
Address	City	State	Zip
272 West High Street	Carlisle	PA	17013
Diploma/Degree obtained, if any			
Bachelor of Art: Political Science			

School Name		From - To (MM/YY – MM/YY)	
La Salle Military Academy		1982-1986	
Address	City	State	Zip
500 Montauk Highway	Oakdale	NY	11769
Diploma/Degree obtained, if any			
Military Catholic High School Degree			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
PRESENT	[redacted]	LLOYD HARBOR	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
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)
HERCULES PHARMACEUTICALS, INC.			May 2011 -PRESENT
Business Address	**City**	**State**	**Zip**
27 SEAVIEW BLVD	PORT WASHINGTON	NY	11050
Phone	**Title**	**Number of Employed Hours**	
212 390 8577	PRESIDENT, CHIEF LEGAL OFFICER	Approx 34,515 hours	
Description of Duties			
PRESIDENT AND CHIEF LEGAL OFFICER			

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

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

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description 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 # 5 . Provide all the following *where applicable*:

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

Provide explanation below:

Hercules has not been subject to any fines or criminal proceedings. Hercules has been a plaintiff in civil litigation. Material litigation in the past 3 years: (1) a pending NYS case in which Hercules is a plaintiff, proceeding against a former Hercules employee for trade secrets misappropriation and breach of contract, and against that individuals' subsequent employer for trade secrets misappropriation and tortious interference; and (2) a federal case in EDNY and associated AAA arbitration in which Hercules successfully received injunctive relief against a former employee for breach of contract and trade secrets misappropriation under the Defense of Trade Secrets Act.

Timothy M. Ward

Original Signature (electronic, copies or stamps not accepted)

2/9/26

Date

Hercules Pharmaceuticals, Inc. v. Cherne

Date Filed: August 14, 2024
Date Closed: Not closed (appeal decided May 2025; district court case remains pending unless subsequently resolved)
State: New York
City: Central Islip
County: Suffolk County
Case Number: 2:24-cv-05659 -JS-AYS
Governing Court: United States District Court for the Eastern District of New York

Reason/Charge:
Civil action alleging trade secret misappropriation under the federal Defend Trade Secrets Act (DTSA), breach of confidentiality and non-compete agreements, and related New York state law claims arising from a former employee allegedly taking proprietary business information to a competitor.

Parties:

- **Plaintiff:** Hercules Pharmaceuticals, Inc.
- **Defendant:** Brant Cherne

Type: Civil – Trade Secret / Employment / Contract

Business/Industry: Pharmaceutical wholesale distribution

Disposition:
Preliminary injunction granted in favor of Hercules (September 2024). Defendant appealed; the ***U.S. Court of Appeals for the Second Circuit*** affirmed the preliminary injunction (May 2025). Case not fully disposed of at trial level as of last reported update.

Hercules Pharmaceuticals, Inc. won a preliminary injunction and a temporary restraining order. Cherne appealed the preliminary injunction to the 2nd Circuit, which affirmed the preliminary injunction.

Matter settled in arbitration with award granted to Hercules Pharmaceuticals, Inc.

ACMS Docket Report
United States Court of Appeals for the Second Circuit

Court of Appeals Docket #: 24-2545 **Docketed:** 09/26/2024
Nature of Suit: 3880 Defend Trade Secrets Act (of 2016) **Termed:** 04/14/2025
Hercules Pharmaceuticals, Inc. v. Cherne
Appeal From: EDNY (CENTRAL ISLIP)
Fee Status: Paid

Case Type Information:
1) Civil
2) Private
3)

Originating Court Information:
District: EDNY (CENTRAL ISLIP) : 2:24-cv-5659
Trial Judge: Joanna Seybert, Senior District Judge
Magistrate Judge: Anne Y. Shields, Magistrate Judge
Date Filed: 08/14/2024

Date Order/Judgment:	Date Order/Judgment EOD:	Date NOA Filed:	Date Rec'd COA:
09/18/2024	09/18/2024	09/24/2024	09/24/2024

Prior Cases:
None

Current Cases:
None

HERCULES PHARMACEUTICALS, INC. Plaintiff - Appellee	Laurent S. Drogin, - Direct: 212-216-8000 [Retained] Tarter, Krinsky & Drogin LLP 1350 Broadway New York, NY 10018 Richard Schoenstein, - Direct: 212-216-1120 [Retained] Tarter, Krinsky & Drogin LLP 1350 Broadway 11th Floor New York, NY 10018 Brittany Kate Lazzaro, Attorney Direct: 212-216-8000 [Retained] Tarter, Krinsky & Drogin LLP 1350 Broadway New York, NY 10018
BRANT CHERNE Defendant - Appellant	Jamie Felsen, - Direct: 516-328-8899 [Retained]

Milman Labuda Law Group, PLLC
3000 Marcus Avenue
Suite 3w8
Lake Success, NY 11042

Hercules Pharmaceuticals, Inc.,

Plaintiff - Appellee,

v.

Brant Cherne,

Defendant - Appellant.

9/24/2024	1 7 pg, 277 KB	NOTICE OF CIVIL APPEAL, with district court docket, on behalf of Appellant Brant Cherne, FILED. [Entered: 09/26/2024 11:30 AM]
9/24/2024	2 18 pg, 312 KB	DISTRICT COURT RULING ON MOTION FOR PRELIMINARY INJUNCTION, dated 09/18/2024, RECEIVED. [Entered: 09/26/2024 11:33 AM]
9/24/2024	3 2 pg, 256 KB	DISTRICT COURT PRELIMINARY INJUNCTION ORDER, dated 09/23/2024, RECEIVED. [Entered: 09/26/2024 11:39 AM]
9/24/2024	4 8 pg, 460 KB	ELECTRONIC INDEX, in lieu of record, FILED. [Entered: 09/26/2024 11:49 AM]
9/24/2024	15	PAYMENT OF DOCKETING FEE, on behalf of Appellant Brant Cherne, district court receipt #ANYEDC-18312720, FILED. [Entered: 10/15/2024 04:08 PM] [Edited: 10/15/2024 04:10 PM]
9/26/2024	5 9 pg, 461 KB	CIVIL APPEAL, on behalf of Appellant Brant Cherne, received on 09/24/2024, OPENED. [Entered: 09/26/2024 12:01 PM]
9/27/2024	6 2 pg, 281 KB	ACKNOWLEDGMENT AND NOTICE OF APPEARANCE, on behalf of Appellee Hercules Pharmaceuticals, Inc., FILED. Service date 09/27/2024 by ACMS. [Entered: 09/27/2024 09:19 AM]
9/27/2024	7 1 pg, 205 KB	NOTICE OF APPEARANCE AS SUBSTITUTE COUNSEL/ADDITIONAL COUNSEL, on behalf of Hercules Pharmaceuticals, Inc., FILED. [Entered: 09/27/2024 09:34 AM]
9/27/2024	8	ATTORNEY, Laurent S. Drogin, for Appellee Hercules Pharmaceuticals, Inc., ADDED. [Entered: 09/27/2024 10:26 AM]
9/27/2024	9 1 pg, 207 KB	NOTICE OF APPEARANCE AS SUBSTITUTE COUNSEL/ADDITIONAL COUNSEL, on behalf of Hercules Pharmaceuticals, Inc., FILED. [Entered: 09/27/2024 11:24 AM]
9/27/2024	10	ATTORNEY, Brittany Kate Lazzaro, for Appellee Hercules Pharmaceuticals, Inc., ADDED. [Entered: 09/27/2024 03:01 PM]
10/8/2024	11 34 pg, 11,452 KB	FORM C, on behalf of Appellant Brant Cherne, FILED. Service date 10/08/2024 by ACMS. [Entered: 10/08/2024 11:25 AM]
10/8/2024	12 1 pg, 260 KB	FORM D, on behalf of Appellant Brant Cherne, FILED. Service date 10/08/2024 by ACMS. [Entered: 10/08/2024 11:26 AM]
10/10/2024	13 1 pg, 219 KB	ACKNOWLEDGMENT AND NOTICE OF APPEARANCE, on behalf of Appellant Brant Cherne, FILED. Service date 10/10/2024 by ACMS. [Entered: 10/10/2024 09:11 AM]
10/15/2024	14 1 pg, 179 KB	CAMP ORDER, Type of Conference: Telephonic, Scheduled Date of Conference: 11/20/2024, Start Time: 10:30AM, Required Attendees: Clients with Counsel, with Mediator Dean W.M. Leslie, ENTERED. [Entered: 10/15/2024 02:31 PM]
10/15/2024	16 1 pg, 172 KB	NEW CASE MANAGER, Evelyn Cruz, ASSIGNED. [Entered: 10/15/2024 04:24 PM]
10/15/2024	17 62 pg, 21,072 KB	MOTION, to expedite appeal, to stay the district court proceedings, on behalf of Appellant Brant Cherne, FILED. Service date 10/15/2024 by ACMS. [Entered: 10/15/2024 05:29 PM]
10/16/2024	18 1 pg, 229 KB	ORDER, dated 10/16/2024, that Appellee must file a response by 10/25/2024 to Appellant's motion for a stay of the district court's preliminary injunction order, by SALM, FILED. [Entered: 10/16/2024 03:54 PM]

10/21/2024	19 1 pg, 133 KB	LR 31.2 SCHEDULING NOTIFICATION, on behalf of Appellant Brant Cherne, informing Court of proposed due date 10/31/2024, RECEIVED. Service date 10/21/2024 by ACMS. [Entered: 10/21/2024 01:56 PM]
10/25/2024	20 129 pg, 41,174 KB	OPPOSITION, to Motion FILED, 17, on behalf of Appellee Hercules Pharmaceuticals, Inc., FILED. Service date 10/25/2024 by ACMS. [Entered: 10/25/2024 07:12 PM]
10/29/2024	21 1 pg, 232 KB	MOTION ORDER, denying request for a temporary stay of the district court's preliminary injunction and referring motion to a three-judge panel; granting motion to expedite the appeal, at docket entry 17, on behalf of Appellant Brant Cherne, by BR, FILED. [Entered: 10/29/2024 09:56 AM]
10/29/2024	22 1 pg, 315 KB	EXPEDITED SCHEDULING ORDER re: Appellant's brief is due 35 days from the date of this order, by 12/3/2024. Appellee's brief is due 35 days from the filing of Appellant's brief, by BR, FILED. [Entered: 10/29/2024 10:03 AM] [Edited: 10/29/2024 10:06 AM]
10/29/2024	23	REPLY TO OPPOSITION, on behalf of Appellant Brant Cherne, FILED. Service date 10/29/2024 by ACMS. [Entered: 10/29/2024 03:51 PM]
10/29/2024	24 2 pg, 217 KB	DEFECTIVE DOCUMENT, Reply to opposition, at docket entry 23, on behalf of Appellant Brant Cherne, FILED. [Entered: 10/29/2024 04:30 PM]
10/29/2024	25 16 pg, 4,568 KB	REPLY TO OPPOSITION, on behalf of Appellant Brant Cherne, FILED. Service date 10/29/2024 by ACMS. [Entered: 10/29/2024 05:36 PM]
10/30/2024	26	CURED DEFECTIVE DOCUMENT, Reply to opposition, at entry 23, on behalf of Appellant Brant Cherne, FILED. [Entered: 10/30/2024 10:16 AM]
11/26/2024	27 169 pg, 55,612 KB	APPENDIX, volume 1 of 5, (pp. 1 - 160), on behalf of Appellant Brant Cherne, FILED. Service date 11/26/2024 by ACMS. [Entered: 11/26/2024 09:50 AM]
11/26/2024	28 155 pg, 49,568 KB	APPENDIX, volume 2 of 5, (pp. 161 - 305), on behalf of Appellant Brant Cherne, FILED. Service date 11/26/2024 by ACMS. [Entered: 11/26/2024 09:53 AM]
11/26/2024	29 90 pg, 28,199 KB	BRIEF & SPECIAL APPENDIX, on behalf of Appellant Brant Cherne, FILED. Service date 11/26/2024 by ACMS. [Entered: 11/26/2024 09:58 AM]
11/26/2024	30 1 pg, 480 KB	CERTIFICATE OF SERVICE, for Sealed Appendix Volume 3 to 5, on behalf of Appellant Brant Cherne, FILED. Service date 11/26/2024 by ACMS. [Entered: 11/26/2024 09:59 AM]
11/26/2024	31	SEALED APPENDIX, volume 3 of 5, on behalf of Appellant Brant Cherne, FILED. Service date 11/26/2024 by hand delivery. [Entered: 11/26/2024 11:57 AM]
11/26/2024	32	SEALED APPENDIX, volume 4 of 5, on behalf of Appellant Brant Cherne, FILED. Service date 11/26/2024 by hand delivery. [Entered: 11/26/2024 12:00 PM]
11/26/2024	33	SEALED APPENDIX, volume 5 of 5, on behalf of Appellant Brant Cherne, FILED. Service date 11/26/2024 by hand delivery. [Entered: 11/26/2024 12:01 PM]
11/26/2024	34 9 pg, 1,698 KB	REDACTED APPENDIX, volume 3 of 5, (pp. 306 - 566), on behalf of Appellant Brant Cherne, FILED. Service date 11/26/2024 by ACMS. [Entered: 11/26/2024 04:26 PM]
11/26/2024	35 9 pg, 1,698 KB	REDACTED APPENDIX, volume 4 of 5, (pp. 567 - 826), on behalf of Appellant Brant Cherne, FILED. Service date 11/26/2024 by ACMS. [Entered: 11/26/2024 04:30 PM]
11/26/2024	36 9 pg, 1,693 KB	REDACTED APPENDIX, volume 5 of 5, (pp. 827 - 1064), on behalf of Appellant Brant Cherne, FILED. Service date 11/26/2024 by ACMS. [Entered: 11/26/2024 04:33 PM]
12/31/2024	37	BRIEF, on behalf of Appellee Hercules Pharmaceuticals, Inc., FILED. Service date 12/31/2024 by ACMS. [Entered: 12/31/2024 01:40 PM]

1/2/2025	38 2 pg, 256 KB	DEFECTIVE DOCUMENT, BRIEF, at docket entry 37, on behalf of Appellee Hercules Pharmaceuticals, Inc., FILED. [Entered: 01/02/2025 04:53 PM]
1/2/2025	39 68 pg, 544 KB	BRIEF, on behalf of Appellee Hercules Pharmaceuticals, Inc., FILED. Service date 01/02/2025 by ACMS. [Entered: 01/02/2025 06:56 PM]
1/3/2025	40	CURED DEFECTIVE DOCUMENT, BRIEF, at entry 39, on behalf of Appellee Hercules Pharmaceuticals, Inc., FILED. [Entered: 01/03/2025 02:05 PM]
1/9/2025	41 17 pg, 384 KB	REPLY BRIEF, on behalf of Appellant Brant Cherne, FILED. Service date 01/09/2025 by ACMS. [Entered: 01/09/2025 03:47 PM]
1/10/2025	42 1 pg, 160 KB	ORAL ARGUMENT STATEMENT LR 34.1 (a), on behalf of Appellee Hercules Pharmaceuticals, Inc., FILED. Service date 01/10/2025 by ACMS. [Entered: 01/10/2025 01:40 PM]
1/10/2025	43 1 pg, 479 KB	ORAL ARGUMENT STATEMENT LR 34.1 (a), on behalf of Appellant Brant Cherne, FILED. Service date 01/10/2025 by ACMS. [Entered: 01/10/2025 02:25 PM]
1/29/2025	44 1 pg, 192 KB	SUBMITTED NOTICE, to attorneys/parties, TRANSMITTED. [Entered: 01/29/2025 09:54 AM]
2/11/2025	45 1 pg, 192 KB	MOTION ORDER, denying Appellant's motion to stay the district court's preliminary injunction pending appeal, at docket entry 17, on behalf of Appellant Brant Cherne, by DJ, SJM, MP, FILED. [Entered: 02/11/2025 04:24 PM]
2/25/2025	46	CASE CALENDARING, for the week of 04/07/2025, Panel A, PROPOSED. [Entered: 02/25/2025 12:04 PM]
3/14/2025	47	CASE CALENDARING, for argument on: 4/10/2025, A Panel, SET. [Entered: 03/14/2025 10:56 AM]
3/14/2025	48 2 pg, 224 KB	ARGUMENT NOTICE, to attorneys/parties, TRANSMITTED. [Entered: 03/14/2025 11:48 AM]
3/14/2025	49 2 pg, 224 KB	REVISED ARGUMENT NOTICE, to attorneys/parties, TRANSMITTED. [Entered: 03/14/2025 12:00 PM]
3/24/2025	50 1 pg, 224 KB	LETTER, dated 03/24/2025, informing of oral argument unavailability, on behalf of Appellant Brant Cherne, RECEIVED. Service date 03/24/2025 by ACMS. [Entered: 03/24/2025 11:26 AM]
4/1/2025	51 1 pg, 224 KB	SUBMITTED NOTICE, to attorneys/parties, TRANSMITTED. [Entered: 04/01/2025 02:36 PM]
4/10/2025	52	CASE, to DJ, DC, RJL, SUBMITTED. [Entered: 04/10/2025 10:13 AM]
4/14/2025	53 8 pg, 1,024 KB	SUMMARY ORDER AND JUDGMENT, affirming the order of the District Court, by DJ, DC, RJL, FILED. [Entered: 04/14/2025 09:17 AM]
4/14/2025	54 1 pg, 192 KB	NEW CASE MANAGER, Ralph Obas, ASSIGNED. [Entered: 04/14/2025 09:20 AM]
5/6/2025	55 6 pg, 992 KB	JUDGMENT MANDATE, ISSUED [Entered: 05/06/2025 12:27 PM]

ACO,DJI

U.S. District Court
Eastern District of New York (Central Islip)
CIVIL DOCKET FOR CASE #: 2:24-cv-05659-JS-AYS

Hercules Pharmaceuticals, Inc. v. Cherne
Assigned to: Judge Joanna Seybert
Referred to: Magistrate Judge Anne Y. Shields
Cause: 18:1836(b) - Civil Action to Protect Trade Secrets

Date Filed: 08/14/2024
Jury Demand: Plaintiff
Nature of Suit: 880 Defend Trade Secrets Act (of 2016)
Jurisdiction: Federal Question

Plaintiff

Hercules Pharmaceuticals, Inc.

represented by **Brittany Kate Lazzaro**
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V.

Defendant

Brant Cherne

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ATTORNEY TO BE NOTICED

Date Filed	#	Docket Text
08/14/2024	1	COMPLAINT against Brant Cherne filing fee $ 405, receipt number ANYEDC-18174518 Was the Disclosure Statement on Civil Cover Sheet completed -YES,, filed by Hercules Pharmaceuticals, Inc.. (Attachments: # 1 Civil Cover Sheet, # 2 Proposed Summons) (Schoenstein, Richard) (Entered: 08/14/2024)
08/14/2024	2	NOTICE of Appearance by Laurent Scott Drogin on behalf of Hercules Pharmaceuticals, Inc. (aty to be noticed) (Drogin, Laurent) (Entered: 08/14/2024)
08/14/2024	3	NOTICE of Appearance by Brittany Lazzaro on behalf of Hercules Pharmaceuticals, Inc. (aty to be noticed) (Lazzaro, Brittany) (Entered: 08/14/2024)
08/14/2024	4	Emergency MOTION for Order to Show Cause *for Temporary Restraining Order and Preliminary Injunction* by Hercules Pharmaceuticals, Inc.. (Attachments: # 1 Memorandum in Support, # 2 Declaration of Sara M. Amani, # 3 Exhibit 1 - August 9, 2024 Letter, # 4 Exhibit 2 - Employee Confidentiality and Non-Compete Agreement, # 5 Exhibit 3 - Text Message, # 6 Exhibit 4 - August 2, 2024 Letter, # 7 Exhibit 5 - August 9, 2024 Email, # 8 Declaration of Ian Corn, # 9 Declaration of Laurent S. Drogin) (Schoenstein, Richard) (Entered: 08/14/2024)
08/14/2024		This attorney case opening filing has been checked for quality control. (LJ) (Entered: 08/14/2024)
08/14/2024		Case Assigned to Judge Joanna Seybert and Magistrate Judge Anne Y. Shields. Please download and review the Individual Practices of the assigned Judges, located on our website. Attorneys are responsible for providing courtesy copies to judges where their Individual Practices require such. (LJ) (Entered: 08/14/2024)
08/14/2024	5	Clerk's Notice Re: Consent. A United States Magistrate Judge has been assigned to this case and is available to conduct all proceedings. In accordance with Rule 73 of the Federal Rules of Civil Procedure, Local Rule 73.1, the parties are notified that if all parties consent, the assigned Magistrate Judge is available to conduct all proceedings in this action including a (jury or nonjury) trial and to order the entry of a final judgment. Attached to this Notice is a blank copy of the consent form that should be filled out, signed and filed electronically only if all parties wish to consent. Any party may withhold its consent without adverse substantive consequences. Do NOT return or file the consent unless all

		parties have signed the consent.The form may also be accessed at the following link: https://img.nyed.uscourts.gov/files/forms/MJConsentForm.pdf (LJ) (Entered: 08/14/2024)
08/14/2024	6	Summons Issued as to Brant Cherne. (LJ) (Entered: 08/14/2024)
08/14/2024	7	MOTION for Extension of Time to File Response/Reply as to 4 Emergency MOTION for Order to Show Cause *for Temporary Restraining Order and Preliminary Injunction* by Brant Cherne. (Mauro, Michael) (Entered: 08/14/2024)
08/14/2024	8	ORDER TO SHOW CAUSE FOR TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION: ORDERED, that Defendant Brant Cherne ("Defendant" or "Brant") and all other interested persons, show cause before this Court, at the United States District Court for the Eastern District of New York, 100 Federal Plaza, Central Islip, New York 11722, on Friday, August 16, 2024, at 11:00 a.m., or as soon thereafter as counsel may be heard, why an order should not be made and entered pursuant to Rule 65 of the Federal Rules of Civil Procedure: SEE ORDER FOR FURTHER DETAILS. So Ordered by Judge Joanna Seybert on 8/14/2024. (GO) (Entered: 08/14/2024)
08/14/2024	9	NOTICE of Appearance by Robert F. Milman on behalf of Brant Cherne (notification declined or already on case) (Milman, Robert) (Entered: 08/14/2024)
08/14/2024		ORDER finding as moot 7 Motion for Extension of Time to File Response: Defendant is referred to the Court's Order to Show Cause. (See ECF No. 8 .) Further, the parties may present oral argument during the scheduled August 16, 2024 evidentiary hearing on Plaintiff's Rule 65 Motion (see ECF No. 4). Ordered by Judge Joanna Seybert on 8/14/2024. c/ECF (PAK) (Entered: 08/14/2024)
08/15/2024	10	CERTIFICATE OF SERVICE by Hercules Pharmaceuticals, Inc. re 8 Order to Show Cause,, *and Supporting Documents* (Lazzaro, Brittany) (Entered: 08/15/2024)
08/15/2024	11	MEMORANDUM in Opposition filed by Brant Cherne. (Mauro, Michael) (Entered: 08/15/2024)
08/15/2024	12	Witness List by Brant Cherne (Mauro, Michael) (Entered: 08/15/2024)
08/15/2024	13	Witness List by Hercules Pharmaceuticals, Inc. (Schoenstein, Richard) (Entered: 08/15/2024)
08/15/2024	14	NOTICE of Appearance by Jamie Scott Felsen on behalf of Brant Cherne (aty to be noticed) (Felsen, Jamie) (Entered: 08/15/2024)
08/16/2024	16	ORDER granting 4 MOTION for Temporary Restraining Order filed by Hercules Pharmaceuticals, Inc. Decision reserved re: Motion for Preliminary Injunction. Ordered by Judge Joanna Seybert on 8/16/2024. (ELR) (Entered: 08/16/2024)
08/21/2024	17	Undertaking on Temporary Restraining Order BOND in the amount of $ $400,000.00 posted by Hercules Pharmaceuticals, Inc. (Schoenstein, Richard) (Entered: 08/21/2024)
08/21/2024	18	MOTION for Protective Order - *Stipulation and Proposed Protective Order* by Hercules Pharmaceuticals, Inc.. (Schoenstein, Richard) (Entered: 08/21/2024)
08/22/2024		ORDER granting 18 Motion for Protective Order. The parties' Stipulation and Proposed Protective Order is hereby SO ORDERED. So Ordered by Magistrate Judge Anne Y. Shields on 8/22/2024. (DM) (Entered: 08/22/2024)
08/22/2024	19	STIPULATION *and [Proposed] Order Regarding Production of Electronically Stored Information* by Hercules Pharmaceuticals, Inc. (Schoenstein, Richard) (Entered: 08/22/2024)

08/28/2024	20	Letter *Request for Extension of TRO and Adjournment of Hearing* by Hercules Pharmaceuticals, Inc. (Schoenstein, Richard) (Entered: 08/28/2024)
08/28/2024	21	Letter *in opposition to Plaintiff's letter motion to extend the TRO* by Brant Cherne (Attachments: # 1 Exhibit A) (Felsen, Jamie) Modified on 9/3/2024 (JT). (Entered: 08/28/2024)
08/28/2024		SCHEDULING ORDER: By close of business on August 30, 2024, counsel are directed to submit a joint letter regarding any remaining discovery issues. The letter shall identify the issues and set forth the parties' respective positions. Further, a discovery conference has been scheduled for September 4, 2024 at 1:00 PM in courtroom 840 of the Central Islip courthouse. So Ordered by Magistrate Judge Anne Y. Shields on 8/28/2024. (DM) (Entered: 08/28/2024)
08/28/2024		ELECTRONIC ORDER: re 20 Letter filed by Hercules Pharmaceuticals, Inc. (hereafter, the "Letter Motion"). The Court has reviewed Plaintiff's Letter Motion seeking: (1) A fourteen-day extension of the Temporary Restraining Order entered by this Court following the August 16, 2024 Hearing; (2) Adjournment of the conference presently scheduled for August 29, 2024; and (3) a schedule for the parties to make any further submissions on the pending Motion for Preliminary Injunction. (See ECF No. 20.) The Court has also reviewed Defendant's opposition filed thereto. (See ECF No. 21.) Plaintiff's Letter Motion is GRANTED IN PART AND DENIED IN PART. Specifically, the Court finds, for the reasons previously entered into the record as part of the Court's August 16, 2024, Order (See Mem. & Order, ECF No. 16 , in toto), and for the reasons articulated in Plaintiff's Letter Motion, good cause exists to extent the TRO in this case for a further fourteen days. See Consumer Fin. Protection, Bureau v. Stratfs, LLC, 24-CV-0040, 2024 WL 1193952, at *3 (W.D.N.Y. Jan. 24, 2024) ("A party can demonstrate good cause for an extension by showing that the original grounds for granting the TRO continue to exist" (quoting Costa v. Bazron, 19-CV-3185, 2020 WL 2410502, at *2 (D.D.C. May 11, 2020))). Additionally, the Court is adjourning the conference presently scheduled for August 29, 2024. However, the Court is referring to the Magistrate Judge the parties' discovery dispute. (See ECF No. 21 , at 4.) As to Plaintiff's final request, the parties are directed to confer, and jointly propose a suitable schedule for the parties to make further submission on the pending Motion for a Preliminary Injunction.Ordered by Judge Joanna Seybert on 8/28/2024. (LC) (Entered: 08/28/2024)
08/28/2024		SCHEDULING ORDER: In addition to the joint letter, by close of business on August 30, 2024, counsel are directed to email the full transcript of the TRO hearing held on August 16, 2024, to Shields_Chambers@nyed.uscourts.gov. So Ordered by Magistrate Judge Anne Y. Shields on 8/28/2024. (DM) (Entered: 08/28/2024)
08/30/2024	22	Letter - *Joint Letter to Magistrate Judge Shields Regarding the Parties Respective Discovery Disputes* by Hercules Pharmaceuticals, Inc. (Attachments: # 1 Exhibit A - Plaintiff's Position Regarding Discovery, # 2 Exhibit B - Defendant's Position Regarding Discovery Issues) (Schoenstein, Richard) Modified on 9/3/2024 (JT). (Entered: 08/30/2024)
09/03/2024	23	Letter *Enclosing discovery requests* by Brant Cherne (Attachments: # 1 Exhibit A, # 2 Exhibit B) (Felsen, Jamie) (Entered: 09/03/2024)
09/03/2024	24	ORDER granting in part and denying in part 21 Motion for Discovery; granting in part and denying in part 22 Motion for Discovery. Upon review of: (1) the transcript of the hearing before the District Court on the TRO; (2) the opinion of the District Court; (3) the parties' joint letter and their positions; (4) the limited nature of discovery herein (which is limited to preliminary relief and not all matters

		subject to arbitration), (4) time constraints, and (5) the proportionality considerations set forth in the Federal Rules of Civil Procedure, the Court enters the attached order regarding the scope of expedited discovery in this matter. In light of this Order, the conference scheduled for September 4, 2024 at 1:00 PM is CANCELLED. So Ordered by Magistrate Judge Anne Y. Shields on 9/3/2024. (DM) (Entered: 09/03/2024)
09/04/2024	25	Letter *Defendants' proposed briefing schedule* by Brant Cherne (Felsen, Jamie) (Entered: 09/04/2024)
09/04/2024	26	Letter *Plaintiff's Proposed Briefing Schedule and Response to ECF# 25* by Hercules Pharmaceuticals, Inc. (Schoenstein, Richard) (Entered: 09/04/2024)
09/05/2024		ELECTRONIC ORDER: re 26 Plaintiff's Proposed Briefing Schedule. The Court has reviewed Plaintiff's Proposed Briefing Schedule (ECF No. 26), and Defendant's opposition thereto (see ECF No. 26). For the reasons articulated in Plaintiff's Proposed Briefing Schedule, and in the interests of expediency, the Court adopts the simultaneous briefing schedule proposed by Plaintiff. Consequently: (1) Each party shall submit their respective papers in support of, and in opposition to, Plaintiff's pending motion for a preliminary injunction on or before September 10, 2024; and (2) Replies, if any, shall be filed on or before September 12, 2024. Ordered by Judge Joanna Seybert on 9/5/2024. (LC) (Entered: 09/05/2024)
09/10/2024	27	MEMORANDUM in Support re 4 Emergency MOTION for Order to Show Cause *for Temporary Restraining Order and Preliminary Injunction* filed by Hercules Pharmaceuticals, Inc.. (Attachments: # 1 Declaration of Richard C. Schoenstein, # 2 Declaration Supplemental Declaration of Sara M. Amani (Filed Under Seal), # 3 Exhibit 1 to Amani Supplemental Declaration (Filed Under Seal), # 4 Exhibit 2 to Amani Supplemental Declaration (Filed Under Seal), # 5 Exhibit 3 to Amani Supplemental Declaration (Filed Under Seal), # 6 Exhibit 4 to Amani Supplemental Declaration (Filed Under Seal), # 7 Exhibit 5 to Amani Supplemental Declaration (Filed Under Seal), # 8 Exhibit 6 to Amani Supplemental Declaration (Filed Under Seal), # 9 Exhibit 7 to Amani Supplemental Declaration (Filed Under Seal), # 10 Exhibit 8 to Amani Supplemental Declaration (Filed Under Seal), # 11 Exhibit 9 to Amani Supplemental Declaration (Filed Under Seal), # 12 Exhibit 10 to Amani Supplemental Declaration (Filed Under Seal), # 13 Exhibit 11 to Amani Supplemental Declaration (Filed Under Seal), # 14 Exhibit 12 to Amani Supplemental Declaration (Filed Under Seal), # 15 Exhibit 13 to Amani Supplemental Declaration (Filed Under Seal), # 16 Exhibit 14 to Amani Supplemental Declaration (Filed Under Seal), # 17 Exhibit 15 to Amani Supplemental Declaration (Filed Under Seal), # 18 Exhibit 16 to Amani Supplemental Declaration (Filed Under Seal), # 19 Exhibit 17 to Amani Supplemental Declaration (Filed Under Seal), # 20 Exhibit 18 to Amani Supplemental Declaration (Filed Under Seal)) (Schoenstein, Richard) (Entered: 09/10/2024)
09/10/2024	28	MEMORANDUM in Opposition re 8 Order to Show Cause,, filed by Brant Cherne. (Felsen, Jamie) (Entered: 09/10/2024)

09/10/2024	29	AFFIDAVIT/DECLARATION in Opposition re 4 Emergency MOTION for Order to Show Cause *for Temporary Restraining Order and Preliminary Injunction* filed by Brant Cherne. (Attachments: # 1 Exhibit A, # 2 Exhibit B, # 3 Exhibit C, # 4 Exhibit D, # 5 Exhibit E, # 6 Exhibit F, # 7 Exhibit G, # 8 Exhibit H, # 9 Exhibit I, # 10 Exhibit J) (Felsen, Jamie) (Entered: 09/10/2024)
09/10/2024	30	Letter MOTION for Leave to Electronically File Document under Seal *re Supplemental Declaration of Sara M. Amani and Exhibits 1-18* by Hercules Pharmaceuticals, Inc.. (Attachments: # 1 Declaration - Supplemental Declaration of Sara M. Amani, # 2 Exhibit 1 to Amani Supplemental Declaration, # 3 Exhibit 2 to Amani Supplemental Declaration, # 4 Exhibit 3 to Amani Supplemental Declaration, # 5 Exhibit 4 to Amani Supplemental Declaration, # 6 Exhibit 5 to Amani Supplemental Declaration, # 7 Exhibit 6 to Amani Supplemental Declaration, # 8 Exhibit 7 to Amani Supplemental Declaration, # 9 Exhibit 8 to Amani Supplemental Declaration, # 10 Exhibit 9 to Amani Supplemental Declaration, # 11 Exhibit 10 to Amani Supplemental Declaration, # 12 Exhibit 11 to Amani Supplemental Declaration, # 13 Exhibit 12 to Amani Supplemental Declaration, # 14 Exhibit 13 to Amani Supplemental Declaration, # 15 Exhibit 14 to Amani Supplemental Declaration, # 16 Exhibit 15 to Amani Supplemental Declaration, # 17 Exhibit 16 to Amani Supplemental Declaration, # 18 Exhibit 17 to Amani Supplemental Declaration, # 19 Exhibit 18 to Amani Supplemental Declaration) (Schoenstein, Richard) Modified on 10/1/2024 (ELR). (Entered: 09/10/2024)
09/12/2024	31	REPLY in Support re 4 Emergency MOTION for Order to Show Cause *for Temporary Restraining Order and Preliminary Injunction* filed by Hercules Pharmaceuticals, Inc.. (Schoenstein, Richard) (Entered: 09/12/2024)
09/12/2024	32	AFFIDAVIT/DECLARATION in Support re 4 Emergency MOTION for Order to Show Cause *for Temporary Restraining Order and Preliminary Injunction - Reply Declaration of Sara M. Amani* filed by Hercules Pharmaceuticals, Inc.. (Schoenstein, Richard) (Entered: 09/12/2024)
09/12/2024	33	REPLY in Opposition re 8 Order to Show Cause,, filed by Brant Cherne. (Felsen, Jamie) (Entered: 09/12/2024)
09/12/2024	34	AFFIDAVIT/DECLARATION in Opposition re 4 Emergency MOTION for Order to Show Cause *for Temporary Restraining Order and Preliminary Injunction* filed by Brant Cherne. (Attachments: # 1 Exhibit A, # 2 Exhibit B, # 3 Exhibit C) (Felsen, Jamie) (Entered: 09/12/2024)
09/12/2024	35	AFFIDAVIT/DECLARATION in Opposition re 4 Emergency MOTION for Order to Show Cause *for Temporary Restraining Order and Preliminary Injunction Isaac Rosen* filed by Brant Cherne. (Felsen, Jamie) (Entered: 09/12/2024)
09/18/2024	36	ORDER RULING ON MOTION FOR PRELIMINARY INJUNCTION granting 4 Motion for Preliminary Injunction; IT IS HEREBY ORDERED that Plaintiff's Motion for a Preliminary Injunction is GRANTED. So Ordered by Judge Joanna Seybert on 9/18/2024. (CV) (Entered: 09/18/2024)
09/23/2024	37	Letter MOTION for Preliminary Injunction *Order* by Hercules Pharmaceuticals, Inc.. (Attachments: # 1 [Proposed] Preliminary Injunction Order) (Schoenstein, Richard) (Entered: 09/23/2024)
09/23/2024	38	ORDER granting 37 Motion for Preliminary Injunction. IS HEREBY ORDERED that: Please See Order For Further Details. IT IS FURTHER ORDERED that the undertaking posted by Plaintiff on August 21, 2024, is sufficient security under Rule 65(c) of the Federal Rules of Civil Procedure. So Ordered by Judge Joanna Seybert on 9/23/2024. (GO) (Entered: 09/23/2024)

09/23/2024	39	Proposed MOTION for Temporary Restraining Order by Brant Cherne. (Attachments: # 1 Memorandum in Support) (Felsen, Jamie) (Entered: 09/23/2024)
09/24/2024		ELECTRONIC ORDER. Hercules Pharmaceuticals, Inc., ("Plaintiff") is directed to respond to the Motion filed by Brant Cherne ("Defendant") seeking a stay of the September 18, 2024 Preliminary Injunction Ruling (see ECF No. 39) on or before September 27, 2024. Further, an in-person motion hearing has been set in this matter for October 1, 2024, from 1:00 PM 3:00 PM at the United States District Court for the Eastern District of New York, 100 Federal Plaza, Central Islip, New York 11722. Any reply from Defendant will be heard on the record. Ordered by Judge Joanna Seybert on 9/24/2024. (LC) (Entered: 09/24/2024)
09/24/2024	40	NOTICE OF INTERLOCUTORY APPEAL as to 36 Order on Motion for Order to Show Cause, 38 Order on Motion for Preliminary Injunction, by Brant Cherne. Filing fee $ 605, receipt number ANYEDC-18312720. (Felsen, Jamie) (Entered: 09/24/2024) (KS) (Entered: 09/24/2024)
09/24/2024		Electronic Index to Record on Appeal sent to US Court of Appeals. 40 Notice of Interlocutory Appeal Documents are available via Pacer. For docket entries without a hyperlink or for documents under seal, contact the court and we'll arrange for the document(s) to be made available to you. (KS) (Entered: 09/24/2024)
09/25/2024	41	AFFIDAVIT of Service for Preliminary Injunction Order served on Mr. Issac Rosen of NDC Distributors, Inc. on September 24, 2024, filed by Hercules Pharmaceuticals, Inc.. (Schoenstein, Richard) (Entered: 09/25/2024)
09/25/2024	42	AFFIDAVIT of Service for Subpoena to Produce Documents, Information, or Objects or to Permit Inspection of Premises in a Civil Action, Schedule A, Exhibit 1 served on NDC Distributors, LLC on August 28, 2024, filed by Hercules Pharmaceuticals, Inc.. (Schoenstein, Richard) (Entered: 09/25/2024)
09/26/2024	43	Letter *requesting documents filed under seal for purposes of Second Circuit appeal* by Brant Cherne (Felsen, Jamie) Modified on 10/1/2024 (ELR). (Entered: 09/26/2024)
09/27/2024	44	RESPONSE in Opposition re 39 Proposed MOTION for Temporary Restraining Order - *Plaintiff's Memorandum of Law in Opposition to the Motion for Stay of the Preliminary Injunction* filed by Hercules Pharmaceuticals, Inc.. (Schoenstein, Richard) (Entered: 09/27/2024)
10/01/2024	45	Minute Order for proceedings held before Judge Joanna Seybert: Motion Hearing held on 10/1/2024 re: 39 MOTION for Temporary Restraining Order and 43 MOTION to Unseal Document filed by Brant Cherne. Motion for TRO is DENIED. Motion to Unseal Document is GRANTED. See entry for additional details. (Court Reporter Paul Lombardi.) (ELR) (Entered: 10/01/2024)
05/06/2025	46	MANDATE of USCA 24-2545 as to 40 Notice of Interlocutory Appeal filed by Brant Cherne. Appeal from an order of the United States District Court for the Eastern District of New York (Joanna Seybert, Judge). UPON DUE CONSIDERATION, IT IS HEREBY ORDERED, ADJUDGED, AND DECREED that the order of the District Court is AFFIRMED. (KS) (Entered: 05/06/2025)
07/08/2025	47	Letter *Regarding Cancellation and Discharge of the Bond* by Hercules Pharmaceuticals, Inc. (Schoenstein, Richard) (Entered: 07/08/2025)
07/18/2025	48	ORDER Re: 47 Letter; Having considered Plaintiff's Letter Motion for Cancellation & Discharge of Bond (hereafter, the "Cancellation Motion")(ECF No. 47), and Defendant having failed to respond to same (see Case Docket, in toto), and it appearing that Rule 65(c)

		security is no longer required, IT IS HEREBY ORDERED the Cancellation Motion is GRANTED in its entirety (see para. 3(i)-(iii), below). So Ordered by Judge Joanna Seybert on 7/18/2025. (CV) (Entered: 07/18/2025)

PACER Service Center			
Transaction Receipt			
03/09/2026 10:07:40			
PACER Login:	swifty13	**Client Code:**	
Description:	Docket Report	**Search Criteria:**	2:24-cv-05659-JS-AYS
Billable Pages:	7	**Cost:**	0.70

Jackson Discount Drugs, Inc. v. Hercules Pharmaceuticals, Inc.

Jackson Discount Drugs, Inc. v. Hercules Pharmaceuticals, Inc.

Date Filed: 08/31/2016
Date Closed: 07/13/2017

State: Alabama
City: Opelika
County: Tallapoosa County

Case Number: 3:16-cv-00717-SRW

Governing Court:
U.S. District Court, Middle District of Alabama

Reason/Charge:
Alleged violations of the Telephone Consumer Protection Act (TCPA), specifically claims involving unsolicited fax advertisements.

Parties:

- **Plaintiff:** Jackson Discount Drugs, Inc.
- **Defendant:** Hercules Pharmaceuticals, Inc.

Type: Civil Lawsuit

Business/Industry: Pharmaceutical Wholesale Distributor

Disposition: **Dismissed with prejudice**

CLOSED,CONSENT,MHT-VJ

U.S. District Court
Alabama Middle District (Opelika)
CIVIL DOCKET FOR CASE #: 3:16-cv-00717-SRW

Jackson Discount Drugs, Inc. v. Hercules Pharmaceuticals, Inc. (CONSENT)
Assigned to: Honorable Judge Susan Russ Walker
Cause: 47:227 Restrictions of Use of Telephone Equipment

Date Filed: 08/31/2016
Date Terminated: 07/13/2017
Jury Demand: Plaintiff
Nature of Suit: 890 Other Statutory Actions
Jurisdiction: Federal Question

Plaintiff

Jackson Discount Drugs, Inc.

represented by **Charles J. Cole**
McRae Bertschi LLC
1350 Center Dr - Ste 200
Dunwoody, GA 30338
678-999-1105
Email: cjc@mcraebertschi.com
LEAD ATTORNEY
PRO HAC VICE
ATTORNEY TO BE NOTICED

Craig E. Bertschi
McRae Bertschi LLC
1350 Center Drive; Suite 200
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678-999-1105
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Peter Thomas Dazzio , Jr.
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3800 Corporate Woods Drive
Birmingham, AL 35242
205-278-7000
Fax: 205-278-7001
Email: tdazzio@friedman-lawyers.com
LEAD ATTORNEY
ATTORNEY TO BE NOTICED

V.

Defendant

Hercules Pharmaceuticals, Inc.

represented by **Richard Earl Smith**
Christian & Small, LLP
505 20th Street North; Suite 1800

Birmingham, AL 35203
205-795-6588
Email: resmith@csattorneys.com
LEAD ATTORNEY
ATTORNEY TO BE NOTICED

Date Filed	#	Docket Text
08/31/2016	1	CLASS ACTION COMPLAINT against Hercules Pharmaceuticals, Inc. (Filing fee $ 400.00 receipt number 4602042288.), filed by Jackson Discount Drugs, Inc.. (Attachments: # 1 Exhibit A, # 2 Exhibit B, # 3 Exhibit C, # 4 Exhibit D, # 5 Receipt)(wcl,) (Entered: 09/02/2016)
08/31/2016		DEMAND for Trial by Jury by Jackson Discount Drugs, Inc.. (No pdf attached to this entry - See doc 1 for pdf) (wcl,) (Entered: 09/02/2016)
09/02/2016	2	NOTICE of Assignment to Magistrate Judge sent to counsel for Jackson Discount Drugs, Inc.. (wcl,) (Entered: 09/02/2016)
09/02/2016	3	Notice of Deficiency requiring filing of Corporate Disclosure/Conflict Statement sent to Jackson Discount Drugs, Inc.; Corporate Disclosures due by 9/12/2016. (Attachments: # 1 Corporate/Conflict Disclosure Attachment)(wcl,) (Entered: 09/02/2016)
09/07/2016	4	Summons Issued as to Hercules Pharmaceuticals, Inc and mailed CMRRR with copy of 1 complaint. (kh,) (Entered: 09/07/2016)
09/07/2016	5	Corporate/Conflict Disclosure Statement by Jackson Discount Drugs, Inc. re 3 Notice of Deficiency requiring filing of Corporate Disclosure/Conflict Statement. (Dazzio, Peter) (Entered: 09/07/2016)
09/09/2016	6	Return Receipt Card showing service of Summons and Complaint signed by Dede Harbin for Hercules Pharmaceuticals, Inc. served on 9/8/2016, answer due 9/29/2016. (wcl,) (Entered: 09/12/2016)
09/28/2016	7	NOTICE of Appearance by Richard Earl Smith on behalf of Hercules Pharmaceuticals, Inc. (Smith, Richard) (Entered: 09/28/2016)
09/28/2016	8	Consent MOTION for Extension of Time to File Answer by Hercules Pharmaceuticals, Inc.. (Smith, Richard) (Entered: 09/28/2016)
09/28/2016	9	NOTICE of Assignment to Magistrate Judge sent to counsel for Hercules Pharmaceuticals, Inc.. (wcl,) (Entered: 09/28/2016)
09/28/2016	10	Notice of Deficiency requiring filing of Corporate Disclosure/Conflict Statement sent to Hercules Pharmaceuticals, Inc.; Corporate Disclosures due by 10/11/2016. (Attachments: # 1 Corporate/Conflict Disclosure Attachment)(wcl,) (Entered: 09/28/2016)
09/29/2016	11	TEXT ORDER granting 8 Motion for Extension of Time to File Answer; Answer due 10/19/2016. Signed by Honorable Judge Susan Russ Walker on 9/29/2016. (No pdf attached to this entry) (wcl,) (Entered: 09/29/2016)
10/10/2016	12	Corporate/Conflict Disclosure Statement by Hercules Pharmaceuticals, Inc. re 10 Notice of Deficiency requiring filing of Corporate Disclosure/Conflict Statement. (Smith, Richard) (Entered: 10/10/2016)
10/28/2016	13	Case Reassigned to Honorable Judge Myron H. Thompson as presiding judge; Honorable Judge Susan Russ Walker no longer assigned to the case as presiding judge. (wcl,) (Entered: 10/28/2016)

10/28/2016	14	Case Reassigned to Honorable Judge Clay D. Land as presiding judge; Honorable Judge Myron H. Thompson no longer assigned to the case. (wcl,) (Entered: 10/28/2016)
11/02/2016	15	ORDER REFERRING CASE to Magistrate Judge Honorable Susan Russ Walker for consideration and disposition or recommendation on all pretrial matters as may be appropriate. Signed by Honorable Judge Clay D. Land on 11/2/2016. (wcl,) (Entered: 11/02/2016)
11/16/2016	16	ORDERED that dft shall answer or otherwise respond to the plf's complaint on or before 11/30/2016, as further set out in order. Signed by Honorable Judge Susan Russ Walker on 11/16/2016. (wcl,) (Entered: 11/16/2016)
11/29/2016	17	Motion for Admission Pro Hac Vice of Craig E. Bertschi by Jackson Discount Drugs, Inc.. (Dazzio, Peter) Modified on 12/2/2016 to clarify the docket text (wcl,). (Entered: 11/29/2016)
11/29/2016	18	Motion for Admission Pro Hac Vice of Charles J. Cole by Jackson Discount Drugs, Inc.. (Dazzio, Peter) Modified on 12/2/2016 to clarify the docket text (wcl,). (Entered: 11/29/2016)
11/29/2016		***Attorney Charles Jackson Cole and Craig E. Bertschi for Jackson Discount Drugs, Inc. added pursuant to the 17 & 18 motions. (No pdf attached to this entry) (wcl,) (Entered: 11/30/2016)
11/30/2016	19	MOTION for Extension of Time to File Responsive Pleading by Hercules Pharmaceuticals, Inc.. (Smith, Richard) Modified on 11/30/2016 to clarify the docket text (wcl,). (Entered: 11/30/2016)
12/01/2016	20	ORDERED as follows: (1) This matter is set for a Status Conference before the undersigned Magistrate Judge at 2:00 PM on Wednesday, 12/7/2016, in Courtroom 5B, Frank M. Johnson, Jr., United States Courthouse Complex, Montgomery, Alabama 36104. Counsel for each party shall ensure that a corporate representative with decision-making authority either attends the status conference or is available by telephone; (2) Dft's 19 motion for an extension of time is GRANTED to the extent set out in this order. Specifically, dft's deadline to file a responsive pleading by 11/30/2016 is CONTINUED, but dft shall not file an answer or otherwise respond to plf's complaint until directed to do so by separate order. Signed by Honorable Judge Susan Russ Walker on 12/1/2016. (furn: calendar, jt) (wcl,) (Entered: 12/01/2016)
12/02/2016	21	Pro Hac Vice Filing fee received re 18 motion: $ 50.00, receipt number 4602043307. (wcl,) (Entered: 12/02/2016)
12/02/2016	22	Pro Hac Vice Filing fee received re 17 motion: $ 50.00, receipt number 4602043306. (wcl,) (Entered: 12/02/2016)
12/05/2016	23	TEXT ORDER granting 17 & 18 Motions for Leave to Appear Pro Hac Vice. Signed by Honorable Judge Susan Russ Walker on 12/5/2016. (No pdf attached to this entry) (wcl,) (Entered: 12/05/2016)
12/07/2016	24	Minute Entry for proceedings held before Honorable Judge Susan Russ Walker: Status Conference held on 12/7/2016 (PDF available for court use only). (Recording Time 2:00 - 3:36.) (jct,) (Entered: 12/07/2016)
12/08/2016	25	ORDERED as follows: (1) The parties shall proceed to mediation as instructed by the court. The Honorable Terry F. Moorer, United States Magistrate Judge for the Middle District of Alabama, has agreed to serve as the mediator. If the parties reach a settlement agreement as to some or all areas of dispute, they shall immediately inform this court by filing a joint notice of settlement; (2) In the interest of judicial economy and for good

		cause, this matter is STAYED until Monday, 2/6/2017, so that the parties can participate in mediation. The parties are DIRECTED to file a joint status report on or before Monday, 1/30/2017 to apprise the court, in general terms, of the status of mediation and settlement discussions. The parties are cautioned against disclosing confidential settlement information in the joint status report; (3) The stay notwithstanding, dft shall file an answer to plf's complaint on or before Wednesday, 12/14/2016. Signed by Honorable Judge Susan Russ Walker on 12/8/2016. (furn: cc/TFM, cb)(wcl,) (Entered: 12/08/2016)
12/12/2016	26	ORDER setting Mediation Conference for Wednesday, 1/25/2017 at 09:00 AM in Courtroom 4A before Honorable Judge Terry F. Moorer, as further set out in order; The attorneys who will try the case shall appear at the Mediation Conference with (a) the parties and (b) a representative having full authority to negotiate and settle the case on any terms, as further set out in order; On or before, Wednesday, 1/18/2017, by close of business each party shall deliver directly to the undersigned Judge a confidential mediation statement, as further set out in order. Signed by Honorable Judge Terry F. Moorer on 12/12/2016. (furn: calendar, cb) (wcl,) (Entered: 12/12/2016)
12/14/2016	27	ANSWER to 1 Complaint, by Hercules Pharmaceuticals, Inc..(Smith, Richard) (Entered: 12/14/2016)
01/25/2017		Minute Entry for Mediation Conference held before Honorable Judge Terry F. Moorer held on 1/25/2017 (PDF available for court use only). (Recording Time 9:00-4:30.) (cb,) (Entered: 02/03/2017)
02/16/2017	28	CONSENT to Jurisdiction by US Magistrate Judge signed by counsel for Jackson Discount Drugs, Inc.. (wcl,) (Entered: 02/17/2017)
02/16/2017	29	CONSENT to Jurisdiction by US Magistrate Judge signed by counsel for Hercules Pharmaceuticals, Inc.. (wcl,) (Entered: 02/17/2017)
02/17/2017	30	TEXT ORDER REASSIGNING CASE: Pursuant to 28 USC 636(c)(1), and upon the consent of the parties, the Court hereby refers this case in full to United States Magistrate Judge Susan Russ Walker for consideration and final disposition; Case reassigned to Honorable Judge Susan Russ Walker; Honorable Judge Clay D. Land no longer assigned to case. Signed by Honorable Judge Clay D. Land on 2/17/2017. (No pdf attached to this entry)(wcl,) (Entered: 02/17/2017)
03/03/2017	31	JOINT STIPULATION of Dismissal *with Prejudice* by Hercules Pharmaceuticals, Inc., Jackson Discount Drugs, Inc.. (Smith, Richard) Modified on 3/3/2017 to add as also filed on behalf of the plf (wcl,). (Entered: 03/03/2017)
07/13/2017	32	**ORDER re 31 joint stipulation of dismissal; it is ORDERED that the Clerk of Court is directed to close this case and to annotate the docket to reflect that this matter is DISMISSED WITH PREJUDICE; Costs are taxed as paid. Signed by Honorable Judge Susan Russ Walker on 7/13/2017. (Attachments: # 1 Civil Appeals Checklist) (wcl,)** (Entered: 07/13/2017)

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PACER Login:	swifty13	**Client Code:**	
Description:	Docket Report	**Search Criteria:**	3:16-cv-00717-SRW
Billable Pages:	4	**Cost:**	0.40

Hercules Pharmaceuticals, Inc. v. AmerisourceBergen Corp. & Hercules Pharmaceuticals, Inc. v. Ahmad

Synopsis:

Hercules Pharmaceuticals filed related actions against former employee Zahir Ahmad (607674/2020) (July 28, 2028) and pharmaceutical distributor AmerisourceBergen (nka Cencora) temporarily removed to federal court (2:23-cv-2876) (EDNY) before being remanded back to NYS. Both actions are pending in Nassau County Supreme Court, awaiting resolution of summary judgment motions and are scheduled for trial.

Date Filed: March 20, 2023
Date Closed: N/A
State: New York
City: Mineola
County: Nassau County
Case Number: 604580/2023
Governing Court: Supreme Court of the State of New York, County of Nassau

Reason/Charge: Unfair competition; trade secret misappropriation; tortious interference; related business tort claims

Parties:
Plaintiff – Hercules Pharmaceuticals, Inc.
Defendant – AmerisourceBergen Corporation

Type: Civil – Commercial Litigation

Business/Industry: Pharmaceutical Distribution / Wholesale Drug Distribution

Disposition: **Active / Pending** before ***Supreme Court of the State of New York, Nassau County***.

Document List
Index # 607674/2020

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Case Caption: **Hercules Pharmaceuticals, Inc. v. Zahir Ahmad**
Judge Name: **Francis Ricigliano**

Doc#	Document Type/Information	Status	Date Received	Filed By
1	SUMMONS + COMPLAINT	Processed	07/28/2020	Carroll, P.
2	ANSWER	Processed	08/28/2020	Oberlander, S.
3	AFFIRMATION/AFFIDAVIT OF SERVICE	Processed	08/28/2020	Oberlander, S.
4	ORDER TO SHOW CAUSE (PROPOSED) (Motion #1) *Corrected*	Processed	02/17/2021	Carroll, P.
5	AFFIDAVIT OR AFFIRMATION IN SUPPORT OF PROPOSED OSC/EXPARTE APP (Motion #1)	Processed	02/03/2021	Carroll, P.
6	AFFIDAVIT OR AFFIRMATION IN SUPPORT OF PROPOSED OSC/EXPARTE APP (Motion #1)	Processed	02/03/2021	Carroll, P.
7	EXHIBIT(S) - A (Motion #1) Summons & Complaint	Processed	02/03/2021	Carroll, P.
8	EXHIBIT(S) - B (Motion #1) Confidentiality Agreement	Processed	02/03/2021	Carroll, P.
9	EXHIBIT(S) - C (Motion #1) Non-Compete Agreement	Processed	02/03/2021	Carroll, P.
10	EXHIBIT(S) - D (Motion #1) Defendant's Answer	Processed	02/03/2021	Carroll, P.
11	EXHIBIT(S) - E (Motion #1) Defendant's Linked In Profile	Processed	02/03/2021	Carroll, P.
12	EXHIBIT(S) - F (Motion #1) Legal Retention Info	Processed	02/03/2021	Carroll, P.
13	EXHIBIT(S) - G (Motion #1) Opioid Crises Material	Processed	02/03/2021	Carroll, P.
14	EXHIBIT(S) - H (Motion #1) Defendant's resume	Processed	02/03/2021	Carroll, P.
15	EXHIBIT(S) - I (Motion #1) Opioid Settlements	Processed	02/03/2021	Carroll, P.
16	EXHIBIT(S) - J (Motion #1) NY Attorney General Complaint	Processed	02/03/2021	Carroll, P.
17	EXHIBIT(S) - K (Motion #1) E-Mail Chain	Processed	02/03/2021	Carroll, P.
18	EXHIBIT(S) - L (Motion #1) Conference Itenerary	Processed	02/03/2021	Carroll, P.
19	RJI -RE: ORDER TO SHOW CAUSE (Motion #1) *Corrected*	Processed	02/17/2021	Carroll, P.
20	ADDENDUM - COMMERCIAL DIVISION (840C) (Motion #1)	Processed	02/03/2021	Carroll, P.
21	AFFIRMATION (Motion #1) CPLR 2217	Processed	02/16/2021	Carroll, P.

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Doc#	Document Type/Information	Status	Date Received	Filed By
22	ORDER - RECUSAL (Motion #1)	Processed	02/23/2021	Court User
23	ORDER TO SHOW CAUSE (Motion #1)	Processed	02/24/2021	Court User
24	STIPULATION - OTHER - (REQUEST TO SO ORDER) *Corrected* Stipulation for Admission Pro Hac Vice	Processed	03/12/2021	Oberlander, S.
25	AFFIRMATION *Corrected* Affirmation of Scott Oberlander	Processed	03/12/2021	Oberlander, S.
26	AFFIRMATION Affirmation of Andrew Shapren	Processed	03/11/2021	Oberlander, S.
27	ORDER (PROPOSED) *Corrected* Proposed Order	Processed	03/12/2021	Oberlander, S.
28	MEMORANDUM OF LAW IN OPPOSITION (Motion #1) Memorandum of Law in Opposition to Plaintiff's Order to Show Cause	Processed	03/17/2021	Oberlander, S.
29	AFFIDAVIT (Motion #1) Affidavit of Zahir Ahmad	Processed	03/17/2021	Oberlander, S.
30	EXHIBIT(S) - A (Motion #1) 8/31/19 Confidentiality and Non-Disclosure Agreement	Processed	03/17/2021	Oberlander, S.
31	EXHIBIT(S) - B (Motion #1) September 2019 Confidentiality and Non-Disclosure Agreement	Processed	03/17/2021	Oberlander, S.
32	EXHIBIT(S) - C (Motion #1) 2/03/21 Deficiency Notice From Court	Processed	03/17/2021	Oberlander, S.
33	EXHIBIT(S) - D (Motion #1) 2/11/21 Notice of Re-Filed OSC	Processed	03/17/2021	Oberlander, S.
34	ORDER - OTHER Order for Admission Pro Hac Vice	Processed	03/29/2021	Court User
35	AFFIDAVIT OR AFFIRMATION IN REPLY (Motion #1)	Processed	04/01/2021	Carroll, P.
36	AFFIDAVIT OR AFFIRMATION IN REPLY (Motion #1)	Processed	04/01/2021	Carroll, P.
37	DECISION + ORDER ON MOTION (Motion #1)	Processed	07/07/2021	Court User
38	PRELIMINARY CONFERENCE ORDER (PROPOSED) *Corrected*	Processed	07/21/2021	Carroll, P.
39	COURT NOTICE	Processed	07/21/2021	Court User
40	ORDER - PRELIMINARY CONFERENCE	Processed	08/05/2021	Court User
41	STIPULATION - CONFIDENTIALITY (REQUEST TO SO ORDER)	Processed	08/18/2021	Oberlander, S.
42	STIPULATION - SO ORDERED Confidentiality Order as to Discovery	Processed	08/25/2021	Court User

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Doc#	Document Type/Information	Status	Date Received	Filed By
43	LETTER/CORRESPONDENCE FROM COURT	Processed	06/16/2022	Court User
44	STIPULATION - SO ORDERED	Processed	08/22/2022	Court User
45	ORDER - CERTIFICATION	Processed	08/22/2022	Court User
46	LETTER / CORRESPONDENCE TO JUDGE Paper Discovery Letter Brief,	Processed	08/29/2022	Carroll, P.
47	LETTER / CORRESPONDENCE TO JUDGE Letter Motion to Compel Discovery	Processed	08/29/2022	Oberlander, S.
48	EXHIBIT(S) - A Hercules' Responses to Ahmad's Requests for Production	Processed	08/29/2022	Oberlander, S.
49	EXHIBIT(S) - B Hercules' Responses to Ahmad's Interrogatories	Processed	08/29/2022	Oberlander, S.
50	LETTER / CORRESPONDENCE TO JUDGE	Processed	11/09/2022	Oberlander, S.
51	LETTER / CORRESPONDENCE TO JUDGE Req. Adjournment.Conference	Processed	01/26/2023	Carroll, P.
52	NOTICE OF MOTION (Motion #002) Motion to Admit Counsel Pro Hac Vice	Processed	09/06/2023	Morrison, G.
53	AFFIRMATION (Motion #002) George C. Morrison's ISO Motion for Admission Pro Hac Vice	Processed	09/06/2023	Morrison, G.
54	EXHIBIT(S) - A (Motion #002) AEK's Affidavit ISO Motion to Admit Counsel Pro Hac Vice	Processed	09/06/2023	Morrison, G.
55	EXHIBIT(S) - B (Motion #002) Certificates of Good Standing	Processed	09/06/2023	Morrison, G.
56	ORDER (PROPOSED) (Motion #002) Order	Processed	09/06/2023	Morrison, G.
57	NOTICE OF MOTION (Motion #003) *Corrected*	Processed	10/16/2023	Carroll, P.
58	AFFIRMATION (Motion #003)	Processed	10/06/2023	Carroll, P.
59	EXHIBIT(S) - A (Motion #003) Action 1 Complaint	Processed	10/06/2023	Carroll, P.
60	EXHIBIT(S) - B (Motion #003) Action No. 1 Answer	Processed	10/06/2023	Carroll, P.
61	EXHIBIT(S) - C (Motion #003) B.I.R. Representation of ASB	Processed	10/06/2023	Carroll, P.
62	EXHIBIT(S) - D (Motion #003) Action No. 2 Complaint	Processed	10/06/2023	Carroll, P.
63	EXHIBIT(S) - E (Motion #003) Action No. 2 Answer	Processed	10/06/2023	Carroll, P.
64	EXHIBIT(S) - F (Motion #003) EDNY Decision and Order	Processed	10/06/2023	Carroll, P.
65	EXHIBIT(S) - 1 (Motion #003) Proposed Order for Joint Trial	Processed	10/06/2023	Carroll, P.

Document List
Index # 607674/2020

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Doc#	Document Type/Information	Status	Date Received	Filed By
66	MEMORANDUM OF LAW (Motion #003)	Processed	10/20/2023	Morrison, G.
67	NOTICE OF APPEARANCE (POST RJI)	Processed	01/02/2024	Kelkenberg, S.
68	STIPULATION - SO ORDERED	Processed	02/28/2024	Court User
69	DECISION + ORDER ON MOTION (Motion #002)	Processed	02/29/2024	Court User
70	ORDER - JOINT TRIAL (Motion #003)	Processed	04/02/2024	Court User
71	NOTICE OF MOTION (Motion #004) Motion to Strike and Compel	Processed	05/14/2024	Kelkenberg, S.
72	AFFIDAVIT OR AFFIRMATION IN SUPPORT OF MOTION (Motion #004)	Processed	05/14/2024	Kelkenberg, S.
73	EXHIBIT(S) - 1 (Motion #004) Doc Reqs. to Herc.	Processed	05/14/2024	Kelkenberg, S.
74	EXHIBIT(S) - 2 (Motion #004) 3/1/2024 email	Processed	05/14/2024	Kelkenberg, S.
75	EXHIBIT(S) - 3 (Motion #004) 3/5/2024 email	Processed	05/14/2024	Kelkenberg, S.
76	EXHIBIT(S) - 4 (Motion #004) 3/12/2024 email	Processed	05/14/2024	Kelkenberg, S.
77	EXHIBIT(S) - 5 (Motion #004) 3/14/2024 email	Processed	05/14/2024	Kelkenberg, S.
78	EXHIBIT(S) - 6 (Motion #004) 3/18/2024 email	Processed	05/14/2024	Kelkenberg, S.
79	EXHIBIT(S) - 7 (Motion #004) 3/21/2024 email	Processed	05/14/2024	Kelkenberg, S.
80	EXHIBIT(S) - 8 (Motion #004) 4/3/2024 email	Processed	05/14/2024	Kelkenberg, S.
81	EXHIBIT(S) - 9 (Motion #004) 4/8/2024 email	Processed	05/14/2024	Kelkenberg, S.
82	EXHIBIT(S) - 10 (Motion #004) 4/10/2024 email	Processed	05/14/2024	Kelkenberg, S.
83	MEMORANDUM OF LAW IN SUPPORT (Motion #004) Memo in Support of Motion to Strike and Compel	Processed	05/14/2024	Kelkenberg, S.
84	NOTICE OF APPEARANCE (POST RJI) Richard C. Schoenstein	Processed	06/10/2024	Schoenstein, R.
85	NOTICE OF APPEARANCE (POST RJI) Melissa DeCandia	Processed	06/10/2024	Decandia, M.
86	COURT NOTICE Filing on Behalf of - Hon. Francis D. Ricigliano	Processed	06/12/2024	Court User
87	LETTER / CORRESPONDENCE TO JUDGE Joint Letter re Deposition Schedule	Processed	08/01/2024	Schoenstein, R.
88	ORDER - OTHER	Processed	11/13/2024	Court User

Doc#	Document Type/Information	Status	Date Received	Filed By
89	NOTE OF ISSUE:WITH JURY	Processed	05/27/2025	Schoenstein, R.
90	NOTICE PRETRIAL CONF. NOTICE	Processed	06/25/2025	Court User
91	STIPULATION - OTHER - (REQUEST TO SO ORDER) So Ordered Stipulation	Processed	08/15/2025	Schoenstein, R.
92	NOTICE OF MOTION (Motion #005)	Processed	08/25/2025	Kelkenberg, S.
93	STATEMENT OF MATERIAL FACTS (Motion #005)	Processed	08/25/2025	Kelkenberg, S.
94	EXHIBIT(S) - 1 (Motion #005) 2020 Complaint	Processed	08/25/2025	Kelkenberg, S.
95	EXHIBIT(S) - 2 (Motion #005) Answer to 2020 Complaint	Processed	08/25/2025	Kelkenberg, S.
96	EXHIBIT(S) - 3 (Motion #005) 2023 Complaint	Processed	08/25/2025	Kelkenberg, S.
97	EXHIBIT(S) - 4 (Motion #005) Answer to 2023 Complaint	Processed	08/25/2025	Kelkenberg, S.
98	EXHIBIT(S) - 5 (Motion #005) Ahmad Interrogatory Responses	Processed	08/25/2025	Kelkenberg, S.
99	EXHIBIT(S) - 6 (Motion #005) Ahmad Consumer Products Customers at Cencora	Processed	08/25/2025	Kelkenberg, S.
100	EXHIBIT(S) - 7 (Motion #005) Plaintiff's Interrogatory Responses	Processed	08/25/2025	Kelkenberg, S.
101	EXHIBIT(S) - 8 (Motion #005) Plaintiff's RFP Responses	Processed	08/25/2025	Kelkenberg, S.
102	EXHIBIT(S) - 9 (Motion #005) Notice of Rule 11-f Deposition to Hercules	Processed	08/25/2025	Kelkenberg, S.
103	EXHIBIT(S) - 10 (Motion #005) Email designating Hercules' Rule 11-f Witnesses	Processed	08/25/2025	Kelkenberg, S.
104	EXHIBIT(S) - 11 (Motion #005) Z. Ahmad Dep.	Processed	08/25/2025	Kelkenberg, S.
105	EXHIBIT(S) - 12 (Motion #005) T. Ward Dep. (Hercules President and CLO)	Processed	08/25/2025	Kelkenberg, S.
106	EXHIBIT(S) - 13 (Motion #005) J. Amani Dep. (Hercules COO)	Processed	08/25/2025	Kelkenberg, S.
107	EXHIBIT(S) - 14 (Motion #005) S. Amani Dep. (Hercules CEO)	Processed	08/25/2025	Kelkenberg, S.
108	EXHIBIT(S) - 15 (Motion #005) B. Lyons Dep. (Hercules - Legal and Compliance)	Processed	08/25/2025	Kelkenberg, S.
109	EXHIBIT(S) - 16 (Motion #005) R. Dominco Dep. (Cencora Rule 11-f Witness)	Processed	08/25/2025	Kelkenberg, S.
110	EXHIBIT(S) - 17 (Motion #005) J. Wernicki Dep. (fmr. Cencora employee)	Processed	08/25/2025	Kelkenberg, S.
111	EXHIBIT(S) - 18 (Motion #005) L. Sigda Dep. (Cencora recruiter)	Processed	08/25/2025	Kelkenberg, S.
112	EXHIBIT(S) - 19 (Motion #005) J. Meller Dep. (Hercules IT consultant)	Processed	08/25/2025	Kelkenberg, S.

Doc#	Document Type/Information	Status	Date Received	Filed By
113	EXHIBIT(S) - 20 (Motion #005) Email from SCM Talent to Z. Ahmad	Processed	08/25/2025	Kelkenberg, S.
114	EXHIBIT(S) - 21 (Motion #005) Hercules job description - Distribution Center Manager	Processed	08/25/2025	Kelkenberg, S.
115	EXHIBIT(S) - 22 (Motion #005) Hercules job description - Director of Business Development, Supply Chain	Processed	08/25/2025	Kelkenberg, S.
116	EXHIBIT(S) - 23 (Motion #005) Hercules job description - Director of Business Development, Supply Chain	Processed	08/25/2025	Kelkenberg, S.
117	EXHIBIT(S) - 24 (Motion #005) August 31, 2019 Confidentiality and Non-Disclosure Agreement	Processed	08/25/2025	Kelkenberg, S.
118	EXHIBIT(S) - 25 (Motion #005) September 22, 2019 Confidentiality and Non-Disclosure Agreement	Processed	08/25/2025	Kelkenberg, S.
119	EXHIBIT(S) - 26 (Motion #005) four emails dated December 23, 2019	Processed	08/25/2025	Kelkenberg, S.
120	EXHIBIT(S) - 27 (Motion #005) January 12, 2020 resignation email from Z. Ahmad	Processed	08/25/2025	Kelkenberg, S.
121	EXHIBIT(S) - 28 (Motion #005) Hercules Policies & Procedures	Processed	08/25/2025	Kelkenberg, S.
122	EXHIBIT(S) - 29 (Motion #005) September 10, 2020 email B. Lyons to C. Baugh	Processed	08/25/2025	Kelkenberg, S.
123	EXHIBIT(S) - 30 (Motion #005) August 31, 2021 email between J. Wernicki and Z. Ahmad	Processed	08/25/2025	Kelkenberg, S.
124	EXHIBIT(S) - 31 (Motion #005) March 17, 2021, Z. Ahmad Affidavit	Processed	08/25/2025	Kelkenberg, S.
125	EXHIBIT(S) - 32 (Motion #005) Cencora - job description - Account ManagerStrategic Accounts	Processed	08/25/2025	Kelkenberg, S.
126	MEMORANDUM OF LAW IN SUPPORT (Motion #005)	Processed	08/25/2025	Kelkenberg, S.
127	NOTICE OF MOTION (Motion #006)	Processed	08/26/2025	Schoenstein, R.
128	AFFIDAVIT OR AFFIRMATION IN SUPPORT OF MOTION (Motion #006) Affirmation of Richard C. Schoenstein in Support of Plaintiff's Motion for Summary Judgment	Processed	08/26/2025	Schoenstein, R.
129	EXHIBIT(S) - A (Motion #006) Original Complaint in Ahmad Case	Processed	08/26/2025	Schoenstein, R.
130	EXHIBIT(S) - B (Motion #006) Ahmad's Answer	Processed	08/26/2025	Schoenstein, R.
131	EXHIBIT(S) - C (Motion #006) Complaint in Cencora	Processed	08/26/2025	Schoenstein, R.
132	EXHIBIT(S) - D (Motion #006) Cencora Answer	Processed	08/26/2025	Schoenstein, R.

Doc#	Document Type/Information	Status	Date Received	Filed By
133	EXHIBIT(S) - E (Motion #006) Zahir Ahmad Deposition Transcript	Processed	08/26/2025	Schoenstein, R.
134	EXHIBIT(S) - F (Motion #006) John Wernicki Deposition Transcript	Processed	08/26/2025	Schoenstein, R.
135	EXHIBIT(S) - G (Motion #006) Zahir Ahmad Resume	Processed	08/26/2025	Schoenstein, R.
136	EXHIBIT(S) - H (Motion #006) First Confidential Non-Disclosure Agreement	Processed	08/26/2025	Schoenstein, R.
137	EXHIBIT(S) - I (Motion #006) Second Confidential Non-Disclosure Agreement	Processed	08/26/2025	Schoenstein, R.
138	EXHIBIT(S) - J (Motion #006) Resignation Email	Processed	08/26/2025	Schoenstein, R.
139	EXHIBIT(S) - K (Motion #006) Richard Dominico Deposition Transcript	Processed	08/26/2025	Schoenstein, R.
140	EXHIBIT(S) - L (Motion #006) Lindsay Sigda Deposition Transcript	Processed	08/26/2025	Schoenstein, R.
141	EXHIBIT(S) - M (Motion #006) Confidentiality and Intellectual Property Agreement	Processed	08/26/2025	Schoenstein, R.
142	STATEMENT OF MATERIAL FACTS (Motion #006)	Processed	08/26/2025	Schoenstein, R.
143	MEMORANDUM OF LAW IN SUPPORT (Motion #006) Plaintiff's Memorandum of Law in Support of its Motion for Partial Summary Judgment	Processed	08/26/2025	Schoenstein, R.
144	STIPULATION - SO ORDERED	Processed	08/28/2025	Court User
145	STIPULATION - OTHER - (REQUEST TO SO ORDER)	Processed	09/24/2025	Schoenstein, R.
146	STIPULATION - SO ORDERED	Processed	09/25/2025	Court User
147	RESPONSE TO STATEMENT OF MATERIAL FACTS (Motion #006) Defendants' Counterstatement - Comm. Div. Rule 19-a(b)	Processed	10/03/2025	Kelkenberg, S.
148	MEMORANDUM OF LAW IN OPPOSITION (Motion #006) Defendants' Memorandum in Opposition to Plaintiff's Motion for Partial Summary Judgment	Processed	10/03/2025	Kelkenberg, S.
149	RESPONSE TO STATEMENT OF MATERIAL FACTS (Motion #005) Plaintiff's Rul 19-A Counter-Statement of Undisputed Material and Facts in Opposition to Defendants'	Processed	10/03/2025	Schoenstein, R.
150	AFFIDAVIT OR AFFIRMATION IN OPPOSITION TO MOTION (Motion #005) Affirmation of Richard C. Schoenstein in Opposition to Defendant's Motion for Summary Judgment	Processed	10/03/2025	Schoenstein, R.

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Doc#	Document Type/Information	Status	Date Received	Filed By
151	EXHIBIT(S) - 1 (Motion #005) Spreadsheets	Processed	10/03/2025	Schoenstein, R.
152	EXHIBIT(S) - 2 (Motion #005) December 23, 2019 email from John Wernicki to Ahmad	Processed	10/03/2025	Schoenstein, R.
153	EXHIBIT(S) - 3 (Motion #005) December 23, 2019 email from Google to Ahmad	Processed	10/03/2025	Schoenstein, R.
154	EXHIBIT(S) - 4 (Motion #005) December 23, 2019 email from Cencoras Talent Acquisition to Ahmad	Processed	10/03/2025	Schoenstein, R.
155	EXHIBIT(S) - 5 (Motion #005) December 23, 2019 email from Google to Ahmad	Processed	10/03/2025	Schoenstein, R.
156	EXHIBIT(S) - 6 (Motion #005) Plaintiffs Deposition Exhibit 6	Processed	10/03/2025	Schoenstein, R.
157	EXHIBIT(S) - 7 (Motion #005) September 13, 2019 Offer Letter	Processed	10/03/2025	Schoenstein, R.
158	EXHIBIT(S) - 8 (Motion #005) First Confidential and Non-Disclosure Agreement	Processed	10/03/2025	Schoenstein, R.
159	EXHIBIT(S) - 9 (Motion #005) Second Confidential and Non-Disclosure Agreement	Processed	10/03/2025	Schoenstein, R.
160	EXHIBIT(S) - 10 (Motion #005) John Amani Deposition Transcript	Processed	10/03/2025	Schoenstein, R.
161	EXHIBIT(S) - 11 (Motion #005) Brianni Lyons Deposition Transcript	Processed	10/03/2025	Schoenstein, R.
162	EXHIBIT(S) - 12 (Motion #005) Timothy Ward Deposition Transcript	Processed	10/03/2025	Schoenstein, R.
163	EXHIBIT(S) - 13 (Motion #005) Sara Amani Deposition Transcript	Processed	10/03/2025	Schoenstein, R.
164	EXHIBIT(S) - 14 (Motion #005) January 13, 2020 Resignation Letter	Processed	10/03/2025	Schoenstein, R.
165	EXHIBIT(S) - 15 (Motion #005) John Wernicki Dep Transcript	Processed	10/03/2025	Schoenstein, R.
166	EXHIBIT(S) - 16 (Motion #005) Richard Dominico Dep Transcript	Processed	10/03/2025	Schoenstein, R.
167	EXHIBIT(S) - 17 (Motion #005) Timothy Ward Reply Affirmation, dated April 1, 2021, (NYSCEF Doc. No. 35)	Processed	10/03/2025	Schoenstein, R.
168	EXHIBIT(S) - 18 (Motion #005) January 7, 2020 email from Katie E. Detweiler to Ahmad	Processed	10/03/2025	Schoenstein, R.
169	EXHIBIT(S) - 19 (Motion #005) January 10, 2020 offer email from Cencora to Ahmad	Processed	10/03/2025	Schoenstein, R.
170	MEMORANDUM OF LAW IN OPPOSITION (Motion #005) Plaintiff's Memorandum of Law in Opposition to Defendants' Motion for Summary Judgment	Processed	10/03/2025	Schoenstein, R.
171	MEMORANDUM OF LAW IN REPLY (Motion #005)	Processed	10/22/2025	Kelkenberg, S.

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Doc#	Document Type/Information	Status	Date Received	Filed By
172	MEMORANDUM OF LAW IN REPLY (Motion #006) Plaintiff's Reply Memorandum of Law in Further Support of its Motion for Partial Summary Judgment	Processed	10/22/2025	Lazzaro, B.
173	LETTER / CORRESPONDENCE TO JUDGE	Processed	10/29/2025	Kelkenberg, S.
174	STIPULATION - OTHER - (REQUEST TO SO ORDER)	Returned For Correction	01/23/2026	Kelkenberg, S.

CLOSED,ACO

U.S. District Court
Eastern District of New York (Central Islip)
CIVIL DOCKET FOR CASE #: 2:23-cv-02876-JMA-SIL

Hercules Pharmaceuticals, Inc. v. AmerisourceBergen Corp.
Assigned to: Judge Joan M. Azrack
Referred to: Magistrate Judge Steven I. Locke
Case in other court: Supreme Court of the State of New York County of N, 604580/2023
Cause: 28:1332 Diversity-Property Damage

Date Filed: 04/18/2023
Date Terminated: 08/03/2023
Jury Demand: None
Nature of Suit: 380 Personal Property: Other
Jurisdiction: Diversity

Plaintiff

Hercules Pharmaceuticals, Inc.

represented by **Patrick C. Carroll**
Law Office of Patrick C. Carroll, Esq.
One Old Country Road, Suite 125
Carle Place, NY 11514
516-424-9102
Fax: 516-342-5624
Email: patrick.carroll.law@gmail.com
LEAD ATTORNEY
ATTORNEY TO BE NOTICED

V.

Defendant

AmeriSourceBergen Corp.
Now Known As
Cencora

represented by **Scott C. Oberlander**
Buchanan Ingersoll & Rooney PC
Two Liberty Place
50 S. 16th St., Suite 3200
Philadelphia, PA 19102
215-665-4012
Email: soberlander@fisherphillips.com
LEAD ATTORNEY
ATTORNEY TO BE NOTICED

George C. Morrison
Buchanan Ingersoll & Rooney PC
50 S. 16th Street
Suite 3200
Philadelphia, PA 19102
215-665-3909
Email: george.morrison@bipc.com
ATTORNEY TO BE NOTICED

Date Filed	#	Docket Text
04/18/2023	2	DISCLOSURE of Interested Parties by AmerisourceBergen Corporation. (Morrison, George) (Entered: 04/18/2023)

04/18/2023	1	NOTICE OF REMOVAL by AmeriSourceBergen Corp. from Supreme Court of the State of New York County of Nassau, case number 604580/2023.(Filing fee $ 402 receipt number ANYEDC-16611541) Disclosure Statement on Civil Cover Sheet completed -Yes, (Attachments: # 1 Civil Cover Sheet, # 2 Exhibit A-part 1 - State Court Action records, # 3 Exhibit A-part 2, # 4 Exhibit A-part 3, # 5 Exhibit A-part 4, # 6 Exhibit A-part 5, # 7 Exhibit B - State Court docket, # 8 Exhibit C, # 9 Exhibit D, # 10 Exhibit E, # 11 Exhibit F)(Morrison, George) (Entered: 04/18/2023) (AC) Modified on 4/20/2023 (AC). (Entered: 04/20/2023)
04/20/2023	3	This attorney case opening filing has been checked for quality control. See the attachment for corrections that were made. (AC) (Entered: 04/20/2023)
04/20/2023		Case Assigned to Judge Joan M. Azrack and Magistrate Judge Steven I. Locke. Please download and review the Individual Practices of the assigned Judges, located on our website. Attorneys are responsible for providing courtesy copies to judges where their Individual Practices require such. (AC) (Entered: 04/20/2023)
04/20/2023	4	In accordance with Rule 73 of the Federal Rules of Civil Procedure and Local Rule 73.1, the parties are notified that ***if*** all parties consent a United States magistrate judge of this court is available to conduct all proceedings in this civil action including a (jury or nonjury) trial and to order the entry of a final judgment. Attached to the Notice is a blank copy of the consent form that should be filled out, signed and filed electronically **only if all** parties wish to consent. The form may also be accessed at the following link: http://www.uscourts.gov/uscourts/FormsAndFees/Forms/AO085.pdf. **You may withhold your consent without adverse substantive consequences. Do NOT return or file the consent unless all parties have signed the consent.** (AC) (Entered: 04/20/2023)
05/02/2023	5	NOTICE of Appearance by Scott C. Oberlander on behalf of AmeriSourceBergen Corp. (aty to be noticed) (Oberlander, Scott) (Entered: 05/02/2023)
05/02/2023	6	Letter MOTION for pre motion conference *RE: Motion to Dismiss* by AmeriSourceBergen Corp.. (Oberlander, Scott) (Entered: 05/02/2023)
05/05/2023	7	First MOTION for Joinder , First MOTION to Remand to State Court by Hercules Pharmaceuticals, Inc.. (Attachments: # 1 Affidavit in Support Attorney Affirmation in Support, # 2 Memorandum in Support Attorney Memo of Law in Support, # 3 Exhibit 'A' - Summons and Complaint in Pending State Court Action, # 4 Exhibit 'B' Answer in Pending State Court Action, # 5 Exhibit 'C' Complaint in Removed Action, # 6 Exhibit 'D' Notice of Removal, # 7 Exhibit 'E' Lower Court Decision - Justice Voutsinas, # 8 Exhibit 'F' :Lower Court Letter Brief on Discovery, # 9 Exhibit 'G' Lower Court Affidavit of Timothy Ward, Esq., # 10 Appendix Table of Exhibits) (Carroll, Patrick) (Entered: 05/05/2023)
05/05/2023	8	NOTICE by Hercules Pharmaceuticals, Inc. *Rule 7.1* (Carroll, Patrick) (Entered: 05/05/2023)
05/08/2023	9	REPLY in Opposition *to Plaintiff's Letter Request for Pre-Motion Conference to Commence Rule 12 motion practice* filed by Hercules Pharmaceuticals, Inc.. (Carroll, Patrick) (Entered: 05/08/2023)
06/01/2023		SCHEDULING ORDER: Defendant shall file its response, if any, to Plaintiff's motion for joinder and to remand, DE 7 , by or before 6/9/2023. Ordered by Judge Joan M. Azrack on 6/1/2023. (MB) (Entered: 06/01/2023)
06/09/2023	10	RESPONSE to Motion re 7 First MOTION for Joinder First MOTION to Remand to State Court filed by AmeriSourceBergen Corp.. (Attachments: # 1 Proposed Order Remanding Case) (Morrison, George) (Entered: 06/09/2023)

06/12/2023	11	REPLY in Support , REPLY to Response to Motion re 7 First MOTION for Joinder First MOTION to Remand to State Court filed by Hercules Pharmaceuticals, Inc.. (Attachments: # 1 Proposed Order) (Carroll, Patrick) (Entered: 06/12/2023)
06/13/2023		SCHEDULING ORDER: Based on the parties' representations that they consent to this matter being remanded, they are directed to confer and submit a joint proposed order to remand, for the Court's review by or before 6/15/2023. Ordered by Judge Joan M. Azrack on 6/13/2023. (MB) (Entered: 06/13/2023)
06/15/2023		SCHEDULING ORDER: On consent, the parties shall submit a joint proposed order to remand for the Court's review by the close of business on 6/16/2023. If the parties are unable to agree on a joint proposed order, they shall submit a joint letter advising of the impasse by the close of business on 6/16/2023, and each party shall submit its proposed order to remand by or before 6/21/2023. Ordered by Judge Joan M. Azrack on 6/15/2023. (MB) (Entered: 06/15/2023)
06/16/2023	12	Letter *(Joint) Regarding Proposed Remand Order/Impasse* by Hercules Pharmaceuticals, Inc. (Carroll, Patrick) (Entered: 06/16/2023)
06/21/2023	13	RESPONSE in Opposition re 7 First MOTION for Joinder First MOTION to Remand to State Court *(Defendant's Proposed Order)* filed by AmeriSourceBergen Corp.. (Morrison, George) (Entered: 06/21/2023)
06/21/2023	14	RESPONSE to Motion re 7 First MOTION for Joinder First MOTION to Remand to State Court *Plaintiff's Proposed Order* filed by Hercules Pharmaceuticals, Inc.. (Carroll, Patrick) (Entered: 06/21/2023)
08/03/2023	15	MEMORANDUM & ORDER denying 6 Motion for Pre Motion Conference; granting in part and denying in part 7 Motion for Joinder; Motion to Remand to State Court. For the reasons stated above, Defendant's pre-motion conference letter, ECF No. 6, is DENIED, while Plaintiff's cross-motion for joinder and remand, ECF No. 7, is GRANTED in part and DENIED in part. Ahmad is joined in this matter only as to the same factual allegations and claims asserted by Plaintiff in its state court action against him. The Clerk of the Court is respectfully directed to remand this matter to New York State Supreme Court, Nassau County, and thereafter close this case. So Ordered by Judge Joan M. Azrack on 8/3/2023. (CV) (Entered: 08/03/2023)

PACER Service Center			
Transaction Receipt			
03/09/2026 10:07:29			
PACER Login:	swifty13	**Client Code:**	
Description:	Docket Report	**Search Criteria:**	2:23-cv-02876-JMA-SIL
Billable Pages:	3	**Cost:**	0.30

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Case Caption: **HERCULES PHARMACEUTICALS INC v. AMERISOURCEBERGEN CORP.**
Judge Name: **Francis Ricigliano**

Doc#	Document Type/Information	Status	Date Received	Filed By
1	SUMMONS + COMPLAINT	Processed	03/20/2023	Carroll, P.
2	EXHIBIT(S) - A Decision Hon. J. Voutsinas	Processed	03/20/2023	Carroll, P.
3	EXHIBIT(S) - B Hercules Letter-Brief	Processed	03/20/2023	Carroll, P.
4	EXHIBIT(S) - C Buch.Ing.Rooney.letter.brief	Processed	03/20/2023	Carroll, P.
5	EXHIBIT(S) - D Confidentiality Agreement 1	Processed	03/20/2023	Carroll, P.
6	EXHIBIT(S) - E Non Compete Agreement 2	Processed	03/20/2023	Carroll, P.
7	EXHIBIT(S) - F NPR.Opioid fines and Monetary Settlements	Processed	03/20/2023	Carroll, P.
8	EXHIBIT(S) - G Wall Street Journal - Pharmaceutical Oligopoly	Processed	03/20/2023	Carroll, P.
9	EXHIBIT(S) - H Cease and Desist Communication	Processed	03/20/2023	Carroll, P.
10	EXHIBIT(S) - I Amerisource.DOJ.Corporate Integrity A"ment	Processed	03/20/2023	Carroll, P.
11	EXHIBIT(S) - J Complaint.Related.Action	Processed	03/20/2023	Carroll, P.
12	EXHIBIT(S) - K Answer.Related.action	Processed	03/20/2023	Carroll, P.
13	EXHIBIT(S) - L Ward Affidavit	Processed	03/20/2023	Carroll, P.
14	NOTICE OF REMOVAL / REMAND (PRE RJI)	Processed	04/18/2023	Oberlander, S.
15	EXHIBIT(S) - A Filed Notice of Removal with Cover Sheet	Processed	04/18/2023	Oberlander, S.
16	FEDERAL COURT ORDER (COPY)	Processed	08/10/2023	Court User
17	STIPULATION - TIME TO ANSWER	Processed	08/18/2023	Morrison, G.
18	ANSWER Defendant's Verified Answer to Complaint	Processed	09/08/2023	Morrison, G.
19	AFFIRMATION/AFFIDAVIT OF SERVICE Defendant's Affirmation of Service	Processed	09/08/2023	Morrison, G.
20		Deleted		
21	RJI -RE: REQUEST FOR PRELIMINARY CONFERENCE	Processed	10/16/2023	Carroll, P.
22	NOTICE OF MOTION (Motion #001)	Processed	10/19/2023	Morrison, G.
23	AFFIRMATION (Motion #001)	Processed	10/19/2023	Morrison, G.

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Doc#	Document Type/Information	Status	Date Received	Filed By
24	EXHIBIT(S) - A (Motion #001) AJS Affidavit ISO Motion to Admit Counsel PHV	Processed	10/19/2023	Morrison, G.
25	EXHIBIT(S) - B (Motion #001) Certificates of Good Standing	Processed	10/19/2023	Morrison, G.
26	ORDER (PROPOSED) (Motion #001)	Processed	10/19/2023	Morrison, G.
27	NOTICE OF MOTION (Motion #002)	Processed	10/19/2023	Morrison, G.
28	AFFIRMATION (Motion #002)	Processed	10/19/2023	Morrison, G.
29	EXHIBIT(S) - A (Motion #002) AEK Affidavit ISO Motion to Admit Counsel PHV	Processed	10/19/2023	Morrison, G.
30	EXHIBIT(S) - B (Motion #002) Certificates of Good Standing	Processed	10/19/2023	Morrison, G.
31	ORDER (PROPOSED) (Motion #002)	Processed	10/19/2023	Morrison, G.
32	COURT NOTICE	Processed	11/27/2023	Court User
33	NOTICE OF APPEARANCE (POST RJI)	Processed	01/02/2024	Kelkenberg, S.
34	DEPOSITION SCHEDULE RIDER	Processed	01/05/2024	Carroll, P.
35	DEPOSITION SCHEDULE RIDER REVISED DEPO. ORDER	Processed	01/05/2024	Carroll, P.
36	COURT NOTICE Filing on Behalf of - Hon. Francis D. Ricigliano	Processed	01/09/2024	Court User
37	ORDER - PRELIMINARY CONFERENCE	Processed	01/11/2024	Court User
38	DECISION + ORDER ON MOTION (Motion #001) Decision for motion #1 & #2	Processed	04/02/2024	Court User
39		Deleted		
40	ORDER - JOINT TRIAL	Processed	04/02/2024	Court User
41	NOTICE OF APPEARANCE (POST RJI) Richard C. Schoenstein	Processed	06/10/2024	Schoenstein, R.
42	NOTICE OF APPEARANCE (POST RJI) Melissa DeCandia	Processed	06/10/2024	Decandia, M.
43	COURT NOTICE Filing on Behalf of - Hon. Francis D. Ricigliano	Processed	06/12/2024	Court User
44	LETTER / CORRESPONDENCE TO JUDGE Joint Letter re Deposition Schedule	Processed	08/01/2024	Schoenstein, R.
45	LETTER / CORRESPONDENCE TO JUDGE	Processed	08/14/2024	Schoenstein, R.
46	LETTER / CORRESPONDENCE TO JUDGE Joint letter re: Discovery disputes in advance of the 11/13/2024 conference	Processed	11/13/2024	Schoenstein, R.
47	ORDER - OTHER	Processed	11/13/2024	Court User

Doc#	Document Type/Information	Status	Date Received	Filed By
48	ORDER - CERTIFICATION	Processed	03/03/2025	Court User
49	NOTE OF ISSUE:WITH JURY	Processed	05/27/2025	Schoenstein, R.
50	NOTICE PRETRIAL CONF. NOTICE	Processed	06/25/2025	Court User
51	STIPULATION - OTHER - (REQUEST TO SO ORDER) So Ordered Stipulation	Processed	08/15/2025	Schoenstein, R.
52	NOTICE OF MOTION (Motion #003)	Processed	08/25/2025	Kelkenberg, S.
53	STATEMENT OF MATERIAL FACTS (Motion #003)	Processed	08/25/2025	Kelkenberg, S.
54	EXHIBIT(S) - 1 (Motion #003) 2020 Complaint	Processed	08/25/2025	Kelkenberg, S.
55	EXHIBIT(S) - 2 (Motion #003) Answer to 2020 Complaint	Processed	08/25/2025	Kelkenberg, S.
56	EXHIBIT(S) - 3 (Motion #003) 2023 Complaint	Processed	08/25/2025	Kelkenberg, S.
57	EXHIBIT(S) - 4 (Motion #003) Answer to 2023 Complaint	Processed	08/25/2025	Kelkenberg, S.
58	EXHIBIT(S) - 5 (Motion #003) Ahmad Interrogatory Responses	Processed	08/25/2025	Kelkenberg, S.
59	EXHIBIT(S) - 6 (Motion #003) Ahmad Consumer Products Customers at Cencora	Processed	08/25/2025	Kelkenberg, S.
60	EXHIBIT(S) - 7 (Motion #003) Plaintiff's Interrogatory Responses	Processed	08/25/2025	Kelkenberg, S.
61	EXHIBIT(S) - 8 (Motion #003) Plaintiff's RFP Responses	Processed	08/25/2025	Kelkenberg, S.
62	EXHIBIT(S) - 9 (Motion #003) Notice of Rule 11-f Deposition to Hercules	Processed	08/25/2025	Kelkenberg, S.
63	EXHIBIT(S) - 10 (Motion #003) Email designating Hercules' Rule 11-f Witnesses	Processed	08/25/2025	Kelkenberg, S.
64	EXHIBIT(S) - 11 (Motion #003) Z. Ahmad Dep.	Processed	08/25/2025	Kelkenberg, S.
65	EXHIBIT(S) - 12 (Motion #003) T. Ward Dep. (Hercules President and CLO)	Processed	08/25/2025	Kelkenberg, S.
66	EXHIBIT(S) - 13 (Motion #003) J. Amani Dep. (Hercules COO)	Processed	08/25/2025	Kelkenberg, S.
67	EXHIBIT(S) - 14 (Motion #003) S. Amani Dep. (Hercules CEO)	Processed	08/25/2025	Kelkenberg, S.
68	EXHIBIT(S) - 15 (Motion #003) B. Lyons Dep. (Hercules - Legal and Compliance)	Processed	08/25/2025	Kelkenberg, S.
69	EXHIBIT(S) - 16 (Motion #003) R. Dominco Dep. (Cencora Rule 11-f Witness)	Processed	08/25/2025	Kelkenberg, S.
70	EXHIBIT(S) - 17 (Motion #003) J. Wernicki Dep. (fmr. Cencora employee)	Processed	08/25/2025	Kelkenberg, S.
71	EXHIBIT(S) - 18 (Motion #003) L. Sigda Dep. (Cencora recruiter)	Processed	08/25/2025	Kelkenberg, S.

Doc#	Document Type/Information	Status	Date Received	Filed By
72	EXHIBIT(S) - 19 (Motion #003) J. Meller Dep. (Hercules IT consultant)	Processed	08/25/2025	Kelkenberg, S.
73	EXHIBIT(S) - 20 (Motion #003) Email from SCM Talent to Z. Ahmad	Processed	08/25/2025	Kelkenberg, S.
74	EXHIBIT(S) - 21 (Motion #003) Hercules job description - Distribution Center Manager	Processed	08/25/2025	Kelkenberg, S.
75	EXHIBIT(S) - 22 (Motion #003) Hercules job description - Director of Business Development, Supply Chain	Processed	08/25/2025	Kelkenberg, S.
76	EXHIBIT(S) - 23 (Motion #003) Hercules job description - Director of Business Development, Customer Experience and Retail Strategy	Processed	08/25/2025	Kelkenberg, S.
77	EXHIBIT(S) - 24 (Motion #003) August 31, 2019 Confidentiality and Non-Disclosure Agreement	Processed	08/25/2025	Kelkenberg, S.
78	EXHIBIT(S) - 25 (Motion #003) September 22, 2019 Confidentiality and Non-Disclosure Agreement	Processed	08/25/2025	Kelkenberg, S.
79	EXHIBIT(S) - 26 (Motion #003) four emails dated December 23, 2019	Processed	08/25/2025	Kelkenberg, S.
80	EXHIBIT(S) - 27 (Motion #003) January 12, 2020 resignation email from Z. Ahmad	Processed	08/25/2025	Kelkenberg, S.
81	EXHIBIT(S) - 28 (Motion #003) Hercules Policies & Procedures	Processed	08/25/2025	Kelkenberg, S.
82	EXHIBIT(S) - 29 (Motion #003) September 10, 2020 email B. Lyons to C. Baugh	Processed	08/25/2025	Kelkenberg, S.
83	EXHIBIT(S) - 30 (Motion #003) August 31, 2021 email between J. Wernicki and Z. Ahmad	Processed	08/25/2025	Kelkenberg, S.
84	EXHIBIT(S) - 31 (Motion #003) March 17, 2021, Z. Ahmad Affidavit	Processed	08/25/2025	Kelkenberg, S.
85	EXHIBIT(S) - 32 (Motion #003) Cencora - job description - Account ManagerStrategic Accounts	Processed	08/25/2025	Kelkenberg, S.
86	MEMORANDUM OF LAW (Motion #003)	Processed	08/25/2025	Kelkenberg, S.
87	NOTICE OF MOTION (Motion #004)	Processed	08/26/2025	Schoenstein, R.
88	AFFIDAVIT OR AFFIRMATION IN SUPPORT OF MOTION (Motion #004) Affirmation of Richard C. Schoenstein in Support of Plaintiff's Motion for Summary Judgment	Processed	08/26/2025	Schoenstein, R.
89	EXHIBIT(S) - A (Motion #004) Original Complaint in Ahmad Case	Processed	08/26/2025	Schoenstein, R.
90	EXHIBIT(S) - B (Motion #004) Ahmad's Answer	Processed	08/26/2025	Schoenstein, R.
91	EXHIBIT(S) - C (Motion #004) Complaint in Cencora	Processed	08/26/2025	Schoenstein, R.

Doc#	Document Type/Information	Status	Date Received	Filed By
92	EXHIBIT(S) - D (Motion #004) Cencora Answer	Processed	08/26/2025	Schoenstein, R.
93	EXHIBIT(S) - E (Motion #004) Zahir Ahmad Deposition Transcript	Processed	08/26/2025	Schoenstein, R.
94	EXHIBIT(S) - F (Motion #004) John Wernicki Deposition Transcript	Processed	08/26/2025	Schoenstein, R.
95	EXHIBIT(S) - G (Motion #004) Zahir Ahmad Resume	Processed	08/26/2025	Schoenstein, R.
96	EXHIBIT(S) - H (Motion #004) First Confidential Non-Disclsoure Agreement	Processed	08/26/2025	Schoenstein, R.
97	EXHIBIT(S) - I (Motion #004) Second Confidential Non-Disclsoure Agreement	Processed	08/26/2025	Schoenstein, R.
98	EXHIBIT(S) - J (Motion #004) Resignation Email	Processed	08/26/2025	Schoenstein, R.
99	EXHIBIT(S) - K (Motion #004) Richard Dominico Deposition Transcript	Processed	08/26/2025	Schoenstein, R.
100	EXHIBIT(S) - L (Motion #004) Lindsay Sigda Deposition Transcript	Processed	08/26/2025	Schoenstein, R.
101	EXHIBIT(S) - M (Motion #004) Confidentiality and Intellectual Property Agreement	Processed	08/26/2025	Schoenstein, R.
102	STATEMENT OF MATERIAL FACTS (Motion #004)	Processed	08/26/2025	Schoenstein, R.
103	MEMORANDUM OF LAW IN SUPPORT (Motion #004)	Processed	08/26/2025	Schoenstein, R.
104	STIPULATION - SO ORDERED	Processed	08/28/2025	Court User
105	STIPULATION - OTHER - (REQUEST TO SO ORDER) So Ordered Stipulation	Processed	09/24/2025	Schoenstein, R.
106	STIPULATION - SO ORDERED	Processed	09/25/2025	Court User
107	RESPONSE TO STATEMENT OF MATERIAL FACTS (Motion #004) Defendants' Counterstatement - Comm. Div. Rule 19-a(b)	Processed	10/03/2025	Kelkenberg, S.
108	MEMORANDUM OF LAW IN OPPOSITION (Motion #004) Defendants' Memorandum in Opposition to Plaintiff's Motion for Partial Summary Judgment	Processed	10/03/2025	Kelkenberg, S.
109	RESPONSE TO STATEMENT OF MATERIAL FACTS (Motion #003) Plaintiff's Rule 19-A Counter-Statement of Undisputed Material Facts in Opposition to Defendants' Mo	Processed	10/03/2025	Schoenstein, R.
110	AFFIDAVIT OR AFFIRMATION IN OPPOSITION TO MOTION (Motion #003) Affirmation of Richard C. Schoenstein in Opposition to Defendants' Motion for Summary Judgment	Processed	10/03/2025	Schoenstein, R.

Document List
Index # 604580/2023

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Doc#	Document Type/Information	Status	Date Received	Filed By
111	EXHIBIT(S) - 1 (Motion #003) Spreadsheets	Processed	10/03/2025	Schoenstein, R.
112	EXHIBIT(S) - 2 (Motion #003) December 23, 2019 email from John Wernicki to Ahmad	Processed	10/03/2025	Schoenstein, R.
113	EXHIBIT(S) - 3 (Motion #003) December 23, 2019 email from Google to Ahmad	Processed	10/03/2025	Schoenstein, R.
114	EXHIBIT(S) - 4 (Motion #003) December 23, 2019 email from Cencoras Talent Acquisition to Ahmad	Processed	10/03/2025	Schoenstein, R.
115	EXHIBIT(S) - 5 (Motion #003) December 23, 2019 email from Google to Ahmad	Processed	10/03/2025	Schoenstein, R.
116	EXHIBIT(S) - 6 (Motion #003) Plaintiffs Deposition Exhibit 6	Processed	10/03/2025	Schoenstein, R.
117	EXHIBIT(S) - 7 (Motion #003) September 13, 2019 offer letter	Processed	10/03/2025	Schoenstein, R.
118	EXHIBIT(S) - 8 (Motion #003) First Confidential and Non-Disclosure Agreement	Processed	10/03/2025	Schoenstein, R.
119	EXHIBIT(S) - 9 (Motion #003) Second Confidential and Non-Disclosure Agreement	Processed	10/03/2025	Schoenstein, R.
120	EXHIBIT(S) - 10 (Motion #003) John Amani Deposition Transcript	Processed	10/03/2025	Schoenstein, R.
121	EXHIBIT(S) - 11 (Motion #003) Brianni Lyons Deposition Transcript	Processed	10/03/2025	Schoenstein, R.
122	EXHIBIT(S) - 12 (Motion #003) Timothy Ward Deposition Transcript	Processed	10/03/2025	Schoenstein, R.
123	EXHIBIT(S) - 13 (Motion #003) Sara Amani Deposition Transcript	Processed	10/03/2025	Schoenstein, R.
124	EXHIBIT(S) - 14 (Motion #003) January 13, 2020 Resignation Letter	Processed	10/03/2025	Schoenstein, R.
125	EXHIBIT(S) - 15 (Motion #003) John Wernicki Dep Transcript	Processed	10/03/2025	Schoenstein, R.
126	EXHIBIT(S) - 16 (Motion #003) Richard Dominico Dep Transcript	Processed	10/03/2025	Schoenstein, R.
127	EXHIBIT(S) - 17 (Motion #003) Timothy Ward Reply Affirmation, dated April 1, 2021, (NYSCEF Doc. No. 35)	Processed	10/03/2025	Schoenstein, R.
128	EXHIBIT(S) - 18 (Motion #003) January 7, 2020 email from Katie E. Detweiler to Ahmad	Processed	10/03/2025	Schoenstein, R.
129	EXHIBIT(S) - 19 (Motion #003) January 10, 2020 offer email from Cencora to Ahmad	Processed	10/03/2025	Schoenstein, R.
130	MEMORANDUM OF LAW IN OPPOSITION (Motion #003) Plaintiff's Memorandum of Law in Opposition to Defendants' Motion for Summary Judgment	Processed	10/03/2025	Schoenstein, R.
131	MEMORANDUM OF LAW IN REPLY (Motion #003)	Processed	10/22/2025	Kelkenberg, S.

Document List
Index # 604580/2023

Created on:03/09/2026 10:09 AM

Doc#	Document Type/Information	Status	Date Received	Filed By
132	MEMORANDUM OF LAW IN REPLY (Motion #004) Plaintiff's Reply Memorandum of Law in Further Support of Its Motion for Partial Summary Judgment	Processed	10/22/2025	Lazzaro, B.
133	LETTER / CORRESPONDENCE TO JUDGE	Processed	10/29/2025	Kelkenberg, S.
134	STIPULATION - OTHER - (REQUEST TO SO ORDER)	Returned For Correction	01/23/2026	Kelkenberg, S.

I, TIMOTHY WARD, **certify that as the designated representative for**

HERCULES PHARMACEUTICALS, INC.,

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

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

TIMOTHY WARD

Print Name (First, Last)

Timothy M. Ward

Original Signature (electronic, copies or stamps not accepted)

2/9/26

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.

TIMOTHY WARD

Print Name (First, Last)

Timothy M. Ward — 2/9/26

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

---

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

State of New York, ss. County of Nassau

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

Timothy M Ward — 2/9/26

Original Signature — **Date**

Subscribed and Sworn to before me this 9 day of February

Notary Public Signature

NADIR KHAN
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 02KH6427204
Qualified in Nassau County
Commission Expires 12-20-2029

(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 HERCULES PHARMACEUTICALS, INC.

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

Physical Address 27 SEAVIEW BLVD.

City PORT WASHINGTON State NY Zip 11050

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 212 390 8577 Website WWW.HERCULESRX.COM

Licensing Company Email LEGAL@HERCULESRX.COM

Section 2: Personal Information

First SARA Middle MARIE Last AMANI

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

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

Mailing Address [redacted]

City LOCUST VALLEY State NY Zip [redacted]

Telephone 212 390 8577 Email SAMANI@HERCULESRX.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)	
NYU Stern School of Business		1994-1999	
Address	**City**	**State**	**Zip**
44 West 4th Street	New York	NY	10012
Diploma/Degree obtained, if any			
Bachelor of Science: Finance and International Business			

School Name		From - To (MM/YY – MM/YY)	
Herricks High School		1989-1993	
Address	**City**	**State**	**Zip**
100 Shelter Rock Road	New Hyde Park	NY	11040
Diploma/Degree obtained, if any			
Regents 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
2017 - PRESENT	[redacted]	LOCUST VALLEY	NY	[redacted]
2010-2017		ROSLYN HEIGHTS	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: 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)
HERCULES PHARMACEUTICALS, INC.			2014 - PRESENT
Business Address	**City**	**State**	**Zip**
27 SEAVIEW BLVD.	PORT WASHINGTON	NY	11050
Phone	**Title**		
212 390 8577	CEO		
Description of Duties			
Sets the company's strategic direction and leads execution across operations, financial performance, compliance, and stakeholder partnerships to deliver mission driven growth.			

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

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

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

SARA AMANI

Print Name (First, Last)

S. Amani. 2/2/26

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

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

State of New York, ss. County of Nassau

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

Original Signature **Date**

Subscribed and Sworn to before me this 2 day of February

Notary Public Signature

NADIR KHAN
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 02KH6427204
Qualified in Nassau County
Commission Expires 12-20-2029

(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 HERCULES PHARMACEUTICALS, INC.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) WH02313

Physical Address 27 SEAVIEW BLVD.

City PORT WASHINGTON State NY Zip 11050

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 212 390 8577 Website WWW.HERCULESRX.COM

Licensing Company Email LEGAL@HERCULESRX.COM

Section 2: Personal Information

First JONATHAN Middle ALI Last AMANI

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

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

Mailing Address [redacted]

City GLEN HEAD State NY Zip [redacted]

Telephone 212 390 8577 Email JAMANI@HERCULESRX.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)	
NYU			
Address	**City**	**State**	**Zip**
70 Washington Sq S	New York	NY	10012
Diploma/Degree obtained, if any			
Less than 60 credits.			

School Name		From - To (MM/YY – MM/YY)	
ROSLYN HIGH SCHOOL		09/1999-06/2003	
Address	**City**	**State**	**Zip**
475 Round Hill Rd	Roslyn Heights	NY	11577
Diploma/Degree obtained, if any			
Regents 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
06/2019- PRESENT	[redacted]	GLEN HEAD	NY	[redacted]
06/2018-05/2019		MILL NECK	NY	
06/2017 -052018		GREAT NECK	NY	
1020/16 - 05/2017		MANHASSET	NY	
09/2016 - 10/2016		NEW YORK	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

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)	
HERCULES PHARMACEUTICALS, INC.		01/2017- Present	
Business Address	**City**	**State**	**Zip**
27 SEAVIEW BLVD.	PORT WASHINGTON	NY	11050
Phone	**Title**		
212 390 8577	CHIEF OPERATING OFFICER		
Description of Duties			
The Chief Operating Officer oversees the company' s operational, distribution, and compliance functions, ensuring safe, efficient, and compliant wholesale pharmaceutical operations. This role is responsible for maintaining regulatory readiness, operational performance, and execution of company policies and procedures.			

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

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

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

JONATHAN AMANI

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/5/26

Date

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

State of New York, ss. County of Nassau

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

Original Signature

2/5/26

Date

Subscribed and Sworn to before me this 5 day of February

Notary Public Signature

NADIR KHAN
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 02KH6427204
Qualified In Nassau County
Commission Expires 12-20-2029

(Seal)

Hercules
your ethical wholesaler

List of Employees Handling Drugs

Employee (Last, First)
Brisseau, Marvens
Budhu, Arvin V
Dantuono, Anthony J
Gaisser, Richard J
Greene, Evan
Hawkins, Tyisha E
Hercules, Noe A
Hunte, Shaquille
Menke, Brandon
Nayeem, Syed
Parris, Tibias Q
Pooran, Thaneshwar
Ruiz, John A

Hercules Pharmaceuticals, Inc. 27 Seaview Boulevard, Port Washington, New York 11050
Phone: 1-212-390-8577 Fax: 1-212-390-8578 www.herculesrx.com

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 02031	☐ 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: ICU Medical Sales, Inc

Physical Address: 9124 Polk Lane, Suite 101

City: Olive Branch State: MS Zip: 38654

Mailing Address (if different from physical address): 600 N. Field Drive, Attn: Licensing

City: Lake Forest State: IL Zip: 60045

Telephone: (662) 895-8000 Website: www.icumed.com

Name of Designated Representative (DR): Letitia Jackson

Licensing Company Email: wesley.davis@icumed.com DR Email: letitia.jackson@icumed.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:

Worley Davis
Original Signature (electronic, copies or stamps not accepted)

08/30/2024
Date

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

Name: **The site does not distribute pharmaceutical products**

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

Name: _____

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

Name: _____

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

Name: _____

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

Section 4: Publicly Traded Corporation

State of Incorporation: _____

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): ICU Medical, Inc.

Corporation/Organization Name: ICU Medical Sales, Inc.

Mailing Address: 600 N. Field Drive, Attn: Licensing

City: Lake Forest State: IL Zip: 60045

Telephone: (224) 706-2728 Email: wesley.davis@icumed.com

Contact Person Name: Wesley Davis

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.

ICU Medical Sales, Inc.

Facility Name

Wesley Davis

Print Name of Authorized Person Submitting Application

Wesley Davis

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

08/30/2024

Date

~~Board Use Only~~ ~~Date Received:~~ Amount:

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
Smiths Medical ASD, Inc.
Business Trade Names:
(1) ICU Medical Sales, Inc. (2) ICU Medical, Inc.

9124 Polk Lane, Suite 101
Olive Branch, MS 38654
Registration Number: [redacted]
FEI Number*: [redacted]
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:
ICU Medical, Inc.[6]
951 Calle Amanecer
San Clemente, CA US 92673
Owner/Operator Number: 8020727[7]

Official Correspondent:
Michelle Doherty
951 Calle Amanecer
San Clemente, CA 92673
Phone: 949-3706562

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

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Page Last Updated: 05/19/2025

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993

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   start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=8020727&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryNa

POWER OF ATTORNEY
STATE CONTROLLED SUBSTANCE REGISTRATIONS
STATE WHOLESALE DISTRIBUTOR LICENSING/PERMIT APPLICATIONS
DRUG ENFORCEMENT ADMINISTRATION REGISTRATION APPLICATIONS AND RENEWALS

Name of Registrant: ICU Medical Sales, Inc.

Known all by these presents that ICU Medical Sales, Inc., a corporation organized and existing under the laws of Delaware, and with offices at 951 Calle Amanecer, San Clemente, CA 92673 (the "Corporation") do hereby, constitute and appoint Wesley Davis as its true and lawful attorney-in-fact, in its name, place, and stead, to do the following acts and things related to the pharmaceutical and consumer health distribution facilities of the Corporation and its divisions:

1. In accordance with the regulations of the Drug Enforcement Administration , and state controlled substance regulations, to execute and verify the controlled substance distribution, import and export applications and renewals and all future amendments, as are necessary to permit the Corporation lawfully to distribute, import and export drug products regulated as controlled substances from its distribution sites, until this Power of Attorney is revoked. The Attorney-in-Fact understands that a copy of this Power of Attorney must accompany the state controlled substance application or Drug Enforcement Administration renewals.

2. In accordance with each State's administrative code to execute and verify the wholesale distributor licensing/permit applications and renewals and all future amendments, as are necessary to permit the Corporation lawfully to distribute pharmaceutical and consumer health products from its distribution sites, until this Power of Attorney is revoked. The Attorney-in-Fact understands that a copy of this Power of Attorney must accompany the state wholesale distributor licensing/permit application.

ICU Medical Sales, Inc.

Signature: Brian M. Bonnell
Brian Bonnell, CFO

Date: March 18, 2020

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)
) ss
COUNTY OF ORANGE)

Subscribed and sworn to (or affirmed) before me on this 18th day of March 2020, by Brian Bonnell, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Seal:

EVERHARDA H. LINSEN
Notary Public - California
Orange County
Commission # 2320852
My Comm. Expires Feb 8, 2024

Notary Public, State of California

NABP ACCREDITED
DRUG DISTRIBUTOR

Smiths Medical ASD, Inc

located at

9124 Polk Ln, Ste 101, Olive Branch, MS 38654

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

05/26/2021 - 05/25/2024
Period of Accreditation

0521

Facility Name

State (All)

Search Reset

Current list of 1 NABP-Accredited Drug Distributors

Accreditation is valid for three years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
Smiths Medical ASD, Inc	9124 Polk Ln, Ste 101 Olive Branch, MS 38654	Reaccreditation in process

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Contact

Corporate Officer Information

ICU Medical Sales, Inc.

FEIN: 06-1211921

Incorporated in the State of Delaware on 7/16/2011

ICU Medical, Inc. - Parent Company

Address: 951 Calle Amanecer, San Clemente, CA 92673

Ownership: 100%

Brian Bonnell- CEO, President, Secretary, Treasurer

Business Address: 951 Calle Amanecer, San Clemente, CA 92673

Business Phone: [redacted]

Blake VanderGeest- Controller

Business Address: [redacted]

Business Phone: [redacted]

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ICU MEDICAL SALES, 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 EIGHTH DAY OF JANUARY, A.D. 2026.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ICU MEDICAL SALES, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF JULY, A.D. 2001.

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

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

3414573 8300

SR# 20260074142

Authentication: 202759735

Date: 01-08-26

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

The Mississippi Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, as well as performing hourly updates to the information represented. Therefore, the website is a secure and primary source of credential verification information, as authentic as a direct inquiry to the Board.

ICU Medical Sales, Inc.

Drug Facility

Permit Status:

Active

Permit #:

16478

Classification:

Wholesale Distributor (In-State)

Manager Name:

Brian Keith Case

Issued Date:

01/09/2023

Effective Date:

11/05/2025

Expire Date:

12/31/2026

Discipline on File:

No

Discipline Status:

No Discipline

Address:

9124 Polk Lane
Suite 101
Olive Branch, MS 38654

Controlled Substance Registration

No controlled substance registration found!

Public Records

No disciplinary documents were found!

Back to Results Print Back to Search

Information loaded from this database is current as of 4/20/2026 1:33:28 PM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/31/2025

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 500 N Brand Blvd Ste 100 Glendale CA 91203 License#: 0D69293	CONTACT NAME: Judith Luu PHONE (A/C, No, Ext): 818-539-1372 FAX (A/C, No): E-MAIL ADDRESS: judith_luu@ajg.com
INSURED ICU Medical Sales, Inc. 5200 Uper Metro Pl Suite 200 Dublin, OH 43017 ICUMEDI-01	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : Travelers Property Casualty Company of America 25674 INSURER B : Illinois Union Insurance Company 27960 INSURER C : The Travelers Indemnity Company of CT 25682 INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 288829281 **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:			H-660-3C399230-TIL-25	11/1/2025	11/1/2026	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 $ Excluded $
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY			8103Y915341-25-I2-G	11/1/2025	11/1/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Comp \ Coll	$ 1,000,000 $ $ $ $ 1,000
A	X UMBRELLA LIAB / X OCCUR EXCESS LIAB / CLAIMS-MADE DED / RETENTION $			CUP-0L264286-25-I2	11/1/2025	11/1/2026	EACH OCCURRENCE AGGREGATE $	$ 10,000,000 $ 10,000,000 $
C	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		UB5P085303-25-I2-G	11/1/2025	11/1/2026	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	Products Liability Retroactive Date: 7/16/87			G71197578 008	11/1/2025	11/1/2026	Each Occurrence Annual 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)

Products: $250,000 per occurrence/$1,250,000 aggregate deductible – ICU Medical, Retroactive Date: 07/16/1987, Hospira Retroactive Date: 04/30/2004.
Products: $1,000,000 each occurrence/ $3,000,000 aggregate for legacy Smiths Medical, Retroactive Date: 04/26/1986

Evidence Only:

The above mentioned policies include the following as covered locations.
9124 Polk Lane, Suite 101 Olive Branch, MS 38654
6250 Shier Rings Rd, Dublin, OH
See Attached...

CERTIFICATE HOLDER

Evidence Only
United States

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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AGENCY CUSTOMER ID: ICUMEDI-01

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Arthur J. Gallagher Risk Management Services, LLC	ICU Medical Sales, Inc. 5200 Uper Metro Pl Suite 200 Dublin, OH 43017
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

5700 W 23rd Ave Gary, IN
2901 N. Houston School Rd. Lancaster, TX 75314
4455 Atherton Drive Salt Lake City UT 84123
920 Eighth Ave East King of Prussia, PA 19406
13939 Borate St Santa Fe Springs, CA 90670

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GENERAL SURETY RIDER

To be attached and form a part of

Bond No.	107049195
For	Pharmaceutical Wholesaler Surety Bond for Salt Lake City UT, Austin TX, Santa Fe Springs CA, King of Prussia PA, Dublin OH, Olive Branch MS, and Keene NH
Dated effective	02/27/2020 (MONTH, DAY, YEAR)
Executed by	ICU Medical Sales, Inc., as Principal, (PRINCIPAL)
And by	Travelers Casualty and Surety Company of America, as Surety, (SURETY)
And in favor of	Nevada State Board of Pharmacy (OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

INFORMATION	FROM	TO
Principal Address	4455 Atherton Drive, Salt Lake City, UT 84123 3900 Howard Ln., Austin, TX 78728 13939 Borate St., Santa Fe Springs, CA 90670 920 Eighth Avenue East, King of Prussia, PA 19406	4455 Atherton Drive, Salt Lake City, UT 84123 3900 Howard Ln., Austin, TX 78728 13939 Borate St., Santa Fe Springs, CA 90670 920 Eighth Avenue East, King of Prussia, PA 19406 6250 Shier Rings Road, Dublin OH, 43016 9124 Polk Lane Suite 101, Olive Branch MS, 38654 10 Bowman Drive, Keene, NH 03431

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

This rider is effective **09/04/2024**
(MONTH, DAY, YEAR)

Signed and Sealed **09/19/2024**
(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America
SURETY

BY Brittany Kavan
Brittany Kavan, ATTORNEY-IN-FACT

ACKNOWLEDGMENT

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

State of California
County of Contra Costa)

On September 19, 2024 before me, Misty R. Hemje, Notary Public
(insert name and title of the officer)

personally appeared Brittany Kavan,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

MISTY R. HEMJE
Notary Public - California
Contra Costa County
Commission # 2473593
My Comm. Expires Dec 21, 2027

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 **BRITTANY KAVAN** of **SAN FRANCISCO**, **California**, 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 **September**, **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 ICU Medical Sales, Inc MDEG License # (if applicable) N/A
Physical Address 9124 Polk Lane, Suite 101
City Olive Branch State MS Zip 38654
Mailing Address (if different from physical address) 600 N. Field Drive, Attn: Licensing
City Lake Forest State IL Zip 60045
Telephone (662) 895-8000 Website www.icumed.com
Licensing Company Email wesley.davis@icumed.com

Section 2: Personal Information

First Letitia Middle Diane Last Jackson
Alias(es, nicknames, name changes, etc.) Mosley (prior to divorce)
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X
Mailing Address [redacted]
City Coldwater State M S Zip [redacted]
Telephon[redacted] Email letitia.jackson@icumed.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)	
Byhalia High School		08-93	05-97
Address	**City**	**State**	**Zip**
878 MS-309	Byhalia	MS	38611
Diploma/Degree obtained, if any			
Diploma			

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

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02-08-Present	[redacted]	Cold Water	MS	[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)
Smith Medical			04-11 - 02-18
Business Address	**City**	**State**	**Zip**
9124 Polk Lane Ste 101	Olive Branch	MS	38654
Phone	**Title**	**Number of Employed Hours**	
662- 893- 7422	Shipping Clerk		

Description of Duties

Process computer generated shipments for various customers

Business Name			From - To (MM/YY – MM/YY)
Smith Medical			02-18 - 08- 21
Business Address	**City**	**State**	**Zip**
9124 Polk Lane Ste 101	Olive Branch	MS	38654
Phone	**Title**	**Number of Employed Hours**	
662- 893- 7422	Team Lead		

Description of Duties

Lead and manage day to day operations

Business Name			From - To (MM/YY – MM/YY)
ICU Medical			08-21 - Present
Business Address	**City**	**State**	**Zip**
9124 Polk Lane Ste 101	Olive Branch	MS	38654
Phone	**Title**	**Number of Employed Hours**	
662- 893- 7422	Supervisor		

Description of Duties

Manage day to day operations and ICPI

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

Description 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)

09. Oct. 2024
Date

I, Letitia Jackson, **certify that as the MDEG Administrator for**

_____,

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

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

Letitia Jackson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09-Oct-2024
Date

Board Use Only	Date Received: 10/14/24

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 ICU Medical Sales, Inc

Pharmacy/Wholesaler License # (if applicable) WH02031

Physical Address 9124 Polk LN #101

City Olive Branch State MS Zip 38654

Mailing Address (if different from physical address) 600 N. Field Drive, Attn: Licensing

City Lake Forest State IL Zip 60045

Telephone (662) 895-8000 Website www.icumed.com

Licensing Company Email wesley.davis@icumed.com

Section 2: Personal Information

First Letitia Middle Diane Last Jackson

Alias(es, nicknames, name changes, etc.) Mosley (prior to divorce)

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

Mailing Address [redacted]

City Coldwater State MS Zip [redacted]

Telephone [redacted] Email letitia.jackson@icumed.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)	
Byhalia High School		08-93 - 05-97	
Address	City	State	Zip
378 Hwy 309 Byhalia	Byhalia	MS	38109
Diploma/Degree obtained, if any			
Diploma			

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

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11-78 - 09-81	[redacted]	Coldwater	MS	[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)
Smiths Medical			04-11-02-18
Business Address	**City**	**State**	**Zip**
9124 Polk Lane Ste 101	Olive Branch	MS	38654
Phone	**Title**	**Number of Employed Hours**	
662-893-7422	Shipping Clerk	13,000	

Description of Duties

Process computer generated request for various customers

Business Name			From - To (MM/YY – MM/YY)
Smiths Medical			02-18 - 08-21
Business Address	**City**	**State**	**Zip**
9124 Polk Lane	Olive Branch	MS	38654
Phone	**Title**	**Number of Employed Hours**	
662-893-7422	Team Lead	18 720	

Description of Duties

Lead and manage day to day operations

Business Name			From - To (MM/YY – MM/YY)
ICU Medical			08-21 - present
Business Address	**City**	**State**	**Zip**
9124 Polk Lane Ste 101	Olive Branch	MS	38654
Phone	**Title**	**Number of Employed Hours**	
662-893-7422	Supervisor	21 840	

Description of Duties

Oversee day to day operations and drive KPI

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

Description 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)

11 Sept - 2024
Date

I, Letitia S Jackson, **certify that as the designated representative for**

_____,

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

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

Letitia Jackson
Print Name (First, Last)

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

11-Sept-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.

Letitia Jackson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11-Sept-2024
Date

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

State of Mississippi, ss. County of DeSoto

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

Original Signature

11-Sept-2024
Date

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

Notary Public Signature

STATE OF MISSISSIPPI
BRENDA GRIFFIN
ID No.
115797
Comm. Exp.
03-27-2028
NOTARY PUBLIC
MARSHALL COUNTY

(Seal)

WANDA BOLTON
YULONDA RUBBIN
ANTANEISHA ROOKS
DENISE WALKER
ALANDRIA WILLIAMS
SUMMER HARRIS
DENNIS DAVIS
NICOLE MOSLEY
JADA CHATMAN
DENISE TAYLOR
CHIQUITTA TERRY
SANDREKA WRIGHT
MINERVA MOSLEY
JACKQUELINE JOHNSON
PORSCHA WORD
KELLI CEAZER
ERIC SANTIAGO
TEANA LOFTIS
KEEANNIA MATHIS
DEVENNION GUNN
ANTONIO CAMPBELL
MARCUS PHILLIPS
CHRISTOPHER EDWARDS
DAVID STANFORD
JAMES BOYKIN
MICHAEL CLARK
ZYKEIRRA HOWARD
TORES MALONE
RODRIQUEZ STEWART
GARY WEATHERINGTON
DEDRICK MAYES
JEFFERY MALONE
BRANDY REDWINE
TINA WARD
TERRENCE MARTIN

NORRIS SWIMS
LATOYA COOPER
ROY DAVIS
ROSLIND TAYLOR
DEANGELO LAWRENCE
CORTEZ BALL
THADARIOUS MCNEARY
JAMES CLARK
JUSTIN TAYLOR
STEVEN GARTH
GREGORY STANCIL
EVERETT MILLER
MARQUEL RATLIFF
JASMINE MOTTLEY
PATRICK NABORS
JASON WILLIAMS
EDWARD COLE
DEANDREA WHITE
WILLIE NORTON
SHAMONT FRAZIER
STEVEN JONES
SAMMIE PHILLIPS
CHASITY WARE
SAMMIE BARTON -- ALL
TIM FIELDS
BRANDON SPROUSE
DARIUS TRIBBLE
ANGELA LUCAS
CLIFTON O'QUINN
GREG MCFARLAND
RAMANDA HARDY
CURTIS JONES
MACKO STINGLEY
CLIFFORD WHITE
IRENE WRIGHT
VANCE SMITH
WARREN BOLDEN
KIMBERLY KING
JOEL MORRIS
BRANDON AKINS
JAMES HARRIS
BURDELL ATKINS

DENISE CONLEY
CAROL HARRISON
DEBORAH STINES
KAYLA PRICE
LAKELYN TURNBOW
LAQURIYA PERRIS
JACQUELINE BERRY
ADAMA SARR
CORRY JACKSON

DELONDA HARRELL
BRIAN CASE
CASEY BISHOP
STEVEN BOURNONIAS
TERESA WALKER
MAGEN RUTLEDGE

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	* 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: Pharma Distribution & Fulfillment Services, Inc.

Physical Address: 634 Quality Ln

City: South Beloit State: IL Zip: 61080

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Name of Designated Representative (DR): Thomas Koopman

Licensing Company Email: cirizarry@pharmadfs.com DR Email: tkoopman@pharmadfs.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 Products	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Manufacturers		■ Others: 3PL

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

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

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

Date of Event/Arrest	Disposition Date	State	City	County

Case #	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: TAGI Pharma, Inc.
Address: 722 Progressive Lane, Room 205 City: South Beloit State: IL Zip: 61080
Name: Mullan Pharmecuticals, Inc.
Address: 800 E Colorado blvd Suite 888 City: Pasadena State: CA Zip: 91101
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: Illinois
Parent Company (if any): Cup Pac Packaging, Inc.
Corporation/Organization Name: Cup Pac Packaging, Inc.
Mailing Address: 777 Progressive Ln
City: South Beloit State: IL Zip: 61080
Telephone: 815-624-7060 Email: tkoopman@pharmadfs.com
Contact Person Name: Thomas Koopman

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.

Pharma Distribution and Fulfillment Services, Inc.

Facility Name

Thomas A. Koopman

Print Name of Authorized Person Submitting Application

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

1-20-26

Date

Board Use Only	Date Received: 2/2/26	Amount: $1000.00 # 002028 CK

NABP ACCREDITED
DRUG DISTRIBUTOR

Pharma Distribution & Fulfillment Services dba PDFS

located at

634 Quality Lane, South Beloit, IL 61080

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

08/07/2023 to 08/06/2026

Period of Accreditation

0553

Pharma Distribution & Fulfillment Services, Inc.
dba: Pharma Distribution & Fulfillment Services, Inc.
634 Quality Lane, South Beloit, IL 61080
Ph: 815-624-8880
Website: www.pharmadfs.com
FEIN: 86-2854843
DUNS: 118282134
NABP eProfile ID: 1645312

Corporate Officers / Directors
Subchapter S Corporation
State of Incorporation: Illinois
Date of Incorporation: 03/24/2021

Pharma Distribution & Fulfillment Services, Inc.
Is a wholly owned subsidiary of Cup Pac Packaging, Inc.
777 Progressive Lane, South Beloit, IL 61080 Ph: 815-624-7060

Name/ Address/ Phone	Title
Robert A. Koopman [redacted]	President, Chief Executive Officer, Assistant Treasurer Director
Thomas A. Koopman [redacted]	Vice President of Operations, Designated Representative NABP eProfile ID: 1656339
Christopher J. Hoffman [redacted]	Vice President of Sales & Marketing
W. Michael Keiser [redacted]	Secretary and Treasurer Director
Tana Ginter [redacted]	Assistant Secretary
Deborah S. Keiser [redacted]	Director
Clark (Rusty) V. Kleinheinz [redacted]	Director

PDFS General Description of products and operations for license applications:

Pharma Distribution & Fulfillment Services, Inc. is a new third party logistics provider (3PL), located in South Beloit, IL, which caters to Pharmaceutical Customers looking to enhance their distribution services. Our leadership team has vast experience within the pharmaceutical supply chain industry.

Cup Pac Packaging, Inc.
dba: Cup Pac Packaging, Inc.
777 Progressive Lane, South Beloit, IL 61080
Ph: 815-624-7060
Website: www.cuppac.com
FEIN: 27-1078504
DUNS: 3004677466
State of Incorporation: Illinois
Date of Incorporation: 10/7/2009

Corporate Owners / Officers / Directors

Name/ Address/ Phone	Title
Robert A. Koopman [redacted]	President, Chief Executive Officer, Assistant Treasurer Director 1.0%
Steven R. Koopman [redacted]	Ownership: 3.0%
Valerie M. Koopman [redacted]	Ownership: 3.0%
Thomas A. Koopman [redacted]	Vice President of Operations Ownership: 3.0%
Steven J. Tomsyck [redacted]	Vice President of Engineering and Maintenance
W. Michael Keiser [redacted]	Secretary and Treasurer Director Ownership: 2.96%
Dennis Hosang [redacted]	Assistant Secretary
Deborah S. Keiser Deborah S. Keiser Revocable Trust [redacted]	Director Ownership: 68.16%
Clark (Rusty) V. Kleinheinz [redacted]	Director Ownership: 5.0%
John M. Kleinheinz [redacted]	Owner Ownership: 5.0%
David Darnell [redacted]	Owner Ownership: 2.96%
Cassandra E. (Keiser) Register [redacted]	Owner Ownership: 2.96%
Caroline N. (Keiser) Pantoja de Alba [redacted]	Owner Ownership: 2.96%

File Number 7321-229-4

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

PHARMA DISTRIBUTION & FULFILLMENT SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 24, 2021, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 31ST *day of* OCTOBER *A.D.* 2025 .

Authentication #: 2530403060 verifiable until 10/31/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
278.000106

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

WHOLESALE DRUG THIRD PARTY
LOGISTICS PROVIDER

PHARMA DISTRIBUTION & FULFILLMENT SERVICES INC
THOMAS A KOOPMAN
634 QUALITY LN
SOUTH BELOIT, IL 61080-2608

MARIO TRETO, JR.
SECRETARY

CAMILE LINDSAY
ACTING DIRECTOR

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

19839198

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: 4474423

NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521
(775) 850-1440 – (775) 850-1444 – FAX
pharmacy@pharmacy.nv.gov

PHARMACEUTICAL WHOLESALER IRREVOCABLE STANDBY LETTER OF CREDIT

Name of Financial Institution: First Mid Bank & Trust

Address: 2475 N. Perryville Rd.

City: Rockford State: IL Zip: 61107

Name of Applicant/Licensee: Pharma Distribution & Fulfillment Services, Inc.

Address: 634 Quality Ln.

City: South Beloit State: IL Zip: 61080-2608

IRREVOCABLE STANDBY LETTER OF CREDIT NO.: 26-01

Dated: January 2, 2026

To Beneficiary: Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521
Attn: Executive Secretary

1. At the request and on the instructions of Pharma Distribution & Fulfillment Services, Inc.
(Applicant/Licensee)

We First Mid Bank & Trust, N.A. (Financial Institution) hereby establish in favor of the Beneficiary, the Nevada State Board of Pharmacy (Board), this Irrevocable Standby Letter of Credit (Credit) in the principal sum of $25,000.00.

2. This Credit is and has been established for the sole benefit of the Board pursuant to the terms of NRS 639.515 pertaining to the initial or renewal application filed by the Applicant/Licensee.

3. This Credit is intended by the parties to serve as a security device for the performance by Applicant/Licensee of its obligations under applicable Nevada law regarding Applicant/Licensee's operation as a pharmaceutical wholesaler.

4. Pursuant to NRS 639.515(4), upon the imposition of any fines or costs by the Board against the Applicant/Licensee, the Board shall be entitled to draw upon this Credit by presentation of a duly executed Certificate of Drawing in substantially the same form as Attachment A, attached hereto, at our office located at the address above.

5. The Certificate of Drawing shall be completed and signed by the Executive Secretary for the Board. Presentation by the Board of a completed Certificate of Drawing may be made in person or by registered mail, return receipt requested.

6. Upon presentation of a duly executed Certificate of Drawing as above provided, payment shall be made to the Board, to an account designated by the Board, in immediately available funds, at such time and place as the Board shall specify.

7. Funds may be drawn in one or more drawings not to exceed the principal sum.

8. If demand for payment does not conform to the terms of the Credit, we shall give the Board prompt notice that the demand for payment was not effected in accordance with the terms of this Credit, state the reasons therefore, and await further instructions.

9. Upon being notified that the demand for payment was not effected in conformity with the Credit, the Board may correct any such non-conforming demand for payment.

10. All drawings under this Credit shall be paid with our funds. Each drawing honored by us hereunder shall reduce, *pro tanto,* the principal sum. By paying to the Board an amount demanded in accordance herewith, we make no representations as to the correctness of the amount demanded.

11. This Credit will be cancelled in whole or in part only upon receipt by use of a Certificate of Cancellation which shall be in the form of Attachment B, attached hereto and shall be completed and signed by the Executive Secretary of the Board.

12. Communications with respect to this Credit shall be in writing and addressed to us at the address above and shall specifically refer to this Credit by the number above.

13. This Credit may not be transferred or assigned, either in whole or in part.

14. This Credit shall be deemed a contract made under the laws of State of Nevada, and any action related to this Credit shall be filed in the State of Nevada and shall be subject to the laws of the of the State of Nevada.

15. This Credit shall be perpetual until it is cancelled as provided herein.

THEREFORE, First Mid Bank & Trust, N.A.
Financial Institution
has executed and delivered this Irrevocable Standby Letter of Credit to the Board as of the 2nd day of January, 2026.

'Governing Law. This Agreement will be governed by federal law applicable to Lender and, to the extent not preempted by federal law, the laws of the State of Illinois without regard to its conflicts of law provisions, and except to the extent such laws are inconsistent with the International Standby Practices, ICC Publication No. 590 (ISP98). This Agreement has been accepted by Lender in the State of Illinois.'

FINANCIAL INSTITUTION

By: _____

Name: Jim Pieschel
(Please print)

Title: Regional Community Bank President

PROMISSORY NOTE

Principal	Loan Date	Maturity	Loan No	Call / Coll	Account	Officer	Initials
$25,000.00	01-02-2026	01-02-2027	1800000105	400	PAC0635	***	

References in the boxes above are for Lender's use only and do not limit the applicability of this document to any particular loan or item.
Any item above containing "*****" has been omitted due to text length limitations.

Borrower: PHARMA DISTRIBUTION & FULFILLMENT SERVICES, INC.
634 Quality Ln
South Beloit, IL 61080-2608

Lender: First Mid Bank & Trust, N.A.
Rockford - Perryville
2475 N Perryville Rd
Rockford, IL 61107

Principal Amount: $25,000.00 **Date of Note: January 2, 2026**

PROMISE TO PAY. PHARMA DISTRIBUTION & FULFILLMENT SERVICES, INC. ("Borrower") promises to pay to First Mid Bank & Trust, N.A. ("Lender"), or order, in lawful money of the United States of America, the principal amount of Twenty-five Thousand & 00/100 Dollars ($25,000.00) or so much as may be outstanding, together with interest on the unpaid outstanding principal balance of each advance. Interest shall be calculated from the date of each advance until repayment of each advance.

PAYMENT. Borrower will pay this loan in full immediately upon Lender's demand. If no demand is made, Borrower will pay this loan in one payment of all outstanding principal plus all accrued unpaid interest on January 2, 2027. In addition, Borrower will pay regular monthly payments of all accrued unpaid interest due as of each payment date, beginning February 2, 2026, with all subsequent interest payments to be due on the same day of each month after that. Unless otherwise agreed or required by applicable law, payments will be applied first to any accrued unpaid interest; then to principal; and then to any late charges.

VARIABLE INTEREST RATE. The interest rate on this Note is subject to change from time to time based on changes in an independent index which is the base rate on corporate loans posted by at least 70% of the 10 largest U.S. banks known as the Wall Street Journal U.S. Prime Rate (the "Index"). The Index is not necessarily the lowest rate charged by Lender on its loans. Lender will tell Borrower the current Index rate upon Borrower's request. The interest rate change will not occur more often than each day. Borrower understands that Lender may make loans based on other rates as well. **The Index currently is 6.750% per annum.** Interest on the unpaid principal balance of this Note will be calculated as described in the "INTEREST CALCULATION METHOD" paragraph using a rate of 3.000 percentage points over the Index (the "Margin"), rounded to the nearest 0.125 percent, adjusted if necessary for any minimum and maximum rate limitations described below, resulting in an initial rate of 9.750%. If Lender determines, in its sole discretion, that the Index has become unavailable or unreliable, either temporarily, indefinitely, or permanently, during the term of this Note, Lender may amend this Note by designating a substantially similar substitute index. Lender may also amend and adjust the Margin to accompany the substitute index. The change to the Margin may be a positive or negative value, or zero. In making these amendments, Lender may take into consideration any then-prevailing market convention for selecting a substitute index and margin for the specific index that is unavailable or unreliable. Such an amendment to the terms of this Note will become effective and bind Borrower 10 business days after Lender gives written notice to Borrower without any action or consent of the Borrower. NOTICE: Under no circumstances will the interest rate on this Note be less than 8.000% per annum or more than the maximum rate allowed by applicable law.

INTEREST CALCULATION METHOD. Interest on this Note is computed on a 365/360 basis; that is, by applying the ratio of the interest rate over a year of 360 days, multiplied by the outstanding principal balance, multiplied by the actual number of days the principal balance is outstanding. All interest payable under this Note is computed using this method. This calculation method results in a higher effective interest rate than the numeric interest rate stated in this Note.

RECEIPT OF PAYMENTS. All payments must be made in U.S. dollars and must be received by Lender at:

First Mid Bank & Trust
Attn: Payment Processing
PO Box 499
Mattoon, IL 61938

All payments must be received by Lender consistent with any written payment instructions provided by Lender.

PREPAYMENT. Borrower may pay without penalty all or a portion of the amount owed earlier than it is due. Early payments will not, unless agreed to by Lender in writing, relieve Borrower of Borrower's obligation to continue to make payments of accrued unpaid interest. Rather, early payments will reduce the principal balance due. Borrower agrees not to send Lender payments marked "paid in full", "without recourse", or similar language. If Borrower sends such a payment, Lender may accept it without losing any of Lender's rights under this Note, and Borrower will remain obligated to pay any further amount owed to Lender. **All written communications concerning disputed amounts, including any check or other payment instrument that indicates that the payment constitutes "payment in full" of the amount owed or that is tendered with other conditions or limitations or as full satisfaction of a disputed amount must be mailed or delivered to: First Mid Bank & Trust, N.A.; Rockford - Perryville; 2475 N Perryville Rd; Rockford, IL 61107.**

LATE CHARGE. If a payment is 10 days or more late, Borrower will be charged **5.000% of the unpaid portion of the regularly scheduled payment or $25.00, whichever is greater.**

INTEREST AFTER DEFAULT. Upon default, including failure to pay upon final maturity, the interest rate on this Note shall be increased by adding an additional 2.000 percentage point margin ("Default Rate Margin"). The Default Rate Margin shall also apply to each succeeding interest rate change that would have applied had there been no default. However, in no event will the interest rate exceed the maximum interest rate limitations under applicable law.

DEFAULT. Each of the following shall constitute an event of default ("Event of Default") under this Note:

Payment Default. Borrower fails to make any payment when due under this Note.

Other Defaults. Borrower fails to comply with or to perform any other term, obligation, covenant or condition contained in this Note or in any of the related documents or to comply with or to perform any term, obligation, covenant or condition contained in any other agreement between Lender and Borrower.

Default in Favor of Third Parties. Borrower or any Grantor defaults under any loan, extension of credit, security agreement, purchase or sales agreement, or any other agreement, in favor of any other creditor or person that may materially affect any of Borrower's property or Borrower's ability to repay this Note or perform Borrower's obligations under this Note or any of the related documents.

False Statements. Any warranty, representation or statement made or furnished to Lender by Borrower or on Borrower's behalf under this Note or the related documents is false or misleading in any material respect, either now or at the time made or furnished or becomes false or misleading at any time thereafter.

Insolvency. The dissolution or termination of Borrower's existence as a going business, the insolvency of Borrower, the appointment of a receiver for any part of Borrower's property, any assignment for the benefit of creditors, any type of creditor workout, or the commencement of any proceeding under any bankruptcy or insolvency laws by or against Borrower.

Creditor or Forfeiture Proceedings. Commencement of foreclosure or forfeiture proceedings, whether by judicial proceeding, self-help, repossession or any other method, by any creditor of Borrower or by any governmental agency against any collateral securing the loan. This includes a garnishment of any of Borrower's accounts, including deposit accounts, with Lender. However, this Event of Default shall not apply if there is a good faith dispute by Borrower as to the validity or reasonableness of the claim which is the basis of the creditor or forfeiture proceeding and if Borrower gives Lender written notice of the creditor or forfeiture proceeding and deposits with Lender monies or a surety bond for the creditor or forfeiture proceeding, in an amount determined by Lender, in its sole discretion, as being an adequate reserve or bond for the dispute.

Change in Ownership. Any change in ownership of twenty-five percent (25%) or more of the common stock of Borrower.

Adverse Change. A material adverse change occurs in Borrower's financial condition, or Lender believes the prospect of payment or performance of this Note is impaired.

Insecurity. Lender in good faith believes itself insecure.

Events Affecting Guarantor. Any of the preceding events occurs with respect to any guarantor, endorser, surety, or accommodation party of any of the indebtedness or any guarantor, endorser, surety, or accommodation party dies or becomes incompetent, or revokes or disputes the validity of, or liability under, any guaranty of the indebtedness evidenced by this Note.

LENDER'S RIGHTS. Upon default, Lender may declare the entire unpaid principal balance under this Note and all accrued unpaid interest

immediately due, and then Borrower will pay that amount.

ATTORNEYS' FEES; EXPENSES. Lender may hire or pay someone else to help collect this Note if Borrower does not pay. Borrower will pay Lender that amount. This includes, subject to any limits under applicable law, Lender's attorneys' fees and Lender's legal expenses, whether or not there is a lawsuit, including attorneys' fees, expenses for bankruptcy proceedings (including efforts to modify or vacate any automatic stay or injunction), and appeals. If not prohibited by applicable law, Borrower also will pay any court costs, in addition to all other sums provided by law.

JURY WAIVER. Lender and Borrower hereby waive the right to any jury trial in any action, proceeding, or counterclaim brought by either Lender or Borrower against the other.

GOVERNING LAW. This Note will be governed by federal law applicable to Lender and, to the extent not preempted by federal law, the laws of the State of Illinois without regard to its conflicts of law provisions. This Note has been accepted by Lender in the State of Illinois.

CHOICE OF VENUE. If there is a lawsuit, Borrower agrees upon Lender's request to submit to the jurisdiction of the courts of Coles County, State of Illinois.

RIGHT OF SETOFF. To the extent permitted by applicable law, Lender reserves a right of setoff in all Borrower's accounts with Lender (whether checking, savings, or some other account). This includes all accounts Borrower holds jointly with someone else and all accounts Borrower may open in the future. However, this does not include any IRA or Keogh accounts, or any trust accounts for which setoff would be prohibited by law. Borrower authorizes Lender, to the extent permitted by applicable law, to charge or setoff all sums owing on the indebtedness against any and all such accounts, and, at Lender's option, to administratively freeze all such accounts to allow Lender to protect Lender's charge and setoff rights provided in this paragraph.

COLLATERAL. Borrower acknowledges this Note is secured by the following collateral described in the security instruments listed herein.

(A) a Commercial Security Agreement dated January 2, 2026 made and executed between Precision Dose, Inc. and Lender on collateral described as: inventory, chattel paper, accounts, equipment, general intangibles, fixtures, standing timber and mineral, oil and gas.

(B) a Commercial Security Agreement dated January 2, 2026 made and executed between TAGI PHARMA, INC. and Lender on collateral described as: inventory, chattel paper, accounts, equipment, general intangibles, fixtures, standing timber and mineral, oil and gas.

(C) a Commercial Security Agreement dated January 2, 2026 made and executed between CUP PAC PACKAGING, INC. and Lender on collateral described as: inventory, chattel paper, accounts, equipment, general intangibles, fixtures, standing timber and mineral, oil and gas.

(D) a Commercial Security Agreement dated January 2, 2026 made and executed between PHARMA DISTRIBUTION & FULFILLMENT SERVICES, INC. and Lender on collateral described as: inventory, chattel paper, accounts, equipment, general intangibles, fixtures, standing timber and mineral, oil and gas.

LINE OF CREDIT. This Note evidences a non-revolving line of credit. Payments made prior to termination of the line of credit do not entitle Borrower to readvances of the amounts already paid. Advances under this Note may be requested only in writing by Borrower or as provided in this paragraph. All communications, instructions, or directions by telephone or otherwise to Lender are to be directed to Lender's office shown above. The following person or persons are authorized, except as provided in this paragraph, to request advances and authorize payments under the line of credit until Lender receives from Borrower, at Lender's address shown above, written notice of revocation of such authority: **Per Letter of Credit # 26-01. Advances will only be made when draft(s) that comply with the terms of the Letter of Credit are presented by Beneficiary.** Borrower agrees to be liable for all sums either: (A) advanced in accordance with the instructions of an authorized person or (B) credited to any of Borrower's accounts with Lender. The unpaid principal balance owing on this Note at any time may be evidenced by endorsements on this Note or by Lender's internal records, including daily computer print-outs. Lender will have no obligation to advance funds under this Note if: (A) Borrower or any guarantor is in default under the terms of this Note or any agreement that Borrower or any guarantor has with Lender, including any agreement made in connection with the signing of this Note; (B) Borrower or any guarantor ceases doing business or is insolvent; (C) any guarantor seeks, claims or otherwise attempts to limit, modify or revoke such guarantor's guarantee of this Note or any other loan with Lender; (D) Borrower has applied funds provided pursuant to this Note for purposes other than those authorized by Lender; or (E) Lender in good faith believes itself insecure.

COMMERCIAL MAXIMUM LATE CHARGE . Late charge terms include a maximum of $1,000.00 per late payment.

COUNTERPART CLAUSE. "This agreement may be executed in any number of counterparts, each of which when executed and delivered shall constitute a duplicate original, but all counterparts together shall constitute a single agreement".

ADVANCES AT LENDER'S DISCRETION. Notwithstanding anything to the contrary in this Agreement, the Note or the Related Documents, Lender shall have no obligation whatsoever to make any Advance on the Loan at any time, in its sole absolute discretion, deny any request for an Advance or otherwise cease disbursing proceeds of the Loan.

SUCCESSOR INTERESTS. The terms of this Note shall be binding upon Borrower, and upon Borrower's heirs, personal representatives, successors and assigns, and shall inure to the benefit of Lender and its successors and assigns.

GENERAL PROVISIONS. This Note is payable on demand. The inclusion of specific default provisions or rights of Lender shall not preclude Lender's right to declare payment of this Note on its demand. If any part of this Note cannot be enforced, this fact will not affect the rest of the Note. Lender may delay or forgo enforcing any of its rights or remedies under this Note without losing them. Borrower and any other person who signs, guarantees or endorses this Note, to the extent allowed by law, waive presentment, demand for payment, and notice of dishonor. Upon any change in the terms of this Note, and unless otherwise expressly stated in writing, no party who signs this Note, whether as maker, guarantor, accommodation maker or endorser, shall be released from liability. All such parties agree that Lender may renew or extend (repeatedly and for any length of time) this loan or release any party or guarantor or collateral; or impair, fail to realize upon or perfect Lender's security interest in the collateral; and take any other action deemed necessary by Lender without the consent of or notice to anyone. All such parties also agree that Lender may modify this loan without the consent of or notice to anyone other than the party with whom the modification is made. The obligations under this Note are joint and several.

ILLINOIS INSURANCE NOTICE. Unless Borrower provides Lender with evidence of the insurance coverage required by Borrower's agreement with Lender, Lender may purchase insurance at Borrower's expense to protect Lender's interests in the collateral. This insurance may, but need not, protect Borrower's interests. The coverage that Lender purchases may not pay any claim that Borrower makes or any claim that is made against Borrower in connection with the collateral. Borrower may later cancel any insurance purchased by Lender, but only after providing Lender with evidence that Borrower has obtained insurance as required by their agreement. If Lender purchases insurance for the collateral, Borrower will be responsible for the costs of that insurance, including interest and any other charges Lender may impose in connection with the placement of the insurance, until the effective date of the cancellation or expiration of the insurance. The costs of the insurance may be added to Borrower's total outstanding balance or obligation. The costs of the insurance may be more than the cost of insurance Borrower may be able to obtain on Borrower's own.

PRIOR TO SIGNING THIS NOTE, BORROWER READ AND UNDERSTOOD ALL THE PROVISIONS OF THIS NOTE, INCLUDING THE VARIABLE INTEREST RATE PROVISIONS. BORROWER AGREES TO THE TERMS OF THE NOTE.

BORROWER ACKNOWLEDGES RECEIPT OF A COMPLETED COPY OF THIS PROMISSORY NOTE.

BORROWER:

PHARMA DISTRIBUTION & FULFILLMENT SERVICES, INC.

By: _____
Robert A Koopman, President of PHARMA DISTRIBUTION & FULFILLMENT SERVICES, INC.

[illegible] All Rights Reserved.

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: Pharma Distribution and Fulfillment Services, Inc.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 634 Quality Lane

City: South Beloit State: IL Zip: 61080

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 815-624-8880 Website: www.pharmadfs.com

Licensing Company Email: dsperacino@pharmadfs.com

Section 2: Personal Information

First: Thomas Middle: Alan Last: Koopman

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

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

Mailing Addres: [redacted]

City: Roscoe State: IL Zi: [redacted]

Telephone: 815-624-8880 Email: tkoopman@pharmadfs.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)	
Illinois Institute of Technology		09/12-05/15	
Address	**City**	**State**	**Zip**
10 W 35th St	Chicago	IL	60616
Diploma/Degree obtained, if any			
Bachelor's of Science in Electrical Engineering			
School Name		**From - To (MM/YY – MM/YY)**	
Elmhurst College (Elmhurst University)		09/10-05/15	
Address	**City**	**State**	**Zip**
190 S Prospect Ave	Elmhurst	IL	60126
Diploma/Degree obtained, if any			
Bachelor's of Science in Physics with Minor in Mathematics			
School Name		**From - To (MM/YY – MM/YY)**	
Hononegah High School		09/06-05/10	
Address	**City**	**State**	**Zip**
307 Salem St	Rockton	IL	61072
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/22-Present	[redacted]	Roscoe	IL	[redacted]
04/18-08/22		Rockford	IL	
07/15-04/18		Roscoe	IL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Pharma Distribution and Fulfillment Services			08/22-Present	
Business Address		**City**	**State**	**Zip**
634 Quality Lane		South Beloit	IL	61080
Phone	**Title**		**Number of Employed Hours**	
8156248880	VP Operations		6240	

Description of Duties

Created, approved, and performed Standard Operating Procedures related to operations, quality control, client relations, and business practices. Primary point of contact for clients in processing orders and handling complaints.

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

Description of Duties

Perform inventory transactions and manage Inventory control, documentation, and logs. Manage EPCIS file transactions and tracking, Quarantine processes, and warehouse 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: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to 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 # 5/6 . Provide all the following *where applicable*:

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

Provide explanation below:

This is in response to Question #5.
While employed by Precision Dose, Inc., and an owner of less than 1% of its stock, the company and its subsidiary was sued in a class action for allegedly violating the Telephone Consumer Protection Act.

Filed November 18, 2024, in Winnebago County, State of Illinois, and captioned as S.A.S.B. CORP. d/b/a Okeechobee Discount Drugs, individually and as the representative of a class of similarly-situated persons and entities vs. Precision Dose, Inc. and TAGI Pharma, Inc.

The case was later removed to Federal Court in the Northern District of Illinois as Case Number: 3:24-CV-50509.

I am neither a director nor an officer of the company or its subsidiary. I had no responsibility for anything related to the lawsuit.

This is in response to Question #6.

As part of PDFS's application to the South Carolina Board of Pharmacy I participated in a routine application interview by video conference. There were no concerns raised, and license # PY .20873 3PL was granted to PDFS in the ordinary course.

Original Signature (electronic, copies or stamps not accepted)

9-8-25
Date

I, Thomas Alan Koopman, **certify that as the designated representative for**

Pharma Distribution and Fulfillment Services,

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 Koopman

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9-8-25

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 Koopman

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9-8-25

Date

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

State of Illinois, ss. County of Winnebago

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

9-8-25

Date

Subscribed and Sworn to before me this 8 day of September

Notary Public Signature

Official Seal
DENISE M SPERACINO
Notary Public, State of Illinois
Commission No. 527706
My Commission Expires March 26, 2029

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Pharma Distribution and Fulfillment Services, Inc.

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

Physical Address: 634 Quality Lane

City: South Beloit State: IL Zip: 61080

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 815-624-8880 Website: www.pharmadfs.com

Licensing Company Email: ~~cpirizarry@pharmadfs.com~~ cirizarry@pharmadfs.com

Section 2: Personal Information

First: Deborah Middle: Sue Darnell Last: Keiser

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

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

Mailing Address: [redacted]

City: Spartanburg State: SC 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)	
Indiana University, Fort Wayne			9/76 - 5/78	
Address	City		State	Zip
2101 East Coliseum Blvd. Ft Wayne			In	46805
Diploma/Degree obtained, if any				
BS in Music Therapy				
School Name			From - To (MM/YY – MM/YY)	
Hanover College			9/73 - 5/75	
Address	City		State	Zip
495 College Ave	Hanover		In	47243
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Clay High School			9/69 - 5/73	
Address	City		State	Zip
19131 Darden Rd	South Bend		In	46637
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 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
- 8/93 - [redacted]	[redacted]	Spartanburg	SC	[redacted]
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
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)
Precision Dose, Inc.			- current
Business Address	**City**	**State**	**Zip**
722 Progressive Lane	South Beloit	IL	61080
Phone	**Title**		
815-624-8523	Director and Owner		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
TAGI Pharma, Inc.			- current
Business Address	**City**	**State**	**Zip**
722 Progressive Lane, Room 205	South Beloit	IL	61080
Phone	**Title**		
815-624-7685	Director		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
CupPac Packaging, Inc.			- current
Business Address	**City**	**State**	**Zip**
777 Progressive Lane	South Beloit	IL	61080
Phone	**Title**		
815-624-7060	Director and Owner		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Pharma Distribution and Fulfillment Services, Inc.			- current
Business Address	**City**	**State**	**Zip**
634 Quality Lane	South Beloit	IL	61080
Phone	**Title**		
815-624-8880	Director		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
First Presbyterian Weekday School			8/05 - 5/21
Business Address	**City**	**State**	**Zip**
393 East Main St.	Spartanburg	SC	29302
Phone	**Title**		
864-583-4531	Music teacher		
Description of Duties			
Teaching music to pre-schoolers			

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 Sue Darnell Keiser

Print Name (First, Last)

Deborah Sue Darnell Keiser 1/15/26

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 Spartanburg

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

Deborah Sue Darnell Keiser 1/15/26

Original Signature **Date**

Subscribed and Sworn to before me this 15th day of January

Julia M. Jordan

Notary Public Signature

(Seal)

PDFS Employees

April 7, 2026

Employee Name	Job Title
Robert Koopman	CEO
Thomas Koopman	Designated Representative
Steve Tomsyck	VP, Operations
Troy Taylor	Building Maintenance
Christina Neiber	Human Resources Manager
Bret Meier	Warehouse Supervisor
Jerry Wells	IT
Tana Ginter	Accounting
Jessica Clark	Customer Care
Dorothy Waugh	Warehouse Lead
Gio Siduentes (Staffing Agency Temp)	Material Handler
Valerie Koopman	Quality Manager
Christopher Hoffman	VP of Sales and Marketing
Arlyn Poppen	VP of Finance

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	* 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: Pharmacy Buying Association, Inc.

Physical Address: 1825 NW Vivion Rd

City: Riverside State: MO Zip: 64150

Mailing Address (if different from physical address): 6300 Enterprise Rd

City: Kansas City State: MO Zip: 64120

Telephone: 816-245-5700 Website: www.pbahealth.com

Name of Designated Representative (DR): Dennis Bean

Licensing Company Email: licensing.team@pbahealth.com DR Email: licensing.team@pbahealth.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)

4/7/2026
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: Novo Nordisk, Inc.
Address: 800 Scudders Mill Rd. City: Plainsboro State: NJ Zip: 08536

Name: GlaxoSmithKline
Address: 2929 Walnut St, Suite 1700 City: Philadelphia State: PA Zip: 19105

Name: AbbVie US LLC
Address: 5 Giralda Farms City: Madison State: NJ Zip: 07940

Name: Bristol-Myers Squibb
Address: 3401 Princeton Pike City: Lawrenceville State: NJ Zip: 08648

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: Missouri
Parent Company (if any): Unify Rx
Corporation/Organization Name: Pharmacy Buying Association, Inc.
Mailing Address: 6300 Enterprise Rd
City: Kansas City State: MO Zip: 64120
Telephone: 816-245-5700 Email: Licensing.Team@pbahealth.com
Contact Person Name: Charles Empson/Russ Musson

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.

Pharmacy Buying Association, Inc
Facility Name

Charles Empson
Print Name of Authorized Person Submitting Application

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

4/7/2026
Date

Board Use Only	Date Received: 4/13/26	Amount: $1000 ck 1001433214

NABP ACCREDITED
DRUG DISTRIBUTOR

Pharmacy Buying Association, Inc
dba PBA Health

located at

1825 NW Vivion Rd, Riverside, MO 64150

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

Corporate Information

License
Pharmacy Buying Association
[redacted]
Fax: 816-587-7793
Licensing.team@pbahealth.com

Corporate Officers
Clark Balcom
President/CEO
[redacted]

Charles Empson
Vice President/CFO
[redacted]

Description of activity
Pharmacy Buying Association is a pharmaceutical wholesaler in the state of Missouri. We purchase Prescription drugs, CII to CV drugs and OTC items from manufactures and other licensed wholesalers. PBA provides services and technology to independent pharmacies. At our Distribution Center, we strive to maintain good quality service to our customers by following strict guidelines from state and federal regulations. We ensure the integrity of the product received in, stored, and shipped out is at the highest level of quality possible.

List All Shareholders/Members/Partners – Attach Additional Sheets if Necessary

Legal Name	Address, City, State, Zip Code	Phone Number	% Owned
Unify RX - Delaware Holding Co	[redacted]		100

STATE OF MISSOURI

Denny Hoskins
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

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

PHARMACY BUYING ASSOCIATION, INC.
00315155

was created under the laws of this State on the 16th day of May, 1988, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 10th day of March, 2026.

Denny Hoskins
Secretary of State

Certification Number: CERT-03102026-0152

Mike Kehoe
Governor
State of Missouri

Sheila Solon, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Missouri Department of
Commerce & Insurance
Angela L. Nelson, Director

Missouri Board of Pharmacy
3605 Missouri Boulevard P.O. Box 625
Jefferson City, MO 65102-1335
(573) 751-0091
(573) 526-3464 FAX
(800) 735-2966 TTY Relay Missouri
(800) 735-2466 Voice Relay Missouri

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

State of Missouri Certification of Licensure

To: Nevada State Board of Pharmacy

Licensee Details

Name of Licensee:	Pharmacy Buying Association	**License Number:**	901408
Type of License:	Drug Distributor	**Original Issue Date:**	11/13/1998
		Expiration Date:	10/31/2027
		License Status:	Active
		Discipline Status:	None

Additional Information

Executive Director
Missouri Board of Pharmacy
on 04/09/2026

BOARD OF PHARMACY
MISSOURI SEAL

State of Missouri
Division of Professional Registration
Drug Distributor
Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2027
ORIGINAL CERTIFICATE/LICENSE NO. 901408
PHARMACY BUYING ASSOCIATION
PHARMACY BUYING ASSOCIATION
1825 N.W. VIVION RD
RIVERSIDE MO 64150
UNITED STATES

State of Missouri

Missouri Department of Commerce and Insurance
Division of Professional Registration
Missouri Board of Pharmacy

Drug Distributor

Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2027
ORIGINAL CERTIFICATE/LICENSE NO. 901408
Dennis E Bean

PHARMACY BUYING ASSOCIATION
PHARMACY BUYING ASSOCIATION
1825 N.W. VIVION RD
RIVERSIDE MO 64150
UNITED STATES

EXECUTIVE DIRECTOR

DIVISION DIRECTOR

BUREAU OF NARCOTICS AND DANGEROUS DRUGS
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

CONTROLLED SUBSTANCES REGISTRATION

Registration is non-transferable

Registrant Name:	**PHARMACY BUYING ASSOCIATION (PBA HEALTH, TRUECARE PHARMACY)**
BNDD Number:	**224036283**
Description:	**DISTRIBUTOR**
Street Address:	[redacted]
City/State/Zip:	
Phone Number:	
Effective Date:	**3/5/2026**
Expiration Date:	**4/30/2027**
BNDD Discipline:	**NO**
Drug Schedules:	**2 3 4 5**

EJ Jackson, Bureau Chief
Bureau of Narcotics & Dangerous Drugs

BNDD@health.mo.gov • MO BNDD, PO BOX 570, Jefferson City, Missouri 65102 • Phone 573-751-6321

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	03-31-2027	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	02-03-2026

PHARMACY BUYING ASSOCIATION
1825 NW VIVION RD
RIVERSIDE, MO 641509405

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
[redacted]	03-31-2027	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	02-03-2026

PHARMACY BUYING ASSOCIATION
1825 NW VIVION RD
RIVERSIDE, MO 641509405

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
[redacted]	03-31-2027	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	02-03-2026

PHARMACY BUYING ASSOCIATION
1825 NW VIVION RD
RIVERSIDE, MO 641509405

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:

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. B150096009

Application/License No. _____

Pharmacy Buying Association, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1825 NW Vivion Rd, Riverside, MO 64150-9405 (Address of Applicant/Principal), as PRINCIPAL, and Old Republic Surety Company (Surety Company), a corporation organized under the laws of the state of Wisconsin (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 18500 W Corporate Dr, Ste 170, Brookfield, WI 53045 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 5/1/2026 (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 27th day of March, 20 26.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Kathleen Struecker
Surety Company's Representative

Kathleen Struecker, Attorney-in-fact
print name

OLD REPUBLIC SURETY COMPANY CORPORATE SEAL 1981

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

SADAF ZAKI
Notary Public, Notary Seal
State of Missouri
Jackson County
Commission # 22661760
My Commission Expires 10-10-2026

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

OLD REPUBLIC SURETY COMPANY

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint:

Kathleen A Struecker Of ALGONA, Iowa

its true and lawful Attorney(s)-in-Fact, with full power and authority, not exceeding $10,000,000, for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, ***(other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, waste management bonds, hazardous waste remediation bonds or black lung bonds)***, as follows:

Effective Date: 05/01/2026

Bond Number: B150096009	Bond Amount:	Twenty-Five Thousand Dollars	$ 25,000.00
Principal Name:	Pharmacy Buying Association, Inc.		
Obligee Name:	NV State Board of Pharmacy, Nevada		

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18,1982.

RESOLVED that the president, any vice president or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

(i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or

(ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or

(iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 27th day of March, 2026.

OLD REPUBLIC SURETY COMPANY

Assistant Secretary

President

STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS

On this 27th day of March, 2026, personally came before me, Alan Pavlic and Kevin J. Abitz, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.

Notary Public

My Commission Expires: 09/28/2026

(Expiration of notary's commission does not invalidate this instrument)

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

0400134

Signed and sealed at the City of Brookfield, WI this 27th day of March, 2026.

Assistant Secretary

ORSC 22262 (3-06)

PMC ADVANTAGE INS SERVICES INC

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Pharmacy Buying Association, Inc.

Pharmacy/Wholesaler License # (if applicable): 901408

Physical Address: 1825 NW Vivion Rd

City: Riverside State: MO Zip: 64150

Mailing Address (if different from physical address): 6300 Enterprise Rd

City: Kansas City State: MO Zip: 64120

Telephone: 816-245-5790 Website: www.pbahealth.com

Licensing Company Email: Licensing.Team@pbahealth.com

Section 2: Personal Information

First: Dennis Middle: Edwin Last: Bean

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

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

Mailing Addre[redacted]

City: Appleton City State: MO Zi[redacted]

Telephone: 816-245-5790 Email: Dennis.Bean@pbahealth.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)
National American University			05/2008 - 11/2011
Address	**City**	**State**	**Zip**
7490 NW 87th St	Kansas City	MO	64153
Diploma/Degree obtained, if any			
Associate of Applied Science in Business			

School Name			From - To (MM/YY – MM/YY)
Fort Osage High School			08/86 - 05/89
Address	**City**	**State**	**Zip**
2003 N Twyman Rd	Independence	MO	64058
Diploma/Degree obtained, if any			

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

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

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

Section 6: List all residences you have had for the last 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 - Current	[redacted]	Appleton City	MO	[redacted]
12/21 - 09/24		Kansas City	MO	
04/19 - 12/21		Kansas City	MO	
10/18 - 03/19		Kansas City	MO	
07/12 - 10/18		Smithville	MO	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	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)	
Pharmacy Buying Association			04-00 - Current	
Business Address		**City**	**State**	**Zip**
1825 NW Vivion Rd		Riverside	MO	64150
Phone	**Title**		**Number of Employed Hours**	
816-245-5790	Warehouse Manager		49920	
Description of Duties				
Direct the procurement, storage, and distribution of medications, ensuring regulatory compliance. Lead operations and manage inventory levels.				

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

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

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

Dennis Edwin Bean
Original Signature (electronic, copies or stamps not accepted)

4-1-26
Date

I, Dennis Bean, certify that as the designated representative for Pharmacy Buying Association (PBA Health),

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

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

Dennis Bean

Print Name (First, Last)

Dennis Bean

Original Signature (electronic, copies or stamps not accepted)

4-1-26

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.

Dennis Bean

Print Name (First, Last)

Dennis Bean — 4-1-26

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

---

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

State of MISSOURI, ss. County of JACKSON

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

Dennis Bean — 4-1-26

Original Signature — **Date**

Subscribed and Sworn to before me this 1st day of APRIL 2026

Notary Public Signature

SADAF ZAKI
Notary Public, Notary Seal
State of Missouri
Jackson County
Commission # 22661760
My Commission Expires 10-10-2026

(Seal)

Employee List for Pharmacy Buying Association Warehouse Facility

1825 NW Vivion Rd, Riverside, MO 64150

Last, First MI

Arnold, Sharon M

Baldwin, Floyd A

Bean, Dennis E

Devero, Michelle R

Edmunds, David E

Her, Solomon T

Inskeep, Holly M

Lee, Ted

Nordman, Josue I

Pennington, Xander H

Schilling, Ezra M

Schreier, Hailey N

Smith, Jeffrey R

Stoppelmoor, Derek L

Sweany, Thomas M

Thomas, Le'Essence M

Volk, Richard D

Wadley, Donna J

Walker, Marquita A

Walker, Teri A

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 02814	☐ 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: iRemedy Direct, Inc. dba Safeway Distributors, Inc

Physical Address: 15851 SW 41st Street, Suite 600

City: Davie State: FL Zip: 33331

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

City: State: Zip:

Telephone: (954) 258-0496 Website: https://iremedy.com/

Name of Designated Representative (DR): Michael Bleich

Licensing Company Email: mike@iremedy.com DR Email: mike@iremedy.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: N/A	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others: N/A

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

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

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

Date of Event/Arrest	Disposition Date	State	City	County
N/A			Davie	
Case #		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: 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: FL

Parent Company (if any): The iRemedy Healthcare Companies, Inc

Corporation/Organization Name: iRemedy Direct, Inc. dba Safeway Distributors, Inc

Mailing Address: 15851 SW 41st Street, Suite 600

City: Davie State: FL Zip: 33331

Telephone: (954) 258-0496 Email: mike@iremedy.com

Contact Person Name: Michael Bleich

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/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.

iRemedy Direct, Inc. dba Safeway Distributors, Inc.
Facility Name

MICHAEL BLEICH
Print Name of Authorized Person Submitting Application

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

3-30-26
Date

Board Use Only	Date Received: 4/6/26	Amount: $1000 CK# 6606307

NABP ACCREDITED
DRUG DISTRIBUTOR

Safeway Distributors, Inc

located at

15851 SW 41st Street, Suite 600, Davie, FL 33331

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

0612

IREMEDY DIRECT, INC. DBA SAFEWAY DISTRIBUTORS, INC.

15851 SW 41st Street, Suite 600, Davie FL 33331

FEIN: 46-4679618

Incorporated in the State of FL on 01/30/2014

OWNER:

The iRemedy Healthcare Companies, Inc. – Parent Company

Address: 7118 South Kanner Hwy, Stuart, FL 34997

Phone Number: (844) 335-3548

Owership: 100%

CORPORATE OFFICERS:

Anthony Paquin **Chief Executive Officer**

Business Address: 15851 SW 41st Street, Suite 600, Davie FL 33331

Business Phone: (855) 889-6869

Ownership: 0%

Amanda Somsy **Chief Financial Officer**

Business Address: 15851 SW 41st Street, Suite 600, Davie FL 33331

Business Phone: (954) 258-0496

Ownership: 0%

Michael Bleich **President/CDR**

Business Address: 15851 SW 41st Street, Suite 600, Davie FL 33331

Business Phone: (954) 258-0496

Ownership: 0%

State of Florida
Department of State

I certify from the records of this office that IREMEDY DIRECT, INC. is a corporation organized under the laws of the State of Florida, filed on January 31, 2014, effective January 30, 2014.

The document number of this corporation is P14000009930.

I further certify that said corporation has paid all fees due this office through December 31, 2026, that its most recent annual report/uniform business report was filed on January 13, 2026, and that its status is active.

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

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Thirteenth day of January, 2026

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

Secretary of State

Tracking Number: 7174354205CC

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

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

Ron DeSantis, Governor

Melanie S. Griffin, Secretary

Florida dbpr

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS

THE Prescription Drug Wholesale Distributor HEREIN HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 499, FLORIDA STATUTES

SAFEWAY DISTRIBUTORS INC

15851 SW 41ST STREET
SUITE 600
DAVIE FL 33331

LICENSE NUMBER: 2220233

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 04/24/2025

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89512
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PA00184900015

Application/License No. _____

Safe Way Distributors, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 15851 SW 41st Street, Weston, FL 33331 (Address of Applicant/Principal), as PRINCIPAL, and Philadelphia Indemnity Insurance Company (Surety Company), a corporation organized under the laws of the state of Pennsylvania (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Bala Plaza Suite 100, Bala Cynwyd, PA 19004 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of 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 03/11/2026 (Effective Date).

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 12th day of March, 2026.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Michael E. Cundiff, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Melissa Hibbs

Witness Marc Richardson

Countersigned by:

Nevada Resident Agent

ACKNOWLEDGEMENT OF SURETY

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

State of PA

County of Montgomery

On this 12 day of March, 2026 before me personally came Michael E. Cundiff to me known, who being by me duly sworn, deposes and says that he is the Attorney in Fact of Philadelphia Indemnity Insurance Company, the corporation described in and which executed the foregoing Agreement; that he knows the seal of the said corporation; that the seal affixed to the said Agreement is such corporate seal; that it was so affixed by the order of the Board of Directors of said corporation, and that he signed his name thereto by like order.

Commonwealth of Pennsylvania - Notary Seal
PAULA LARE - Notary Public
Montgomery County
My Commission Expires October 15, 2026
Commission Number 1193866

(Signature of Notary Public)

My Commission expires October 15, 2026

PA00184900015

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint Michael E. Cundiff its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances, consents of surety and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed $25,000.00.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 21ST DAY OF AUGUST 2025.

(Seal)

Philadelphia Indemnity Insurance Company

On this 21st day of August, 2025, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

Commonwealth of Pennsylvania - Notary Seal
PAULA LARE - Notary Public
Montgomery County
My Commission Expires October 15, 2026
Commission Number 1193866

Notary Public:

residing at: Bala Cynwyd

My commission expires: October 15, 2026

I, Angelique Cooper, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 21st day of August, 2025 are true and correct and are still in full force and effect. I do further certify that John Glomb, who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 12th day of March, 2026

Angelique Cooper, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: iRemedy Direct, Inc. dba Safeway Distributors, Inc

Pharmacy/Wholesaler License # (if applicable): WH02814

Physical Address: 15851 SW 41st Street, Suite 600

City: Davie State: FL Zip: 33331

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

City: State: Zip:

Telephone: (954) 258-0496 Website: https://iremedy.com/

Licensing Company Email: mike@iremedy.com

Section 2: Personal Information

First: Michael Middle: Last: Bleich

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

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

Mailing Address: [redacted]

City: Davie State: FL Zip: [redacted]

Telephone: (954) 258-0496 Email: mbleich@swdrx.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 Atlantic University		1985	
Address	**City**	**State**	**Zip**
777 Glades Rd	Boca Raton	FL	33431
Diploma/Degree obtained, if any			
Bachelor of Science: Education			

School Name		From - To (MM/YY – MM/YY)	
Broward College		1982	
Address	**City**	**State**	**Zip**
1000 Coconut Creek Boulevard	Pompano Beach	FL	33066
Diploma/Degree obtained, if any			
Associate of Arts: Education			

School Name		From - To (MM/YY – MM/YY)	
Boyd Anderson High School			
Address	**City**	**State**	**Zip**
3050 NW 41st St	Lauderdale Lakes	FL	33309
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**
			33331
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 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
04/01-Present	[redacted]	Davie	FL	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	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)	
iRemedy Direct, Inc. dba Safeway Distributors Inc			07/25 - Present	
Business Address		**City**	**State**	**Zip**
15851 SW 41st Street, Suite 600		Davie		33331
Phone	**Title**		**Number of Employed Hours**	
(954) 258-0496	President/CDR		4,184	
Description of Duties				
Managed drug & supply inventories, conducting routine inspections of medication storage locations, regularly stocked shelves, rotated stock and checked for expired medications, managing supply procurement and management processes				

Business Name			From - To (MM/YY – MM/YY)	
Safeway Distributors Inc			01/14 - 07/25	
Business Address		**City**	**State**	**Zip**
15851 SW 41st Street, Suite 600		Davie		33331
Phone	**Title**		**Number of Employed Hours**	
(954) 258-0496	President/CDR		72,296	
Description of Duties				
Managed drug & supply inventories, conducting routine inspections of medication storage locations, regularly stocked shelves, rotated stock and checked for expired medications, managing supply procurement and management 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.

1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to 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?		✓

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No

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

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

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

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

3-30-26
Date

I, Michael Bleich, **certify that as the designated representative for**

iRemedy Direct, Inc. dba Safeway Distributors, 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.

MICHAEL BLEICH

Print Name (First, Last)

Michael Bleich

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

3-30-26

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 BLEICH

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3-30-26

Date

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

State of FLORIDA, ss. County of BROWARD

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

3-30-2026

Date

Subscribed and Sworn to before me this 30th day of March 2026

Notary Public Signature

BRYAN W. BAUMAN
Commission # HH 719318
Expires October 15, 2029

(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: iRemedy Direct, Inc. dba Safeway Distributors, Inc

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): WH02814

Physical Address: 15851 SW 41st Street, Suite 600

City: Davie State: FL Zip: 33331

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

City: _____ State: _____ Zip: _____

Telephone: (954) 258-0496 Website: https://iremedy.com/

Licensing Company Email: mike@iremedy.com

Section 2: Personal Information

First: Anthony Middle: _____ Last: Paquin

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

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

Mailing Addres: [redacted]

City: Stuart State: FL Zip: [redacted]

Telephon: [redacted] Email: tony@iremedy.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)	
Michigan State University		1976 - 1977	
Address	**City**	**State**	**Zip**
220 Trowbridge Road	East Lansing	MI	48824
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Fenton High School		08/1972 - 05/1976	
Address	**City**	**State**	**Zip**
3200 West Shiawassee Avenue	Fenton	MI	48430
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
06/21-Present	[redacted]	Stuart	FL	[redacted]
08/19-06/21		Stuart	FL	
07/2018 - 08/2019		West Palm Beach	FL	
07/2017 - 07/2019		West Palm Beach	FL	
10/2015 - 07/2017		West Palm Beach	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

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)
iRemedy Direct, Inc. dba Safeway Distributors Inc			04/25 - Present
Business Address	**City**	**State**	**Zip**
15851 SW 41st Street, Suite 600	Davie	FL	33331
Phone	**Title**		
(855) 889-6869	Chief Exective Officer		

Description of Duties

As CEO of Safeway, a subsidiary of iRemedy Healthcare, I am responsible for executive leadership, operational oversight and ensuring the subsidiary's compliance with all applicable state and federal licensing

Business Name			From - To (MM/YY – MM/YY)
The iRemedy Healthcare Companies, Inc			01/02
Business Address	**City**	**State**	**Zip**
7118 South Kanner Hwy	Stuart	FL	34997
Phone	**Title**		
(855) 889-6869	Chief Exective Officer		

Description of Duties

As CEO of iRemedy, I am responsible for the overall corporate strategy, government affairs, regulatory compliance, and oversight of the company's technology platform (MetaCommerceRx), logistic partnerships, and distribution 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			

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

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

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

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

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

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

3/30/26
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.

ANTHONY PAQUIN

Print Name (First, Last)

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

3-30-26

Date

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

State of FLORIDA, ss. County of MARTIN

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

3-30-26

Date

Subscribed and Sworn to before me this 30th day of March.

Notary Public Signature

Notary Public State of Florida
Debra Rinderknecht
My Commission HH 519485
Expires 4/23/2028

(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: iRemedy Direct, Inc. dba Safeway Distributors, Inc

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): WH02814

Physical Address: 15851 SW 41st Street, Suite 600

City: Davie State: FL Zip: 33331

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

City: State: Zip:

Telephone: (954) 258-0496 Website: https://iremedy.com/

Licensing Company Email: mike@iremedy.com

Section 2: Personal Information

First: Amanda Middle: Last: Somsy

Alias(es, nicknames, name changes, etc.): Maiden Name - Amanda Martin

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

Mailing Addres: [redacted]

City: Stuart State: FL Zip: [redacted]

Telephone: [redacted] Email: amanda@iremedy.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	Address	City	State	Zip	From - To (MM/YY – MM/YY)	Diploma/Degree obtained, if any
Southern New Hampshire University	2500 North River Road,	Manchester	NH	03106	08/2011 – 08/2013	Masters of Science - Accounting
Keene State College	229 Main Street	Keene	NH	03435	08/2004 – 05/2006	Bachelor of Science - Business Management
Community College of Vermont	660 Elm Street	Montpelier	VT	05602	08/02 – 05/04	Associates of Liberal Arts
University of Vermont	85 South Prospect St	Burlington	VT	05405	08/01 – 05/02	n/a
Brattleboro Union High School	131 Fairground Road	Guilford	VT	05301	08/97 – 05/01	High School Diploma

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/17-Present	[redacted]	Stuart	FL	[redacted]
08/2013 – 02/		Ave Stuart	FL	
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: 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)	
iRemedy Direct, Inc. dba Safeway Distributors Inc			04/25 - Present	
Business Address		**City**	**State**	**Zip**
15851 SW 41st Street, Suite 600		Davie	FL	33331
Phone	**Title**			
(954) 258-0496	Chief Financial Officer			
Description of Duties				
Provides strategic financial oversight and governance for iRemedy Direct, drives financial strategy, capital planning, and executive-level reporting across all business units				

Business Name			From - To (MM/YY – MM/YY)	
The iRemedy Healthcare Companies, Inc			05/13 - Present	
Business Address		**City**	**State**	**Zip**
7118 South Kanner Hwy		Stuart	FL	34997
Phone	**Title**			
(321) 250-1432	Chief Financial Officer			
Description of Duties				
Leads all financial operations including FP&A, accounting, treasury, and compliance for a high-growth healthcare company, oversees financial reporting, budgeting, and forecasting to support data-driven decision-making, manage relationships with key financial stakeholders, investors & external partners				

Business Name			From - To (MM/YY – MM/YY)	
Locavore, LLC			10/13 – current	
Business Address		**City**	**State**	**Zip**
671 SE Pin Oak Ter		Stuart	FL	34997
Phone	**Title**			
802-922-7724	owner			
Description of Duties				
admin, accounting				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**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
N/A				
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

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

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

AMANDA SOMSY

Print Name (First, Last)

Amanda Somsy

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

3/31/26

Date

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

State of Florida, ss. County of Martin

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

Amanda Somsy

Original Signature

3/31/26

Date

Subscribed and Sworn to before me this 30th day of March.

Notary Public Signature

Notary Public State of Florida
Debra Rinderknecht
My Commission HH 519485
Expires 4/23/2028

(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: iRemedy Direct, Inc. dba Safeway Distributors, Inc

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): WH02814

Physical Address: 15851 SW 41st Street, Suite 600

City: Davie State: FL Zip: 33331

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

City: State: Zip:

Telephone: (954) 258-0496 Website: https://iremedy.com/

Licensing Company Email: mike@iremedy.com

Section 2: Personal Information

First: Michael Middle: Last: Bleich

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

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

Mailing Address: [redacted]

City: Davie State: FL Zip: [redacted]

Telephone: (954) 258-0496 Email: mbleich@swdrx.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 Atlantic University		1985	
Address	**City**	**State**	**Zip**
777 Glades Rd	Boca Raton	FL	33431
Diploma/Degree obtained, if any			
Bachelor of Science: Education			

School Name		From - To (MM/YY – MM/YY)	
Broward College		1982	
Address	**City**	**State**	**Zip**
1000 Coconut Creek Boulevard	Pompano Beach	FL	33066
Diploma/Degree obtained, if any			
Associate of Arts: Education			

School Name		From - To (MM/YY – MM/YY)	
Boyd Anderson High School			
Address	**City**	**State**	**Zip**
3050 NW 41st St	Lauderdale Lakes	FL	33309
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/01-Present	[redacted]	Davie	FL	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	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)
iRemedy Direct, Inc. dba Safeway Distributors Inc			07/25 - Present
Business Address	**City**	**State**	**Zip**
15851 SW 41st Street, Suite 600	Davie		33331
Phone	**Title**		
(954) 258-0496	President/CDR		

Description of Duties

Managed drug & supply inventories, conducting routine inspections of medication storage locations, regularly stocked shelves, rotated stock and checked for expired medications, managing supply procurement and management processes

Business Name			From - To (MM/YY – MM/YY)
Safeway Distributors Inc			01/14 - 07/25
Business Address	**City**	**State**	**Zip**
15851 SW 41st Street, Suite 600	Davie		33331
Phone	**Title**		
(954) 258-0496	President/CDR		

Description of Duties

Managed drug & supply inventories, conducting routine inspections of medication storage locations, regularly stocked shelves, rotated stock and checked for expired medications, managing supply procurement and management 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
N/A				
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Michael B Leach

Original Signature (electronic, copies or stamps not accepted)

3-30-26

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 BLEICH

Print Name (First, Last)

Michael Bleich

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

3-30-26

Date

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

State of FLORIDA, ss. County of BROWARD

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

Michael Bleich

Original Signature

3-30-26

Date

Subscribed and Sworn to before me this 30th day of March 2026

Notary Public Signature

BRYAN W. BAUMAN
Commission # HH 719318
Expires October 15, 2029

(Seal)

List of Employees

- Kyle Branch Warehouse Mgr
- Kim Ford Purchasing and Order Processing
- Candis Ware Invoicing and Order Processing

4Q

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ 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: Alcresta Therapeutics, Inc.

Physical Address: 130 Turner Street, Bldg. 3, Suite 200

City: Waltham State: MA Zip: 02453

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

City: _____ State: _____ Zip: _____

Telephone: (617) 431-3600 Website: www.alcresta.com & www.relizorb.com

Name of Designated Representative (DR): Christopher Parrish

Licensing Company Email: skeup@hpm.com DR Email: cparrish@alcresta.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)?		✓

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

Name: McKesson
Address: 4836 Southridge Blvd City: Memphis State: TN Zip: 38141

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): Alcresta Buyer, Inc.
Corporation/Organization Name: Alcresta Therapeutics, Inc.
Mailing Address: 130 Turner Street, Bldg. 3, Suite 200
City: Waltham State: MA Zip: 02453
Telephone: (617) 431-3600 Email: cparrish@alcresta.com
Contact Person Name: Christopher Parrish

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/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.

Alcresta Therapeutics, Inc.

Facility Name

Christopher Parrish

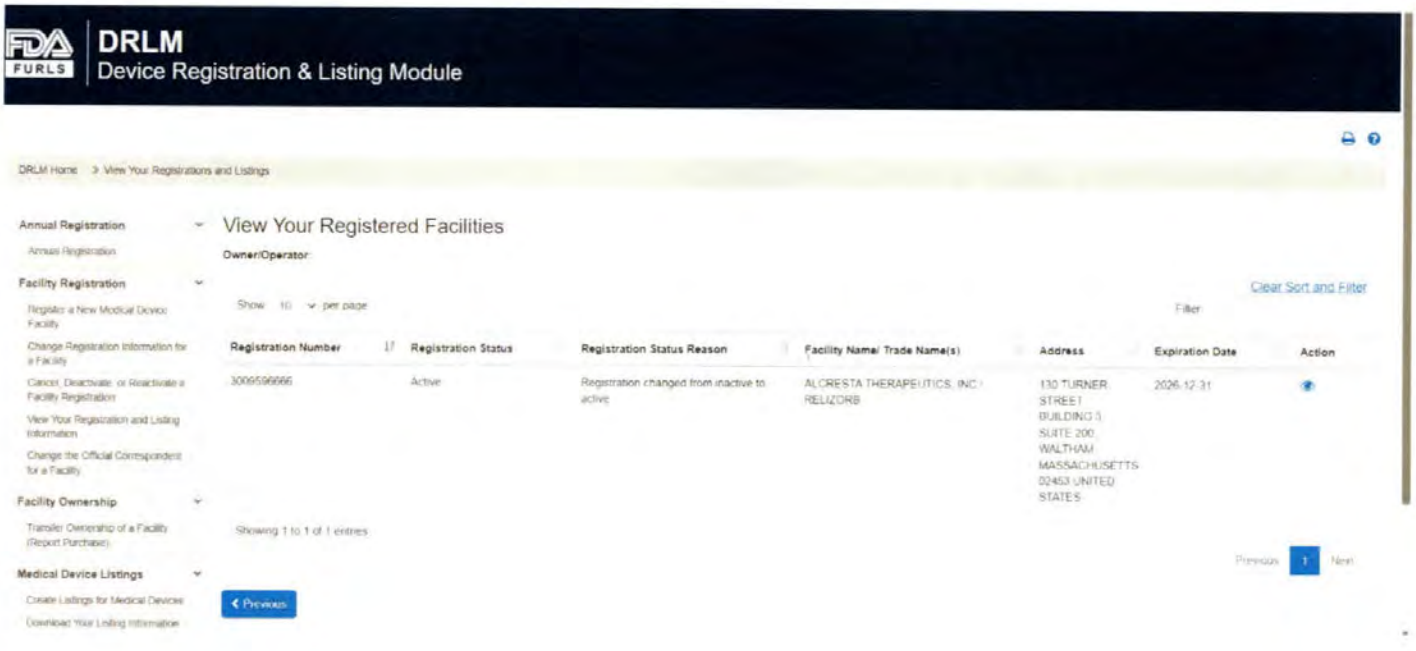
Print Name of Authorized Person Submitting Application

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

02/25/2024

Date

Board Use Only	Date Received: _____ Amount: _____


DRLM
Device Registration & Listing Module
DRLM Home > View Your Registrations and Listings
Annual Registration
Annual Registration
Facility Registration
Register a New Medical Device Facility
Change Registration Information for a Facility
Cancel, Deactivate, or Reactivate a Facility Registration
View Your Registration and Listing Information
Change the Official Correspondent for a Facility
Facility Ownership
Transfer Ownership of a Facility (Report Purchase)
Medical Device Listings
Create Listings for Medical Devices
Download Your Listing Information
View Your Registered Facilities
Owner/Operator:
Clear Sort and Filter
Show 10 per page
Filter:
Registration Number
Registration Status
Registration Status Reason
Facility Name/ Trade Name(s)
Address
Expiration Date
Action
3009596666
Active
Registration changed from inactive to active
ALCRESTA THERAPEUTICS, INC / RELIZORB
130 TURNER STREET BUILDING 3 SUITE 200 WALTHAM MASSACHUSETTS 02453 UNITED STATES
2026-12-31
Showing 1 to 1 of 1 entries
Previous
1
Next
Previous

Officers of Company
Alcresta Therapeutics, Inc.

Position/Title(s)	Full Legal Name	Home Address	% of Ownership	Email Address
Chief Executive Officer	Daniel Orlando	[redacted]		dorlando@alcresta.com
Chief Legal Officer	William Scheinler			wscheinler@alcresta.com
Chief Commercial Officer	Christopher Arnold			carnold@alcresta.com
Chief Operations Officer	Christopher Parrish			cparrish@alcresta.com
Chief Financial Officer	Ian Vawter			ivawter@alcresta.com
Chief Strategy Officer	Jason Weiner			jweiner@alcresta.com
Chief Medical Officer	Michael Yeh, M.D.			myeh@alcresta.com

BUSINESS DESCRIPTION

Alcresta's facility in Waltham, MA performs research and development activities as well as finished product release testing for RELIZORB, which is a Class II prescription use medical device cleared by FDA. The device is made by a contract manufacturer. As finished product release testing is a manufacturing activity, the Waltham facility is registered with FDA as a medical device manufacturer (FEIN 3009596666) and is listed as the Manufacturer of RELiZORB in accordance with the requirements of 21 CFR 807. The Waltham facility has been inspected by FDA several times in connection with its manufacturing activities; the most recent inspection was in August 2023 and was classified as "no action indicated."

OFFERED BY Massachusetts Controlled Substances Registration

Manufacturer and distributor registration information

Learn about registration for manufacturers and distributors of medical devices and pharmaceuticals.

Medical device manufacturer and distributor registration

This policy is intended to assist manufacturers and/or distributors of medical devices in Massachusetts to ascertain whether they need to obtain a controlled substances registration from the Massachusetts Department of Public Health (MDPH). Such a controlled substances registration would be required under Massachusetts law and regulation (M.G.L. c. 94C and 105 CMR 700.000) if a company were to manufacture, distribute or dispense controlled substances in the Commonwealth, or possess controlled substances with the intent of manufacturing, distributing or dispensing. Please note that in accordance with Massachusetts law the term "controlled substance" denotes any prescription pharmaceutical (i.e., either a federally controlled substance or a "legend" drug). Thus, any medical device that contains a prescription pharmaceutical is considered to be a controlled substance in Massachusetts regardless of its standing as a medical device.

If you are a manufacturer and/or a distributor in Massachusetts and your company does not manufacture, dispense or distribute controlled substances within the Commonwealth, or possess controlled substances for such purposes your

company does not need, and has no basis for obtaining, a controlled substances registration from Massachusetts.

Thus, for example, a manufacturer or distributor of a medical device is not required to register if:

1. the device does not contain any prescription pharmaceutical; or
2. the device does contain a prescription pharmaceutical but is not manufactured, stored, dispensed, or distributed within the Commonwealth.

Pharmaceutical manufacturer and distributor registration

This policy is intended to assist manufacturers and/or distributors of prescription pharmaceuticals to ascertain whether they need to obtain a controlled substances registration from the Massachusetts Department of Public Health (MDPH). Such a controlled substances registration would be required under Massachusetts law and regulation (M.G.L. c. 94C and 105 CMR 700.000) if a company were to manufacture, distribute or dispense a controlled substance in the Commonwealth, or possess a controlled substance with the intent of manufacturing, distributing or dispensing. Please note that in accordance with Massachusetts law the term "controlled substance" denotes any prescription pharmaceutical (i.e., either a federally controlled substance or a "legend" drug).

If you are a manufacturer and/or a distributor in Massachusetts and your company does not manufacture, dispense or distribute a controlled substance within the Commonwealth, or possess a controlled substance for such purposes your company does not need, and has no basis for obtaining, a controlled substances registration from Massachusetts.

If you are a manufacturer and/or a distributor outside of Massachusetts and your company does not manufacture, dispense or distribute a controlled substance within the Commonwealth, or possess a controlled substance in the

Commonwealth for such purposes your company does not need, and has no basis for obtaining, a controlled substances registration from Massachusetts.

Thus, for example, a manufacturer or distributor of a prescription pharmaceutical is not required to register if manufacture, storage and distribution of the pharmaceutical is handled from outside the state and the only activity within Massachusetts is direct delivery to a registered entity in the state.

Contact

Drug Control Program

Online

dcp.dph@mass.gov

Phone

(617) 973-0800

Address

250 Washington Street, 3rd Floor, Boston, MA 02108
Directions
(https://maps.google.com/?q=250+Washington+Street%2C+3rd+Floor%2C+Boston%2C+MA+02108)

RELATED

Apply for, renew, or amend information for your facility MCSR
(/how-to/apply-for-renew-or-amend-information-for-your-facility-mcsr)

Verify an MCSR (/info-details/registration-verification-for-mcsr)

M.G.L. c. 94C (https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXV/Chapter94C)

105 CMR 700.00: Implementation of M.G.L. c.94C

(/regulations/105-CMR-70000-implementation-of-mgl-c94c)

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Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALCRESTA THERAPEUTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF APRIL, A.D. 2026.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALCRESTA THERAPEUTICS, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2011.

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

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5000598 8300

SR# 20261633719

Authentication: 203575421

Date: 04-07-26

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

Client#: 195217 ALCRTHE

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/06/2026

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

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

PRODUCER	CONTACT NAME: Commercial Support	
Edgewood Partners Ins. Center 144 Gould Street, Suite 100 Needham, MA 02494 781 455-0700	PHONE (A/C, No, Ext): 631-390-9700	FAX (A/C, No):
	E-MAIL ADDRESS: NECertificates@epicbrokers.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Great Northern Insurance Company	20303
INSURED Alcresta Therapeutics, Inc. 130 Turner Street, Bldg 3, Suite 200 Waltham, MA 02453	INSURER B : Federal Insurance Company	20281
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			36072371	10/01/2025	10/01/2026	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 $ $
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			99508757	10/01/2025	10/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$1,000,000 $ $ $ $
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ $0			78197463	10/01/2025	10/01/2026	EACH OCCURRENCE AGGREGATE $	$5,000,000 $5,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		71841337	10/01/2025	10/01/2026	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	Product Liability			36072372	10/01/2025	10/01/2026	10,000,000 Occur/Agg Claims-Made Retro date 10/1/22	

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

CERTIFICATE HOLDER

Hyman, Phelps & McNamara PC
1101 K Street NW, Ste 700
Washington, DC 20005

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

Leonard Sciascia

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MLO01

0664

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. 101789680

Application/License No. Not yet issued

Alcresta Therapeutics, Inc (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 130 TURNER ST BLDG 3, STE 200, waltham, MA 02453 (Address of Applicant/Principal), as PRINCIPAL, and Merchants National Bonding, Inc. (Surety Company), a corporation organized under the laws of the state of Iowa (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 6700 Westown Parkway, West Des Moines, IA 50266 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on February 24, 2026 (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 Feb 06, 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 24th day of February, 20 26.

APPLICANT/PRINCIPAL

Alcresta Therapeutics, Inc

Authorized Representative

James Kevil

SURETY COMPANY

Merchants National Bonding, Inc. Thomas M Niland

Surety Company's Representative

Thomas M Niland, Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

Witness

Witness

ALIZA B ZADI
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
April 23 2032

SIGNED and SEALED in the presence of:

Witness Casey Cummings

Witness Daisy Zadi

Countersigned by:

Nevada Resident Agent

LP 4229 NV (5/21)

ACKNOWLEDGEMENT OF CONTRACTOR, IF A CORPORATION

STATE OF
COUNTY OF

ON THE DAY OF **2026** BEFORE ME PERSONALLY CAME

_____ TO ME KNOWN, WHO BEING BY ME DULY SWORN, DID DEPOSE AND SAY THAT (S)HE RESIDES AT THAT (S)HE IS THE OF **ALCRESTA THERAPEUTICS, INC** A CORPORATION DESCRIBED IN AND WHICH EXECUTED THE ABOVE INSTRUMENT; AND THAT (S)HE SIGNED HIS/HER NAME THERETO BY ORDER OF THE BOARD OF DIRECTORS OF SAID CORPORATION

_____
Notary Public

ACKNOWLEDGEMENT OF SURETY

STATE OF **NEW YORK**
COUNTY OF **SUFFOLK**

ON THE **24TH DAY** OF **FEBRUARY 2026**, BEFORE ME PERSONALLY CAME **THOMAS M. NILAND** TO ME KNOWN, WHO, BEING BY ME DULY SWORN, DID DEPOSE AND SAY THAT (S)HE RESIDES AT **LIDO BEACH, NY** THAT (S)HE IS THE ATTORNEY IN FACT OF **MERCHANTS BONDING COMPANY (MUTUAL)** THE CORPORATION DESCRIBED IN AND WHICH EXECUTED THE ABOVE INSTRUMENT; THAT (S)HE KNOWS THE SEAL OF SAID CORPORATION; THAT ONE OF THE SEALS AFFIXED TO THE FOREGOING INSTRUMENT IS SUCH SEAL; THAT IT WAS SO AFFIXED BY ORDER OF THE BOARD OF DIRECTORS OF SAID CORPORATION; AND THAT (S)HE SIGNED HIS/HER NAME THERETO BY LIKE ORDER

Melissa Cook
Notary Public

MERCHANTS
BONDING COMPANY™

POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa, and MERCHANTS NATIONAL INDEMNITY COMPANY , an assumed name of Merchants National Bonding, Inc., (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Thomas M Niland

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the By-Laws adopted by the Board of Directors of the Companies.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner - Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 24th day of February , 2026

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

MERCHANTS NATIONAL BONDING, INC. INCORPORATED -o- 2003

MERCHANTS NATIONAL INDEMNITY COMPANY CALIFORNIA

MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.
MERCHANTS NATIONAL INDEMNITY COMPANY

By Larry Taylor

President

STATE OF IOWA
COUNTY OF DALLAS ss.

On this 24th day of February 2026 , before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL), MERCHANTS NATIONAL BONDING, INC., and MERCHANTS NATIONAL INDEMNITY COMPANY; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

NOTARIAL SEAL IOWA

Penni Miller
Commission Number 787952
My Commission Expires
January 20, 2027

Notary Public

(Expiration of notary's commission does not invalidate this instrument)

I, Elisabeth Sandersfeld, Secretary of MERCHANTS BONDING COMPANY (MUTUAL), MERCHANTS NATIONAL BONDING, INC., and MERCHANTS NATIONAL INDEMNITY COMPANY do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 24th day of February , 2026

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

MERCHANTS NATIONAL BONDING, INC. INCORPORATED -o- 2003

MERCHANTS NATIONAL INDEMNITY COMPANY CALIFORNIA

Secretary

POA 0018 (5/25)

MERCHANTS BONDING COMPANY

MERCHANTS BONDING COMPANY (MUTUAL)

Statements of Admitted Assets, Liabilities, and Surplus - Statutory Basis

	Dec. 31, 2024
Admitted Assets	
Bonds	$ 314,115,790
Stocks	99,457,232
Real Estate	11,979,000
Cash and Short-Term Investments	34,595,383
Other Invested Assets	1,781,226
Subtotal, Cash and Invested Assets	461,928,631
Premiums in the Course of Collection	31,016,337
Amounts Recoverable from Reinsurers	6,215,636
Other Assets	25,502,395
Total Admitted Assets	$ 524,662,999
Liabilities & Surplus	
Losses and Loss Adjustment Expense Reserves	$ 38,546,978
Unearned Premiums	105,398,814
Ceded Reinsurance Premiums Payable	8,824,682
Other Liabilities	54,823,625
Total Liabilities	207,594,099
Unassigned Funds (Surplus)	270,943,798
Total Surplus	317,068,900
Total Liabilities and Policyholders' Surplus	$ 524,662,999

I, Elisabeth Sandersfeld, Treasurer of Merchants Bonding Company (Mutual), do hereby certify that the foregoing is a true and correct statement of the balance sheet of said Corporation as of December 31, 2024, to the best of my knowledge and belief.

Elisabeth Sandersfeld, CFO & Treasurer

2/28/2025

Date

street
mailing
toll free
local
fax
email
website

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 Alcresta Therapeutics, Inc. MDEG License # (if applicable) n/a

Physical Address 130 Turner Street, Bldg. 3, Suite 200

City Waltham State MA Zip 02453

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

City _____ State _____ Zip _____

Telephone (617) 431-3600 Website www.alcresta.com & www.relizorb.com

Licensing Company Email skeup@hpm.com

Section 2: Personal Information

First Christopher Middle Ronald Last Parrish

Alias(es, nicknames, name changes, etc.) n/a

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

Mailing Address 130 Turner Street, Bldg. 3, Suite 200

City Waltham State MA Zip 02453

Telephone (617) 431-3600 Email cparrish@alcresta.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)	
Ferris State University		09/1989-12/2004	
Address	City	State	Zip
1201 S State Street	Big Rapids	MI	49307
Diploma/Degree obtained, if any			
B.S. Biotechnology			

School Name		From - To (MM/YY – MM/YY)	
Harbor Beach Community High School		09/1985-05/1989	
Address	City	State	Zip
402 S 5th Street	Harbor Beach	MI	48441
Diploma/Degree obtained, if any			
Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2022 - present	[redacted]	Brighton	MI	[redacted]
08/2021-12/2021		Novi	MI	
04/2016-08/2021		Whitmore Lake	MI	

Maria Herrera

From: Sara M. Keup <SKeup@hpm.com>
Sent: Tuesday, April 7, 2026 1:00 PM
To: Maria Herrera
Subject: RE: Nevada Out-of-State Wholesaler Application-Alcresta Therapeutics, Inc.
Attachments: COi - Hyman Phelps & McNamara PC.PDF; Employee List.pdf; CGS - Alcresta.pdf

Categories: Gave App to Review, Already Printed

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

Good Afternoon Maria,

Please see responses below.

1. Certificate of Good Standing – attached.
2. COI- attached.
3. Employee List – attached.
4. Designated Representative. The designated representative's legal residence is in Michigan. The designated representative does have an apartment in Waltham, Massachusetts and is on site at Alcresta Therapeutics office. Mr. Parrish is onsite and is aware of daily activities at the Waltham, MA facility. We would like to clarify that Alcresta's business as it is not a typical manufacturer. Alcresta's Waltham facility performs research and development activities as well as finished product release testing for RELiZORB, which is a Class II prescription use medical device cleared by FDA. RELiZORB is Alcresta's only marketed product. As finished product release testing is a manufacturing activity, the Waltham facility is registered with FDA as a medical device manufacturer (FEIN 3009596666) and is listed as the Manufacturer of RELiZORB in accordance with the requirements of 21 CFR 807. However, no product is distributed from this address.

If you need anything further, please let us know.

Thank you,

Sara M. Keup
Regulatory Expert – State Licensing
Hyman, Phelps & McNamara
1101 K Street NW, Ste 700, Washington, DC 20005

Office: (202) 800-6108 | Mobile: [redacted]
skeup@hpm.com | www.hpm.com | www.thefdalawblog.com

***Upcoming time out of the office: March 26 - April 5

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Monday, March 30, 2026 7:46 PM
To: Sara M. Keup <SKeup@hpm.com>
Subject: [EXTERNAL] Nevada Out-of-State Wholesaler Application-Alcresta Therapeutics, Inc.

CAUTION: [redacted]

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from Alcresta Therapeutics, Inc. The application is incomplete due to the following missing item(s).

- The Delaware Certificate of Good Standing dated within 12 months
- A copy of the liability insurance of at least one million dollars is required for medical device wholesalers
- A full employee list of all the employees in the facility Pursuant to **NRS 639.500 (2)**
- The Designated Representative resides in MI but the facility is located in MA, please clarify how the DR meets all the following requirements;

4. A representative of a wholesaler designated pursuant to this section:
(a) Must be actively involved in and aware of the actual daily operation of the wholesaler;
(b) Must be employed full-time in a managerial level position with the wholesaler;
(c) Must be physically present at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leave, vacation leave and other authorized absences;
(d) May serve in this representative capacity for **only one** wholesaler at a time; and
(e) May serve as an administrator of a medical products provider pursuant to NAC 639.694.

All items must be received to move forward with processing your application.

Please let me know if you have any questions.

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)	
Alcresta Therapeutics, Inc.			11/2021 - present	
Business Address		**City**	**State**	**Zip**
130 Turner Street, Bldg. 3, Suite 200		Waltham	MA	02453
Phone	**Title**		**Number of Employed Hours**	
(617) 431-3600	Chief Operating Officer		40+ hours	

Description of Duties

Responsible for all CMO production activities for FDA cleared Class II medical devices with over site including Supply Chain, Quality Assurance and Quality Control. Engineering, Manufacturing and Regulatory.

Business Name			From - To (MM/YY – MM/YY)	
Vericel			04/2016 - 11/2021	
Business Address		**City**	**State**	**Zip**
64 Sidney Street		Cambridge	MA	02139
Phone	**Title**		**Number of Employed Hours**	
(617) 588-5555	Vice President Manufacturing Operations		40+ hours	

Description of Duties

Responsible for all on site production activities for FDA approved combination biologics and medical devices, with over site including Supply Chain, Manufacturing and Customer Care.

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

Description of Duties

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

Description 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:

N/A
CRD 03/19/2026

[signature]
Original Signature (electronic, copies or stamps not accepted)

03/19/2026
Date

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

Alcresta Therapeutics, Inc.,

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

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

Christopher Parrish
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/18/2026
Date

ZACHARIAH K JACOB NOTARY PUBLIC COMMONWEALTH OF MASSACHUSETTS MY COMMISSION EXPIRES JANUARY 25 2030

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: Alcresta Therapeutics, Inc.

Pharmacy/Wholesaler License # (if applicable): not yet issued

Physical Address: 130 Turner Street, Bldg. 3, Suite 200

City: Waltham State: MA Zip: 02453

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

City: State: Zip:

Telephone: (617) 431-3600 Website: www.alcresta.com & www.relizorb.com

Licensing Company Email: skeup@hpm.com

Section 2: Personal Information

First: Christopher Middle: Ronald Last: Parrish

Alias(es, nicknames, name changes, etc.): n/a

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

Mailing Address: 130 Turner Street, Bldg. 3, Suite 200

City: Waltham State: MA Zip: 02453

Telephone: (617) 431-3600 Email: cparrish@alcresta.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)
Ferris State University			09/1989-12/1994
Address	**City**	**State**	**Zip**
1201 S State Street	Big Rapids	MI	49307
Diploma/Degree obtained, if any			
B.S. Biotechnology			

School Name			From - To (MM/YY – MM/YY)
Harbor Beach Community High School			09/1985-05/1989
Address	**City**	**State**	**Zip**
402 S 5th Street	Harbor Beach	MI	48441
Diploma/Degree obtained, if any			
Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2022 - present	[redacted]	Brighton	MI	[redacted]
From - To (MM/YY – MM/YY)		City	State	
08/2021-12/2021		Novi	MI	
From - To (MM/YY – MM/YY)		City	State	
04/2016-08/2021		Whitmore Lake	MI	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	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)	
Alcresta Therapeutics, Inc.			11/2021 - present	
Business Address		**City**	**State**	**Zip**
130 Turner Street, Bldg. 3, Suite 200		Waltham	MA	02453
Phone	**Title**		**Number of Employed Hours**	
(617) 431-3600	Chief Operating Officer		40+ hours	
Description of Duties				
Responsible for all CMO production activities for FDA cleared Class II medical devices with over site including Supply Chain, Quality Assurance and Quality Control, Engineering, Manufacturing, and Regulatory.				

Business Name			From - To (MM/YY – MM/YY)	
Vericel			04/2016 - 11/2021	
Business Address		**City**	**State**	**Zip**
64 Sidney Street		Cambridge	MA	02139
Phone	**Title**		**Number of Employed Hours**	
(617) 588-5555	Vice President Manufacturing Operations		40+ hours	
Description of Duties				
Responsible for all on site production activities for FDA approved combination biologics and medical devices, with over site including Supply Chain, Manufacturing, and Customer Care.				

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

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

Date

I, Christopher Parrish, **certify that as the designated representative for**

Alcresta Therapeutics, Inc.,

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

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

Christopher Parrish

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/25/2026

Date

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

Christopher Parrish

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/25/2026

Date

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

State of Michigan, ss. County of Livingston

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

Original Signature

02/25/2026

Date

Subscribed and Sworn to before me this 25 day of February 2026

Notary Public Signature

BRIAN CANTONI
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF LIVINGSTON
My Commission Expires October 14, 2029
Acting in the County of

(Seal)

First Name	Last Name	Full Name	Office
Greta	Loring	Greta Loring	MA-Waltham
Frederick	Lorrey-Parena	Frederick Lorrey-Parena	MA-Waltham
David	O'Carroll	David O'Carroll	MA-Waltham
Michael	Uttaro	Michael Uttaro	MA-Waltham
Jacqueline	Marchionne	Jacqueline Marchionne	MA-Waltham
Craig	Fairchild	Craig Fairchild	MA-Waltham
Namrata	Patel	Namrata Patel, II	MA-Waltham
Daniel	Orlando	Daniel Orlando	MA-Waltham
Aparajit	Panda	Aparajit Panda	MA-Waltham
Jeffrey	DiNardo	Jeffrey DiNardo	MA-Waltham
Jason	Weiner	Jason Weiner	MA-Waltham
Hector	Carrasquillo	Hector Carrasquillo	MA-Waltham
Lee	LoPiccolo	Lee LoPiccolo	MA-Waltham
Stephen	Davia	Stephen Davia	MA-Waltham
Megan	Cammuso	Megan Cammuso	MA-Waltham
Corey	Starke	Corey Starke	MA-Waltham
Christophe	Parrish	Christopher Parrish	MA-Waltham
Patricia	Grahmann	Patricia Grahmann	MA-Waltham
Yanira	Siden	Yanira Siden	MA-Waltham
Grace	Mattern	Grace Mattern	MA-Waltham
Natalie	Bronfin	Natalie Bronfin	MA-Waltham
Markus	Bracke	Markus Bracke	MA-Waltham
Kayla	Henry	Kayla Henry	MA-Waltham
Charles-Wi	Ruel	Charles-William Ruel	MA-Waltham
Philip	Glover	Philip Glover	MA-Waltham
Eric	McCord	Eric McCord	MA-Waltham
Esmarline	De Leon Peralta	Esmarline De Leon Peralta	MA-Waltham
Nora	Mortali	Nora Mortali	MA-Waltham
Stefanie	Adams	Stefanie Adams	MA-Waltham
Elizabeth	Do	Elizabeth Do	MA-Waltham
Jennifer	Blakely	Jennifer Blakely	MA-Waltham
Rookmin	Persaud	Rookmin Persaud	MA-Waltham
Schyler	Schewe	Schyler Schewe	MA-Waltham
Elizabeth	Helms	Elizabeth Helms	MA-Waltham
Michael	Yeh	Michael Yeh	MA-Waltham
Thomas	Cygan	Thomas Cygan	MA-Waltham
Stephen	Ciaramitaro	Stephen Ciaramitaro	MA-Waltham
Ian	Vawter	Ian Vawter	MA-Waltham
Fiona	DeFranco	Fiona DeFranco	MA-Waltham

Title
VP Research & New Product Development
Document Control & Complaint Handling Sr Manager
Director Quality
Sr Accounting Manager
Sr Engineering Product Development Manager
Sr Director Research and New Product Development
Quality Control Manager
Chief Executive Officer
Sr Director Quality Systems
Sr Director Technical Operations
Chief Strategy and Business Development Officer
Sr Engineer Technical Operations
Sr Director Global Supply Chain
Sr Product Development Analyst and Laboratory Operations Supervisor
Project Manager
Sr Director Commercial Operations
Chief Operating Officer
Buyer/Planner Global Supply Chain
Executive Assistant/Office Administrator
Quality Systems Manager
Product Manager
Sr Engineering Program Manager
Sr Accountant
Sr Product Development Analyst
Associate Director Manufacturing Technical Services
Director Commercial Strategy & Analytics
Technical Operations Engineer
Sr Quality Engineer
Sr Product Manager
Sr Product Development Analyst
Sr Director Human Resources
Associate Director Regulatory Affairs
Product Development Analyst
Technical Operations Engineer
Chief Medical Officer
Technical Operations Engineering Manager
Laboratory Operations Administrator
Chief Financial Officer
Marketing and Sales Operations Coorinator

4R

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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

Section 1: General Information

Facility Name: AMO Manufacturing USA, LLC

Physical Address: 510 Cottonwood Drive

City: Milpitas State: CA Zip: 95035

Mailing Address (if different from physical address): Same as physical address.

City: _____ State: _____ Zip: _____

Telephone: (415) 390-5745 Website: https://www.clearvisionforyou.com/en-us/about-vision/

Name of Designated Representative (DR): Carlos Reyes

Licensing Company Email: ra-svstateslicenses@its.jnj.com DR Email: creyes51@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: Clinics & Distributors		☐ Others:

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

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

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

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

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: Delaware

Parent Company (if any): Johnson & Johnson Surgical Vision, Inc.

Corporation/Organization Name: AMO Manufacturing USA, LLC

Mailing Address: 510 Cottonwood Drive

City: Milpitas State: CA Zip: 95035

Telephone: (415) 390-5745 Email: ra-svstateslicenses@its.jnj.com

Contact Person Name: Carlos Reyes

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:	✔	
1. Copy of FDA registration See Attachment B 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment C		

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 D	✓	✓		
N/A • **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment D		✓		
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 E	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment F		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - Wholly owned by parent company.		✓	✓	✓
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/ See Attachment I	✓	✓	✓	✓
• **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 J	✓	✓	✓	✓
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.

AMO Manufacturing USA, LLC

Facility Name

Carlos Reyes

Print Name of Authorized Person Submitting Application

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

1-20-2026

Date

Board Use Only	Date Received: 1/21/26	Amount: $1000 CK 547

Attachment A

Nature of Business

AMO Manufacturing USA, LLC (AMO Manufacturing) is a manufacturer of prescription and non-prescription medical devices. Product is manufactured by AMO Manufacturing and third-party contract manufacturers. Finished product will be drop shipped to clinics, distributors, and hospitals. Provided below is the information for AMO Manufacturing's contract manufacturers:

Contract Manufacturers:

AvailMed S.A. De C.V. (Flextronics International USA, Inc.)
C. Industrial Lt. 001 Mz. 105
No. 20905 Int. A. Col. Cd. Industrial
Tijuana Baja California, MX C.P. 22444
FDA Registration #: 3010291427

Juno Pacific, Inc. (Cretex)
2840 Res Pk Dr., Ste. 160
Sooquel, CA 95073

JunoPacific, Inc.
8701 95th Avenue North
Brooklyn Park, MN 55445
FDA Registration #: 2134604

Paramit Corporation
18735 Madrone Pkwy.
Morgan Hill, CA 95037

Viant Medical, LLC
3902 California Rd.
Orchard Park, NY 14127

FDA

FDA Home[1] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
AMO Manufacturing USA, LLC
Business Trade Name:
AMO Development, LLC

510 Cottonwood Drive
Milpitas, CA 95035
Registration Number: [redacted]
FEI Number*: [redacted]
Status: Activo
Date Of Registration Status: 2025

Owner/Operator:
Johnson & Johnson Surgical Vision, Inc.[6]
31 Technology Dr
Suite 200
Irvine, CA US 92618
Owner/Operator Number: 10053607[7]

Official Correspondent:
Timothy Williams
510 Cottonwood Drive
Milpitas, CA 95035
Phone: 408-2734079

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

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Page Last Updated: 05/26/2025

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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=10053607&OwnerOperatc

Attachment D

LLC Information

AMO Manufacturing USA, LLC
510 Cottonwood Drive
Milpitas, CA 95035

Parent Company:

Johnson & Johnson Surgical Vision, Inc.
31 Technology Drive, Suite 200, Irvine, CA 92618
Ownership: 100%

LLC Officers:

Ryan Reinhardt
President

Sahar Shepperd
Vice President and Secretary

Kourtney Clark
Treasurer

Nicole Bradley
Assistant Secretary

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMO MANUFACTURING 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 FOURTEENTH DAY OF MAY, 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

Authentication: 203692416

Date: 05-14-25

2162938 8300

SR# 20252284644

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

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

AMO Manufacturing USA, LLC.
DBA: VISX Incorporated, AMO Development, LLC
510 Cottonwood Dr
Milpitas, CA 95035

LICENSE NUMBER: 96796
EXPIRATION DATE: 5/23/2026

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

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

Printed: 5/2/2024

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/21/2026

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	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED JOHNSON & JOHNSON ET AL ONE JOHNSON & JOHNSON PLAZA ATTN: ERIN SHERIDAN RISK MANAGEMENT NEW BRUNSWICK, NJ 08933	**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 CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			HDO G4937589A	03/01/2026	03/01/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	5,000,000 5,000,000 100,000 5,000,000 10,000,000 N/A
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			ISA H11437667	03/01/2026	03/01/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	10,000,000
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $	
B A A 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		WLR C72804727 (AOS) WCU C72804740 (OH) WLR C72804715 (AZ, MA) RWC C72804739 (WI)	03/01/2026 03/01/2026 03/01/2026 03/01/2026	03/01/2027 03/01/2027 03/01/2027 03/01/2027	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

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

CERTIFICATE HOLDER

Johnson & Johnson, et al
One Johnson & Johnson Plaza
New Brunswick, NJ 08933

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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ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/5/2025

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 CN102448867-ALL-PL-21-22	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED JOHNSON & JOHNSON ET AL ONE JOHNSON & JOHNSON PLAZA ATTN: ERIN SHERIDAN RISK MANAGEMENT NEW BRUNSWICK, NJ 08933	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Middlesex Assurance Company Ltd — 10419 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ 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]	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	PRODUCT LIABILITY (US)			USPL9700001	01/01/2026	01/01/2027	EACH OCCURRENCE	10,000,000
							ANNUAL AGGREGATE	10,000,000

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

CERTIFICATE HOLDER

Johnson & Johnson, et al
One Johnson & Johnson Plaza
New Brunswick, NJ 08933

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.

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Johnson&Johnson

	Legal Entity Name	Main Office address
1	Abiomed, Inc.	22 Cherry Hill Drive, Danvers MA 01923, United States
2	Actelion Pharmaceuticals US, Inc.	1125 Trenton-Harbourton Road, Titusville, 1st Floor/B-Wing NJ 08560, United States
3	ALZA Corporation	700 Eubanks Drive, Vacaville CA 95688, United States
4	Ambrx Biopharma, Inc.	10970 Alexandria Way, Suite 100, San Diego CA 92121, United States
5	Ambrx, Inc.	10970 Alexandria Way, Suite 100, San Diego CA 92121, United States
6	AMO Development, LLC	31 Technology Drive, Suite 200, Irvine CA 92618, United States
7	AMO Manufacturing USA, LLC	510 Cottonwood Drive, Milpitas CA 95035, United States
8	AMO Sales and Service, Inc.	31 Technology Drive, Suite 200, Irvine CA 92618, United States
9	Anakuria Therapeutics, Inc.	1125 Trenton-Harbourton Road, Titusville NJ 08560, United States
10	AorTx, Inc.	150 Shoreline Drive, Redwood City CA 94065, United States
11	Aragon Pharmaceuticals, Inc.	10990 Wilshire Blvd. , Suite 440, Los Angeles CA 90024, United States
12	Atrionix, Inc.	3333 Diamond Canyon Road, Diamond Bar CA 91765, United States
13	Auris Health, Inc.	150 Shoreline Drive, Redwood City CA 94065, United States
14	BeneVir BioPharm, Inc.	1330 Piccard Drive, Suite 101, Rockville MD 20850, United States
15	Biosense Webster, Inc.	31 Technology Drive, Suite 200, Irvine CA 92618, United States
16	Breethe, Inc.	1500 Joh Avenue, Halethorpe MD 21227, United States
17	Cerenovus, Inc.	325 Paramount Drive, Raynham MA 02767-0350, United States
18	Coherex Medical, Inc.	3598 West 1820 South, Salt Lake City UT 84104, United States
19	CoTherix Inc.	1125 Trenton-Harbourton Road, Titusville NJ 08560, United States
20	CrossRoads Extremity Systems, LLC	6423 Shelby View Drive, Suite 101, Memphis TN 38134, United States
21	CSATS, Inc.	1100 Olive Way, Suite 1150, Seattle WA 98101, United States
22	DePuy Mitek, LLC	325 Paramount Drive, Raynham MA 02767-0350, United States
23	DePuy Orthopaedics, Inc.	700 Orthopaedic Drive, Warsaw IN 46582, United States
24	DePuy Products, Inc.	700 Orthopaedic Drive, Warsaw IN 46582, United States
25	DePuy Spine, LLC	325 Paramount Drive, Raynham MA 02767-0350, United States
26	DePuy Synthes Institute, LLC	325 Paramount Drive, Raynham MA 02767-0350, United States
27	DePuy Synthes Products, Inc.	325 Paramount Drive, Raynham MA 02767-0350, United States
28	DePuy Synthes Sales, Inc.	325 Paramount Drive, Raynham MA 02767-0350, United States
29	DePuy Synthes, Inc.	700 Orthopaedic Drive, Warsaw IN 46582, United States
30	Ethicon Endo-Surgery, Inc.	4545 Creek Road, Cincinnati OH 45242, United States
31	Ethicon Endo-Surgery, LLC	475 C Street, Suite 200, Guaynabo PR 00969, United States
32	Ethicon LLC	#475 Street C, Suite 401, Los Frailes Industrial Park, Guaynabo PR 00969, United States
33	Ethicon US, LLC	1000 Route 202, Raritan NJ 08869, United States
34	Ethicon, Inc.	1000 Route 202, Raritan NJ 08869, United States
35	Fuse Biotherapeutics Inc.	7A Henshaw Street, Woburn MA 01801, United States
36	Halda Therapeutics OpCo, Inc.	115 Munson Street, Suite 101, New Haven CT 06511, United States
37	Intra-Cellular Therapies, Inc.	135 Route 202/206, Bedminster NJ 07921, United States
38	ITI, Inc.	135 Route 202/206, Bedminster NJ 07921, United States
39	Janssen Biotech, Inc.	800/850 Ridgeview Drive, Horsham PA 19044, United States
40	Janssen Global Services, LLC	700 US Route 202 South, Raritan NJ 08869, United States
41	Janssen Oncology, Inc.	10990 Wilshire Blvd. , Suite 440, Los Angeles CA 90024, United States
42	Janssen Ortho LLC	State Road 933 KM 0.1, Mamey Ward, HC 02, Box 19250, Gurabo, 00778, Puerto Rico
43	Janssen Pharmaceuticals, Inc.	1125 Trenton-Harbourton Rd, Titusville NJ 08560, United States
44	Janssen Products, LP	800/850 Ridgeview Drive, Horsham PA 19044, United States
45	Janssen Research & Development, LLC	920 US Route 202, PO Box 300, Raritan NJ 08869, United States
46	Janssen Scientific Affairs, LLC	1125 Trenton-Harbourton Road, Titusville NJ 08560, United States
47	Janssen Supply Group, LLC	200 Tournament Drive, Horsham PA 19044, United States
48	Janssen-Cilag Manufacturing, LLC	State Road 933 KM 0.1, Mamey Ward, HC 02, Box 19250, Gurabo, 00778, Puerto Rico
49	Johnson & Johnson	One Johnson & Johnson Plaza, New Brunswick NJ 08933, United States
50	Johnson & Johnson Enterprise Innovation Inc.	One Johnson & Johnson Plaza, New Brunswick NJ 08933, United States
51	Johnson & Johnson Finance Corporation	One Johnson & Johnson Plaza, New Brunswick NJ 08933, United States
52	Johnson & Johnson Health Care Systems Inc.	425 Hoes Lane, Piscataway, NJ, 08855, United States
53	Johnson & Johnson Innovation - JJDC, Inc.	410 George Street, New Brunswick NJ 08933, United States
54	Johnson & Johnson Innovation LLC	410 George Street, New Brunswick NJ 08933, United States
55	Johnson & Johnson Services, Inc.	One Johnson & Johnson Plaza, New Brunswick NJ 08933, United States
56	Johnson & Johnson Surgical Vision, Inc.	31 Technology Drive, Suite 200, Irvine CA 92618, United States
57	Johnson & Johnson Vision Care, Inc.	7500 Centurion Parkway, Jacksonville FL 32256, United States
58	JOM Pharmaceutical Services, Inc.	1 Cottontail Lane, Somerset NJ 08873, United States
59	Laminar, Inc.	1745 Copperhill Blvd, Santa Rosa CA 95403, United States
60	Manifest Technologies Inc	470 State Street, Suite 007, New Haven CT 06513, United States
61	Medical Device Business Services, Inc.	700 Orthopaedic Drive, Warsaw IN 46582, United States
62	Medical Devices & Diagnostics Global Services, LLC	430 Route 22, Bridgewater NJ 08807, United States
63	MegaDyne Medical Products, Inc.	4545 Creek Road, Cincinnati OH 45242, United States
64	Mentor Worldwide LLC	31 Technology Drive, Suite 200, Irvine CA 92618, United States
65	Momenta Pharmaceuticals, Inc.	1125 Trenton-Harbourton Road, Titusville NJ 08560, United States
66	NeuWave Medical, Inc.	3529 Anderson Street, Madison WI 53704, United States
67	NuVera Medical, Inc.	140 Knowles Drive , Los Gatos, CA 95032, United States
68	OMJ Pharmaceuticals, Inc.	1125 Trenton-Harbourton Road, Building K, Titusville NJ 08560, United States
69	Omrix Biopharmaceuticals, Inc.	Route 22 West, Somerville NJ 08876, United States
70	Ortho Biologics LLC	Carr 2, KM 45.6 Campo Alegre, Manati, Puerto Rico, 00674, Puerto Rico
71	Ortho Biotech Holding LLC	7500 Centurion Parkway, Jacksonville FL 32256, United States
72	Patient Service Center LLC	304 Merchant Lane, Pittsburgh, PA 15205, United States
73	Patriot Pharmaceuticals, LLC	200 Tournament Drive, Horsham, PA 19044, United States
74	Percivia LLC	1 Hampshire Street, 5th Floor, Cambridge MA 02139, United States
75	Prosidyan, Inc.	41 Spring Street, Suite 107, New Providence NJ 07974
76	Proteologix US Inc.	1400 Bridge Parkway STE 202, Redwood City, CA 94065, United States
77	Proteologix, Inc.	1400 Bridge Parkway STE 202, Redwood City, CA 94065, United States
78	Pulsar Vascular, Inc.	47709 Fremont Boulevard, Fremont CA 94538, United States
79	Serotiny, Inc.	329 Oyster Point Boulevard, 3rd Floor, South San Francisco CA 94080, United States
80	Shockwave Medical, Inc.	5403 Betsy Ross Drive, Santa Clara CA 95054, United States
81	SterilMed, Inc.	5010 Cheshire Parkway North, Suite 2, Plymouth MN 55446, United States
82	Synthes USA Products, LLC	1302 Wrights Lane East, West Chester PA 19380, United States
83	Synthes USA, LLC	1302 Wrights Lane East, West Chester PA 19380, United States
84	Synthes, Inc.	700 Orthopaedic Drive, Warsaw IN 46582, United States
85	TARIS Biomedical LLC	113 Hartwell Avenue, Lexington MA 02421, United States
86	TearScience, Inc.	510 Cottonwood Drive, Milpitas CA 95035, United States
87	The Anspach Effort, LLC	1302 Wrights Lane East, West Chester PA 19380, United States
88	Tibotec, LLC	1125 Trenton-Harbourton Road, Building K, Titusville NJ 08560, United States
89	Torax Medical, Inc.	4188 Lexington Avenue, Shoreview MN 55126, United States
90	V-Wave Inc.	29219 Canwood St. #100, Agoura Hills, CA 91301, United States
91	Verb Surgical Inc.	5490 Great America Parkway, Santa Clara CA 95054, United States

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. K42193690

Application/License No. _____

AMO MANUFACTURING USA, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 510 Cottonwood Drive Milpitas, CA 95035 (Address of Applicant/Principal), as PRINCIPAL, and FEDERAL INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of IN (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 202B Halls Mill Road Whitehouse Station, NJ 08889 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of 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 January 9, 2026 (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 January, 20 26.

APPLICANT/PRINCIPAL
AMO MANUFACTURING USA, LLC

Authorized Representative

SURETY COMPANY
FEDERAL INSURANCE COMPANY

Surety Company's Representative

Debra A. Deming, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Sandra Diaz

Witness Anne Potter

Countersigned by:

Nevada Resident Agent N/A

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 9th Day of January, 2026

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

Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property

DEBRA DEMING

AON RISK SERVICES NORTHEAST, INC.
1111 METROPOLITAN AVE STE 400
CHARLOTTE, NC 28204-3409

is authorized to transact business as described above

License No: 611197 Issue Date: 08-15-2008 Expiration Date: 08-31-2026

Generated by Sircon 300851121

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

DEBRA DEMING
AON RISK SERVICES NORTHEAST, INC., 1111 METROPOLITAN AVE STE 400, CHARLOTTE, NC 28204-3409

LICENSE NUMBER: 611197

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Resident Producer
Casualty, Property

Issue Date: 08-15-2008 Expiration Date: 08-31-2026

Generated by Sircon 300851121

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: AMO Manufacturing USA, LLC MDEG License # (if applicable): _____

Physical Address: 510 Cottonwood Drive

City: Milpitas State: CA Zip: 95035

Mailing Address (if different from physical address): 510 Cottonwood Drive

City: Milpitas State: CA Zip: 95035

Telephone: (415) 390-5745 Website: https://www.clearvisionforyou.com/en-us/about-vision/

Licensing Company Email: ra-svstateslicenses@its.jnj.com

Section 2: Personal Information

First: Carlos Middle: Alexander Last: Reyes

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

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

Mailing Address: 510 Cottonwood Drive

City: Milpitas State: CA Zip: 95035

Telephone: [redacted] Email: creyes51@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.)		✔
N/A 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List 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)	
Wilcox High School		09/82 - 09/86	
Address	**City**	**State**	**Zip**
3250 Monroe St.	Santa Clara	CA	95051
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
06/99 - Current	[redacted]	Fremont	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
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: AMO Manufacturing USA, LLC			From - To (MM/YY – MM/YY): 09/01 - Current
Business Address: 510 Cottonwood Drive	City: Milpitas	State: CA	Zip: 95035
Phone: (415) 390-5745	Title: Director Operations Quality		Number of Employed Hours: 6,000 +
Description of Duties: Compliance management.			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

_____ _____

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

I, Carlos Reyes, **certify that as the MDEG Administrator for**

AMO Manufacturing USA, LLC,

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

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

Carlos Reyes
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2-26-26
Date

Board Use Only	Date Received: 4/2/26

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 AMO Manufacturing USA, LLC

Pharmacy/Wholesaler License # (if applicable) Pending

Physical Address 510 Cottonwood Drive

City Milpitas State CA Zip 95035

Mailing Address (if different from physical address) Same as physical address.

City ~~—~~ State ~~—~~ Zip ~~—~~

Telephone (415) 390-5745 Website https://www.clearvisionforyou.com/en-us/about-vision/

Licensing Company Email ra-svstateslicenses@its.jnj.com

Section 2: Personal Information

First Carlos Middle Alexander Last Reyes

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

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

Mailing Address 510 Cottonwood Drive

City Milpitas State CA Zip 95035

Telephone [redacted] Email creyes51@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.)		✔
N/A 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List 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)	
Wilcox High School		9/82 – 9/86	
Address	City	State	Zip
3250 Monroe St.	Santa Clara	CA	95051
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			
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
5/99 – Present	[redacted]	Fremont	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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)
AMO Manufacturing USA, LLC			9/01 - Current
Business Address	**City**	**State**	**Zip**
510 Cottonwood Drive	Milpitas	CA	95035
Phone	**Title**	**Number of Employed Hours**	
(415) 390-5745		10000	
Description of Duties	Compliance 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)
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			

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 OR. Provide all the following *where applicable*:

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

Provide explanation below:

N/A
OR

[signature]
Original Signature (electronic, copies or stamps not accepted)

2-26-26
Date

I, Carlos Reyes, **certify that as the designated representative for**

AMO Manufacturing USA, LLC,

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

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

Carlos Reyes

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2-26-26

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.

Carlos Reyes

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2-26-26

Date

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

State of California, ss. County of Santa Clara

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

Original Signature

2-26-26

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

See attached certificate
DA 2/26/26

(Seal)

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☒ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

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

State of California
County of Santa Clara

Subscribed and sworn to (or affirmed) before me on this 26 (Date) day of February (Month), 2026 (Year)
by (1) Carlos Reyes
(and (2) _____),
Name(s) of Signer(s)

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

BRENDA ADAME
Notary Public - California
Santa Clara County
Commission # 2513223
My Comm. Expires Feb 28, 2029

Signature Brenda Adame
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Designated Representative Application Document Date: February 26, 2026
Number of Pages: 9 Signer(s) Other Than Named Above: None

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WWID	First Name	Last Name	Manager/WWID	Company
152947149	Lester	Abair	PHILLIP BLANKENHORN (1076513)	6240-AMO Manufacturing USA LLC Legal Entity
30676	CESAR	ALONSO	JOSE ALVARO GARCIA ARAMENDIA (20300669)	6240-AMO Manufacturing USA LLC Legal Entity
702509097	Mithil	Bangera	Kevin Riffle (152961221)	6240-AMO Manufacturing USA LLC Legal Entity
155000993	Rachel	Banse	ELUMALAI GOVINDARAJ (155001300)	6240-AMO Manufacturing USA LLC Legal Entity
155001011	Bipin	Bhalodia	Seabreeze Mey (155001590)	6240-AMO Manufacturing USA LLC Legal Entity
1076513	PHILLIP	BLANKENHORN	Joseph O'Neill (155001674)	6240-AMO Manufacturing USA LLC Legal Entity
155001067	Eduardo	Caberto	ALEN KRIKORIAN (1072082)	6240-AMO Manufacturing USA LLC Legal Entity
1059660	Edgar	Cacao	MICHELLE YEE (155002048)	6240-AMO Manufacturing USA LLC Legal Entity
152943813	Daniel	Cademas	Seabreeze Mey (155001590)	6240-AMO Manufacturing USA LLC Legal Entity
152227746	Pedro	Cazares	Thuy-Lan Le (155001480)	6240-AMO Manufacturing USA LLC Legal Entity
155001101	Anh	Chau	PHILLIP BLANKENHORN (1076513)	6240-AMO Manufacturing USA LLC Legal Entity
155001104	Serra	Chau	Tony Durand (155001207)	6240-AMO Manufacturing USA LLC Legal Entity
180804	HEIDI	CHEN	MICHELLE YEE (155002048)	6240-AMO Manufacturing USA LLC Legal Entity
152311623	Charu	Chezhian	Daniel Guerrero (152199315)	6240-AMO Manufacturing USA LLC Legal Entity
103288	MARTIN	COBIAN	CESAR ALONSO (30676)	6240-AMO Manufacturing USA LLC Legal Entity
152942054	Margaret	D Alessandro	ELBA SO (180091)	6240-AMO Manufacturing USA LLC Legal Entity
152992936	Tarek	Dahboul	Kevin Riffle (152961221)	6240-AMO Manufacturing USA LLC Legal Entity
702011504	Rahul	De	Tony Durand (155001207)	6240-AMO Manufacturing USA LLC Legal Entity
1064538	Doris	De Guzman	Thuy-Lan Le (155001480)	6240-AMO Manufacturing USA LLC Legal Entity
152947351	Manuel	Dela Cruz	PHILLIP BLANKENHORN (1076513)	6240-AMO Manufacturing USA LLC Legal Entity
152945197	Hien	Diep	Thuy-Lan Le (155001480)	6240-AMO Manufacturing USA LLC Legal Entity
155001191	Allanham	Dizon	Thuy-Lan Le (155001480)	6240-AMO Manufacturing USA LLC Legal Entity
152944153	Rene	Dupaloc	TONY WU (1074842)	6240-AMO Manufacturing USA LLC Legal Entity
155001207	Tony	DURAND	Carlos Reyes (155001772)	6240-AMO Manufacturing USA LLC Legal Entity
155001210	Gregory	Ebbensgaard	TONY WU (1074842)	6240-AMO Manufacturing USA LLC Legal Entity
152941059	ABDEL	ESTRADA	SUDHAKAR KUCHIBHOTLA (188783)	6240-AMO Manufacturing USA LLC Legal Entity
152943472	Mark	Flaherty	MARTIN COBIAN (103288)	6240-AMO Manufacturing USA LLC Legal Entity
155001248	David	Flores	TONY WU (1074842)	6240-AMO Manufacturing USA LLC Legal Entity
156281	FIDELE	FONKEU	CESAR ALONSO (30676)	6240-AMO Manufacturing USA LLC Legal Entity
155001253	Shirley	Foster	ELUMALAI GOVINDARAJ (155001300)	6240-AMO Manufacturing USA LLC Legal Entity
152974278	Hannah	Francis	Tony Durand (155001207)	6240-AMO Manufacturing USA LLC Legal Entity
152303173	Destiny	Garcia	TONY WU (1074842)	6240-AMO Manufacturing USA LLC Legal Entity
155001279	KANE	GEE	Philip Ng (152976976)	6240-AMO Manufacturing USA LLC Legal Entity
152979132	Alfred	Gonzalez	Kevin Riffle (152961221)	6240-AMO Manufacturing USA LLC Legal Entity
155001300	ELUMALAI	GOVINDARAJ	Carlos Reyes (155001772)	6240-AMO Manufacturing USA LLC Legal Entity
1078271	Sindhu	Gowri	ELUMALAI GOVINDARAJ (155001300)	6240-AMO Manufacturing USA LLC Legal Entity
152945369	Taranjit	Grewal	PHILLIP BLANKENHORN (1076513)	6240-AMO Manufacturing USA LLC Legal Entity
152199315	Daniel	Guerrero Rubio	ELBA SO (180091)	6240-AMO Manufacturing USA LLC Legal Entity
1056796	CAMY	HA	Thuy-Lan Le (155001480)	6240-AMO Manufacturing USA LLC Legal Entity

155001317	Lewis	Hain	Thuy-Lan Le (155001480)	6240-AMO Manufacturing USA LLC Legal Entity
155001342	Jian	He	STEVEN NGUYEN (155001656)	6240-AMO Manufacturing USA LLC Legal Entity
152310120	Miguel	Herrera	Thuy-Lan Le (155001480)	6240-AMO Manufacturing USA LLC Legal Entity
606033422	Hai	Hoang	TONY WU (1074842)	6240-AMO Manufacturing USA LLC Legal Entity
155001368	Paul	Howard	PHILLIP BLANKENHORN (1076513)	6240-AMO Manufacturing USA LLC Legal Entity
702472255	Swapnil	Hulbatte	Daniel Guerrero (152199315)	6240-AMO Manufacturing USA LLC Legal Entity
152954188	Lynn	Humer	Daniel Guerrero (152199315)	6240-AMO Manufacturing USA LLC Legal Entity
155001381	Hiep	Huynh	Thuy-Lan Le (155001480)	6240-AMO Manufacturing USA LLC Legal Entity
152981595	Rafael	Ignacio	PHILLIP BLANKENHORN (1076513)	6240-AMO Manufacturing USA LLC Legal Entity
155001387	Phillip	Iida	PHILLIP BLANKENHORN (1076513)	6240-AMO Manufacturing USA LLC Legal Entity
1073132	Erwin Rommel	Jonson	TONY WU (1074842)	6240-AMO Manufacturing USA LLC Legal Entity
9011197	Kamvardeep	Khatkar	Gerardo Sepulveda (1074981)	6240-AMO Manufacturing USA LLC Legal Entity
152944102	Virginia	Kirrene	PHILLIP BLANKENHORN (1076513)	6240-AMO Manufacturing USA LLC Legal Entity
1067971	KEITH	KOSTER	STEVEN NGUYEN (155001656)	6240-AMO Manufacturing USA LLC Legal Entity
1072082	ALEN	KRIKORIAN	Carlos Reyes (155001772)	6240-AMO Manufacturing USA LLC Legal Entity
702500736	Karthick	Krishnamoorthy	Tony Durand (155001207)	6240-AMO Manufacturing USA LLC Legal Entity
155004590	Charlie	Labson	MARTIN COBIAN (103288)	6240-AMO Manufacturing USA LLC Legal Entity
330785	Anthony	Le	Thuy-Lan Le (155001480)	6240-AMO Manufacturing USA LLC Legal Entity
155001477	Mynga	Le	PHILLIP BLANKENHORN (1076513)	6240-AMO Manufacturing USA LLC Legal Entity
155001479	Suong	Le	TONY WU (1074842)	6240-AMO Manufacturing USA LLC Legal Entity
155001480	Thuy-Lan	Le	Joseph O'Neill (155001674)	6240-AMO Manufacturing USA LLC Legal Entity
155004591	William	Lee	Daniel Guerrero (152199315)	6240-AMO Manufacturing USA LLC Legal Entity
155001500	Filipo	Lepulu	MICHELLE YEE (155002048)	6240-AMO Manufacturing USA LLC Legal Entity
152303031	Anthony	Lewis	TONY WU (1074842)	6240-AMO Manufacturing USA LLC Legal Entity
155001504	Elena	Leyva	ALEN KRIKORIAN (1072082)	6240-AMO Manufacturing USA LLC Legal Entity
155001508	Esteban	Licad	ALEN KRIKORIAN (1072082)	6240-AMO Manufacturing USA LLC Legal Entity
152238488	Thomas	Lindahl	ELUMALAI GOVINDARAJ (155001300)	6240-AMO Manufacturing USA LLC Legal Entity
155001529	Cindy	Lu	Thuy-Lan Le (155001480)	6240-AMO Manufacturing USA LLC Legal Entity
155001538	James	Luu	Thuy-Lan Le (155001480)	6240-AMO Manufacturing USA LLC Legal Entity
155001540	Richken	Ly	Seabreeze Mey (155001590)	6240-AMO Manufacturing USA LLC Legal Entity
155001541	Tuan	Ly	Thuy-Lan Le (155001480)	6240-AMO Manufacturing USA LLC Legal Entity
105093	MAYURI	MADHVANI	ELUMALAI GOVINDARAJ (155001300)	6240-AMO Manufacturing USA LLC Legal Entity
155001547	Tri	Mai	Seabreeze Mey (155001590)	6240-AMO Manufacturing USA LLC Legal Entity
152944105	LLunuel	Martinez	Thuy-Lan Le (155001480)	6240-AMO Manufacturing USA LLC Legal Entity
152246866	Lawrence	Mastin	MICHELLE YEE (155002048)	6240-AMO Manufacturing USA LLC Legal Entity
606021611	Adelina	Maximo	TONY WU (1074842)	6240-AMO Manufacturing USA LLC Legal Entity
155001585	Felisa	Mendez	IVAN DANIEL ACERO GONZALEZ (152869798)	6240-AMO Manufacturing USA LLC Legal Entity
155001590	Seabreeze	Mey	James Winnie (155002024)	6240-AMO Manufacturing USA LLC Legal Entity
155001599	Jennifer	Mills	Kevin Riffle (152961221)	6240-AMO Manufacturing USA LLC Legal Entity
152303030	TYRELL	MOEGA	TONY WU (1074842)	6240-AMO Manufacturing USA LLC Legal Entity

155001616	Steve	Morris	James Winnie (155002024)	6240-AMO Manufacturing USA LLC Legal Entity
103437	SEAMAS	MURPHY	MARTIN COBIAN (103288)	6240-AMO Manufacturing USA LLC Legal Entity
152305053	DINESH KUMAR	MURTHY	Philip Ng (152976976)	6240-AMO Manufacturing USA LLC Legal Entity
152927964	Mohammad	Nayibkhil	PHILLIP BLANKENHORN (1076513)	6240-AMO Manufacturing USA LLC Legal Entity
155004576	Sandy	Nelson	ALEN KRIKORIAN (1072082)	6240-AMO Manufacturing USA LLC Legal Entity
152976976	Philip	Ng	MARTIN COBIAN (103288)	6240-AMO Manufacturing USA LLC Legal Entity
105128	BAOTRAM	NGUYEN	ALEN KRIKORIAN (1072082)	6240-AMO Manufacturing USA LLC Legal Entity
702382832	Christine	Nguyen	Thuy-Lan Le (155001480)	6240-AMO Manufacturing USA LLC Legal Entity
155001646	Chuc	Nguyen	PHILLIP BLANKENHORN (1076513)	6240-AMO Manufacturing USA LLC Legal Entity
155001656	STEVEN	NGUYEN	MARTIN COBIAN (103288)	6240-AMO Manufacturing USA LLC Legal Entity
155001658	Thang	Nguyen	Seabreeze Mey (155001590)	6240-AMO Manufacturing USA LLC Legal Entity
155001659	Thuyen	Nguyen	Seabreeze Mey (155001590)	6240-AMO Manufacturing USA LLC Legal Entity
155001661	Vinh	Nguyen	PHILLIP BLANKENHORN (1076513)	6240-AMO Manufacturing USA LLC Legal Entity
152238511	Thinh	Nguyen Duong	ELBA SO (180091)	6240-AMO Manufacturing USA LLC Legal Entity
702389761	Lauro	Obrero	Kevin Riffle (152961221)	6240-AMO Manufacturing USA LLC Legal Entity
155001680	Estela	Ojascastro	ELUMALAI GOVINDARAJ (155001300)	6240-AMO Manufacturing USA LLC Legal Entity
155001674	Joseph	O'Neill	CESAR ALONSO (30676)	6240-AMO Manufacturing USA LLC Legal Entity
104174	Joseph	Orais	ALEN KRIKORIAN (1072082)	6240-AMO Manufacturing USA LLC Legal Entity
152992880	Robert	Pabalate	Seabreeze Mey (155001590)	6240-AMO Manufacturing USA LLC Legal Entity
152941917	Xiomara	Pena	Seabreeze Mey (155001590)	6240-AMO Manufacturing USA LLC Legal Entity
1074076	Andrew	Pilon	Assaf Guterman (155006241)	6240-AMO Manufacturing USA LLC Legal Entity
155001736	Sharon	Pollace	CESAR ALONSO (30676)	6240-AMO Manufacturing USA LLC Legal Entity
152204813	Shwe	Pyie	Philip Ng (152976976)	6240-AMO Manufacturing USA LLC Legal Entity
1046071	VIOLA	QUACH	Mark Flaherty (152943472)	6240-AMO Manufacturing USA LLC Legal Entity
155001757	Ruben	Ramirez	ALEN KRIKORIAN (1072082)	6240-AMO Manufacturing USA LLC Legal Entity
152250707	Tammy	Rand	Margaret D Alessandro (152942054)	6240-AMO Manufacturing USA LLC Legal Entity
702263397	Anoop	Ravindranathan	Tony Durand (155001207)	6240-AMO Manufacturing USA LLC Legal Entity
155001772	Carlos	Reyes	Alan Henstock (126001851)	6240-AMO Manufacturing USA LLC Legal Entity
152234403	Christiaan	Reyes	MICHELLE YEE (155002048)	6240-AMO Manufacturing USA LLC Legal Entity
152961221	Kevin	Riffle	ELBA SO (180091)	6240-AMO Manufacturing USA LLC Legal Entity
155001797	Carlo	Sabado	PHILLIP BLANKENHORN (1076513)	6240-AMO Manufacturing USA LLC Legal Entity
155001800	Charanjeet	Saini	PHILLIP BLANKENHORN (1076513)	6240-AMO Manufacturing USA LLC Legal Entity
155001807	Roberto	Salgado	PHILLIP BLANKENHORN (1076513)	6240-AMO Manufacturing USA LLC Legal Entity
155001845	Christine	Shaw	PHILLIP BLANKENHORN (1076513)	6240-AMO Manufacturing USA LLC Legal Entity
1053318	SUMERA	SIDDIQUI	ALEN KRIKORIAN (1072082)	6240-AMO Manufacturing USA LLC Legal Entity
702500726	Amalkrishna	Sivadasan	Tony Durand (155001207)	6240-AMO Manufacturing USA LLC Legal Entity
180091	ELBA	SO	Orla Rae (152201030)	6240-AMO Manufacturing USA LLC Legal Entity
152222337	Jasmine	Sowards	CESAR ALONSO (30676)	6240-AMO Manufacturing USA LLC Legal Entity
155001903	Sterling	Sullivan	STEVEN NGUYEN (155001656)	6240-AMO Manufacturing USA LLC Legal Entity
152301116	Prabhu	Sulur Ramalingam	Mark Flaherty (152943472)	6240-AMO Manufacturing USA LLC Legal Entity

155001905	Sophy	Suy	ALEN KRIKORIAN (1072082)	6240-AMO Manufacturing USA LLC Legal Entity
155001919	Yvette	Taylor	PHILLIP BLANKENHORN (1076513)	6240-AMO Manufacturing USA LLC Legal Entity
155001920	Debish	Tesfandrias	PHILLIP BLANKENHORN (1076513)	6240-AMO Manufacturing USA LLC Legal Entity
155001941	Jonathan	Tran	Seabreeze Mey (155001590)	6240-AMO Manufacturing USA LLC Legal Entity
155001944	Mike	Tran	Thuy-Lan Le (155001480)	6240-AMO Manufacturing USA LLC Legal Entity
606032004	George	Trevino	TONY WU (1074842)	6240-AMO Manufacturing USA LLC Legal Entity
155001965	Duke	Urch	MICHELLE YEE (155002048)	6240-AMO Manufacturing USA LLC Legal Entity
702502555	Prajwal	Vijayakumar	Kevin Riffle (152961221)	6240-AMO Manufacturing USA LLC Legal Entity
404075	Ariel	Villa-Real	Thuy-Lan Le (155001480)	6240-AMO Manufacturing USA LLC Legal Entity
1045568	Binh	Vinh	PHILLIP BLANKENHORN (1076513)	6240-AMO Manufacturing USA LLC Legal Entity
152940082	Justin	Vo	James Winnie (155002024)	6240-AMO Manufacturing USA LLC Legal Entity
155001985	Duyen	Vu	PHILLIP BLANKENHORN (1076513)	6240-AMO Manufacturing USA LLC Legal Entity
155001992	Jeffrey	Wang	PHILLIP BLANKENHORN (1076513)	6240-AMO Manufacturing USA LLC Legal Entity
155002003	Ben	Wei	Thuy-Lan Le (155001480)	6240-AMO Manufacturing USA LLC Legal Entity
155002030	Linda	Wong	PHILLIP BLANKENHORN (1076513)	6240-AMO Manufacturing USA LLC Legal Entity
152227807	Tzai Shiuan	Wong	Tony Durand (155001207)	6240-AMO Manufacturing USA LLC Legal Entity
155002036	Thomas	Wu	STEVEN NGUYEN (155001656)	6240-AMO Manufacturing USA LLC Legal Entity
1074842	TONY	WU	Joseph O'Neill (155001674)	6240-AMO Manufacturing USA LLC Legal Entity
152946428	Kiana	Yang	TONY WU (1074842)	6240-AMO Manufacturing USA LLC Legal Entity
155002048	MICHELLE	YEE	Carlos Reyes (155001772)	6240-AMO Manufacturing USA LLC Legal Entity
155002061	Alice	Zhao	Seabreeze Mey (155001590)	6240-AMO Manufacturing USA LLC Legal Entity

Business Title	Location
Technician III, Manufacturing Production	US287 CA Milpitas -510 Cotton wood Dr
Senior Director Equipment Supply Chain	US285 CA Santa Ana - 1700 E St Andrew Pl
Production Planner	US287 CA Milpitas -510 Cotton wood Dr
ANALYST 1 QUALITY SYSTEMS	US287 CA Milpitas -510 Cotton wood Dr
TECHNICIAN 4 MANUFACTURING PRODUCTION	US287 CA Milpitas -510 Cotton wood Dr
SR SUPERVISOR MANUFACTURING	US287 CA Milpitas -510 Cotton wood Dr
QUALITY INSPECTOR LEAD	US287 CA Milpitas -510 Cotton wood Dr
Staff Quality Engineering	US287 CA Milpitas -510 Cotton wood Dr
MFG Tech II	US287 CA Milpitas -510 Cotton wood Dr
Technician IV, Manufacturing Production	US287 CA Milpitas -510 Cotton wood Dr
Operator III, Packaging_Assembly	US287 CA Milpitas -510 Cotton wood Dr
STAFF SUPPLIER QUALITY ENGINEER	US287 CA Milpitas -510 Cotton wood Dr
QA PROGRAM ENGINEER III	US287 CA Milpitas -510 Cotton wood Dr
Senior Buyer	US287 CA Milpitas -510 Cotton wood Dr
DIRECTOR SUPPLIER ENGINEERING	US287 CA Milpitas -510 Cotton wood Dr
Sr Master Scheduler	US331 CA Irvine - 31 Technology Dr
Global Service Supply Planner	US287 CA Milpitas -510 Cotton wood Dr
Contingent	US287 CA Milpitas -510 Cotton wood Dr
Operator III, Packaging_Assembly	US287 CA Milpitas -510 Cotton wood Dr
Operator IV, Packaging_Assembly	US287 CA Milpitas -510 Cotton wood Dr
Operator III, Packaging_Assembly	US287 CA Milpitas -510 Cotton wood Dr
Operator III, Packaging_Assembly	US287 CA Milpitas -510 Cotton wood Dr
Specialist Distribution Materials III	US287 CA Milpitas -510 Cotton wood Dr
SR MANAGER QA	US287 CA Milpitas -510 Cotton wood Dr
SPECIALIST DISTRIBUTION MATERIALS II	US287 CA Milpitas -510 Cotton wood Dr
EHS Associate Manager	US287 CA Milpitas -510 Cotton wood Dr
Technical Project Manager	US287 CA Milpitas -510 Cotton wood Dr
SPECIALIST DISTRIBUTION MATERIALS III	US287 CA Milpitas -510 Cotton wood Dr
SENIOR MANAGER STRATEGIC INITIATIVES	US285 CA Santa Ana - 1700 E St Andrew Pl
SPECIALIST DOCUMENT CONTROL	US287 CA Milpitas -510 Cotton wood Dr
Senior Supplier Quality Engineer	US287 CA Milpitas -510 Cotton wood Dr
Specialist Distribution Materials III	US287 CA Milpitas -510 Cotton wood Dr
SR ENGINEER	US287 CA Milpitas -510 Cotton wood Dr
Sr Master Scheduler JJSV Spares	US287 CA Milpitas -510 Cotton wood Dr
QA Manager, Quality and Compliance	US287 CA Milpitas -510 Cotton wood Dr
Staff Quality Engineer	US287 CA Milpitas -510 Cotton wood Dr
Operator IV, Packaging Assembly	US287 CA Milpitas -510 Cotton wood Dr
Sr Purchasing Supervisor	US287 CA Milpitas -510 Cotton wood Dr
Operator III, Packaging_Assembly	US287 CA Milpitas -510 Cotton wood Dr

Lead, Manufacturing Production	US287 CA Milpitas -510 Cotton wood Dr
PRINCIPAL ENGINEER	US287 CA Milpitas -510 Cotton wood Dr
Technician IV Manufacturing Production	US287 CA Milpitas -510 Cotton wood Dr
Specialist 2 - Inventory Planning/Control	US287 CA Milpitas -510 Cotton wood Dr
Lead, Manufacturing Production	US287 CA Milpitas -510 Cotton wood Dr
Assoc NonEmployee	US287 CA Milpitas -510 Cotton wood Dr
Senior Buyer	US287 CA Milpitas -510 Cotton wood Dr
Technician IV, Manufacturing Production	US287 CA Milpitas -510 Cotton wood Dr
Operator III, Packaging_Assembly	US287 CA Milpitas -510 Cotton wood Dr
Operator II, Packaging_Assembly	US287 CA Milpitas -510 Cotton wood Dr
Specialist Distribution Materials II	US287 CA Milpitas -510 Cotton wood Dr
Contractor	US287 CA Milpitas -510 Cotton wood Dr
Operator III, Packaging_Assembly	US287 CA Milpitas -510 Cotton wood Dr
STAFF ENGINEER ADVANCED ENGINEERING	US285 CA Santa Ana - 1700 E St Andrew Pl
Manager Quality Assurance	US287 CA Milpitas -510 Cotton wood Dr
Contingent	US287 CA Milpitas -510 Cotton wood Dr
Principal Manufacturing Engineer	US287 CA Milpitas -510 Cotton wood Dr
Operator IV, Packaging_Assembly	US287 CA Milpitas -510 Cotton wood Dr
Operator IV, Packaging_Assembly	US287 CA Milpitas -510 Cotton wood Dr
SPECIALIST 2 WAREHOUSE	US287 CA Milpitas -510 Cotton wood Dr
Supervisor, Manufacturing	US287 CA Milpitas -510 Cotton wood Dr
Sr Buyer	US287 CA Milpitas -510 Cotton wood Dr
Analyst II Quality Assurance	US287 CA Milpitas -510 Cotton wood Dr
Specialist Distribution Materials III	US287 CA Milpitas -510 Cotton wood Dr
Quality Inspector III	US287 CA Milpitas -510 Cotton wood Dr
QUALITY INSPECTOR II	US287 CA Milpitas -510 Cotton wood Dr
Quality Engineer II Quality Systems	US287 CA Milpitas -510 Cotton wood Dr
Operator III, Packaging_Assembly	US287 CA Milpitas -510 Cotton wood Dr
Technician III, Manufacturing Production	US287 CA Milpitas -510 Cotton wood Dr
LEAD TECHNICIAN I, MANUFACTURING/PRODUCT	US287 CA Milpitas -510 Cotton wood Dr
Technician IV, Manufacturing_Production	US287 CA Milpitas -510 Cotton wood Dr
Sr. Quality Training Specialist	US287 CA Milpitas -510 Cotton wood Dr
SR MFG TECHNICIAN III	US287 CA Milpitas -510 Cotton wood Dr
Operator III, Packaging_Assembly	US287 CA Milpitas -510 Cotton wood Dr
Senior Quality Engineer	US287 CA Milpitas -510 Cotton wood Dr
Specialist 2 - Inventory Planning/Control	US287 CA Milpitas -510 Cotton wood Dr
ASSEMBLER III	US287 CA Milpitas -510 Cotton wood Dr
Repair Depot Supervisor	US287 CA Milpitas -510 Cotton wood Dr
Global Service Supply Planner	US287 CA Milpitas -510 Cotton wood Dr
Specialist Distribution Materials III	US287 CA Milpitas -510 Cotton wood Dr

PROJECT ENGINEER	US287 CA Milpitas -510 Cotton wood Dr
SR PRINCIPAL MechE EE Elec Engineer	US287 CA Milpitas -510 Cotton wood Dr
Senior Manufacturing Engineer	US287 CA Milpitas -510 Cotton wood Dr
Technician III, Manufacturing_Production	US287 CA Milpitas -510 Cotton wood Dr
QA PROGRAM ENGINEER I	US287 CA Milpitas -510 Cotton wood Dr
Mgr Process Engineering	US287 CA Milpitas -510 Cotton wood Dr
QA PROGRAM ENGINEER I	US287 CA Milpitas -510 Cotton wood Dr
Operator	US287 CA Milpitas -510 Cotton wood Dr
Technician IV, Manufacturing Production	US287 CA Milpitas -510 Cotton wood Dr
SR ENGINEERING MANAGER ADVANCED ENG	US287 CA Milpitas -510 Cotton wood Dr
TECHNICIAN 2 MANUFACTURING PRODUCTION	US287 CA Milpitas -510 Cotton wood Dr
SR MFG TECHNICIAN III	US287 CA Milpitas -510 Cotton wood Dr
Operator III, Packaging Assembly	US287 CA Milpitas -510 Cotton wood Dr
Sr Planning Analyst	US287 CA Milpitas -510 Cotton wood Dr
Assoc NonEmployee	US287 CA Milpitas -510 Cotton wood Dr
SR SPECIALIST DOCUMENT CONTROL	US287 CA Milpitas -510 Cotton wood Dr
Sr Manager Manufacturing	US287 CA Milpitas -510 Cotton wood Dr
QA PROGRAM ENGINEER I	US287 CA Milpitas -510 Cotton wood Dr
Specialist Distribution Materials III	US287 CA Milpitas -510 Cotton wood Dr
MFG Tech 2	US287 CA Milpitas -510 Cotton wood Dr
Sr Director Business Development Vision	US331 CA Irvine - 31 Technology Dr
ADMIN ASSISTANT II	US287 CA Milpitas -510 Cotton wood Dr
Senior Manufacturing Engineer	US287 CA Milpitas -510 Cotton wood Dr
Senior Engineer Project Manager	US287 CA Milpitas -510 Cotton wood Dr
QUALITY INSPECTOR II	US287 CA Milpitas -510 Cotton wood Dr
Senior Planner	US287 CA Milpitas -510 Cotton wood Dr
Contingent	US287 CA Milpitas -510 Cotton wood Dr
DIRECTOR OPERATIONS QUALITY	US287 CA Milpitas -510 Cotton wood Dr
Senior Quality Engineer Operations	US287 CA Milpitas -510 Cotton wood Dr
Planning Manager	US287 CA Milpitas -510 Cotton wood Dr
Technician IV, Manufacturing_Production	US287 CA Milpitas -510 Cotton wood Dr
Technician III, Manufacturing Production	US287 CA Milpitas -510 Cotton wood Dr
Technician IV, Manufacturing_Production	US287 CA Milpitas -510 Cotton wood Dr
Operator III, Packaging_Assembly	US287 CA Milpitas -510 Cotton wood Dr
Staff Quality Engineer	US287 CA Milpitas -510 Cotton wood Dr
Contingent	US287 CA Milpitas -510 Cotton wood Dr
SENIOR MANAGER E2E EQUIPMENT PLANNING	US287 CA Milpitas -510 Cotton wood Dr
Process Excellence Lead	US287 CA Milpitas -510 Cotton wood Dr
Staff Engineer	US287 CA Milpitas -510 Cotton wood Dr
Senior Manufacturing Engineer	US287 CA Milpitas -510 Cotton wood Dr

Quality Inspector III	US287 CA Milpitas -510 Cotton wood Dr
Operator II, Packaging Assembly	US287 CA Milpitas -510 Cotton wood Dr
Operator III, Packaging Assembly	US287 CA Milpitas -510 Cotton wood Dr
SR MFG TECHNICIAN III	US287 CA Milpitas -510 Cotton wood Dr
Technician III, Manufacturing_Production	US287 CA Milpitas -510 Cotton wood Dr
Specialist 2 - Inventory Planning/Control	US287 CA Milpitas -510 Cotton wood Dr
SENIOR QUALITY ENGINEER	US287 CA Milpitas -510 Cotton wood Dr
Production Planner	US287 CA Milpitas -510 Cotton wood Dr
Operator III, Packaging_Assembly	US287 CA Milpitas -510 Cotton wood Dr
Operator III, Packaging_Assembly	US287 CA Milpitas -510 Cotton wood Dr
Project Engineer	US287 CA Milpitas -510 Cotton wood Dr
Operator III, Packaging Assembly	US287 CA Milpitas -510 Cotton wood Dr
Technician III, Manufacturing_Production	US287 CA Milpitas -510 Cotton wood Dr
Technician IV, Manufacturing Production	US287 CA Milpitas -510 Cotton wood Dr
Operator III, Packaging_Assembly	US287 CA Milpitas -510 Cotton wood Dr
Senior Supplier Quality Engineer	US287 CA Milpitas -510 Cotton wood Dr
PRINCIPAL ENGINEER	US287 CA Milpitas -510 Cotton wood Dr
Sr Supervisor Warehouse	US287 CA Milpitas -510 Cotton wood Dr
SPECIALIST DISTRIBUTION MATERIALS III	US287 CA Milpitas -510 Cotton wood Dr
SR MANAGER QA	US287 CA Milpitas -510 Cotton wood Dr
LEAD TECHNICIAN I, MANUFACTURING/PRODUCT	US287 CA Milpitas -510 Cotton wood Dr

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Y

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 02461	☐ 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: Top Quality Manufacturing, LLC DBA Amtouch Dental Supply

Physical Address: 13165 Sandoval St.

City: Santa Fe Springs State: CA Zip: 90670

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

City: State: Zip:

Telephone: 562-906-6100 Website: www.topqualitygloves.com; https://www.amtouch.com/

Name of Designated Representative (DR): Jando Chow

Licensing Company Email: regulatory@topqualitygloves.com DR Email: jon@topqualitygloves.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 Drugs OTC Devices	☐ 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:

See attached

Original Signature (electronic, copies or stamps not accepted)

Date

TOP QUALITY'S MANUFACTURING, LLC
APPLICATION FOR CHANGE OF OWNERSHIP
DRUG WHOLESALE DISTRIBUTOR
NEVADA BOARD OF PHARMACY
RESPONSE TO QUESTION 3

Question 3.

Has the business, 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?

Response: Yes.

Based on currently available records/information, and although not necessarily responsive applicable to the question, Henry Schein, Inc. discloses the following information:

- In May 2008, Henry Schein, Inc. resolved a matter with the Florida Department of Health ("DOH") (Case No. 2008-08770; prescription drug wholesaler permit # 22:1315) in connection with a Notice of Violation, alleging that Henry Schein, Inc. sold and/or shipped prescription drugs to an unauthorized recipient, in violation of Chapter 499, Florida Statutes. Henry Schein, Inc. entered into a settlement agreement which resolved the matter without any admission of liability and agreed to make a payment of $5,000. The matter was closed by order dated May 15, 2008.

- In July 2011, Henry Schein, Inc. resolved a matter with the Colorado Board of Pharmacy ("BOP") which alleged that Henry Schein, Inc. did not timely submit an application for a change of designated representative in violation of Colorado state statutes and BOP rules (Case No. 2011-1806; non-resident prescription drug wholesaler registration # WHO 7115). Henry Schein, Inc. made a payment of $5,000 to resolve the matter plus a $500 surcharge.

- In November 2011, the Iowa Board of Pharmacy alleged that Henry Schein, Inc. violated Iowa state statutes and regulations in connection with the sale of controlled substances to Des Moines University, whose Iowa Controlled Substances Registration had expired at the time of shipment. (Case No. 2010-35; Wholesale Drug License No. 5328) Henry Schein, Inc. denied the allegations. Henry Schein, Inc. agreed to a Citation and Warning, resolving the matter in April 2012 without any admission of liability and agreed to make a payment of $5,000.

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: NDC INC.
Address: 402 BNA Dr, Suite 500 City: Nashville State: TN Zip: 37217

Name: PAC-DENT INTERNATIONAL INC
Address: 70 Endeavor Cir City: Brea State: CA Zip: 92821

Name: Ready Set Import
Address: 303 N Alpine Dr City: Beverly Hills State: CA Zip: 90210

Name: VISTA
Address: 2200 South St City: Racine State: WI Zip: 53404

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): Henry Schein, Inc. (58%); HRNNK Holdings, Inc. (42%)
Corporation/Organization Name: Top Quality Manufacturing, LLC dba Amtouch Dental Supply
Mailing Address: 800 Primos Avenue
City: Folcroft State: PA Zip: 19032
Telephone: 610-461-6100 Email: beth@topqualitygloves.com
Contact Person Name: Beth Eberhart

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/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.

Top Quality Manufacturing, LLC dba Amtouch Dental Supply

Facility Name

Navin Khetarpal

Print Name of Authorized Person Submitting Application

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

2/24/26

Date

Board Use Only	Date Received: 3/5/26	Amount: $1000ch. 956499

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
Top Quality Manufacturing, LLC
Business Trade Name:
Amtouch Dental Supply

13165 Sandoval St
Santa Fe Springs, CA 90670
Registration Number: [redacted]
FEI Number* [redacted]
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types. Please Review Listings For Further Information.
Date Of Registration Status: 2026

Owner/Operator:
TOP QUALITY MANUFACTURING[6]
800 Primos Avenue
Folcroft, PA US 19032
Owner/Operator Number: 2523318[7]

Official Correspondent:
Justin Cowder
800 Primos Avenue
Folcroft, PA 19032
Phone: 610-4616100

Verified 3/6/26

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

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Links on this page:

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5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2523318&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2523318&OwnerOperator

Page Last Updated: 03/09/2026

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Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies / Privacy

FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive Vulnerability Disclosure Policy

U.S.Department of **Health & Human Services**

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2523318&OwnerOperator

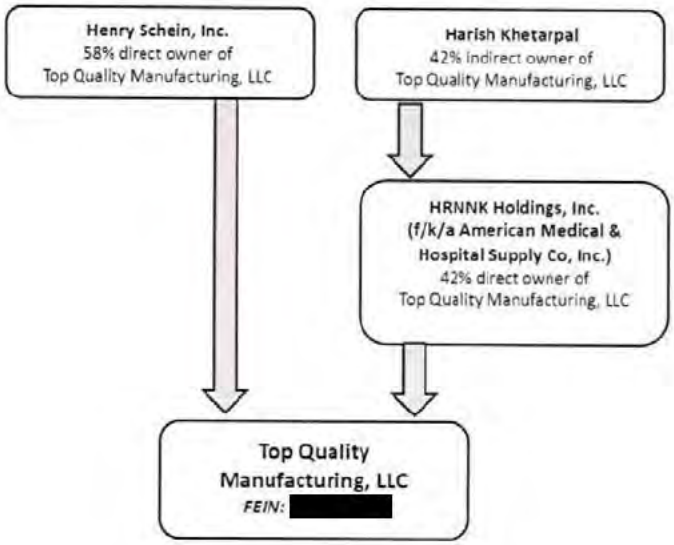
EXHIBIT A

Top Quality Manufacturing, LLC

Ownership Organization

Pre-Transaction Ownership Chart

Post-Transaction Ownership Chart



Individuals and entities with an ownership interest of less than 5% are not included on this chart. Henry Schein, Inc. is a publicly traded company. A full list of Henry Schein, Inc.'s institutional shareholders can be found in the company's annual 10K report that is filed with the SEC.

Top Quality Manufacturing, LLC

Officer & Owner Information

Officer	Title
Mark Hillebrandt	Manager & Vice President
Ciprian Tamas	Manager & Vice President
Andrea Albertini	Manager & Chief Executive Officer
Michael Ettinger	Manager & Executive Vice President
Michael Amodio	Vice President & Treasurer
Laura (Jadezuk) Elefonte	Vice President, Global Tax
Regina Cavaliere	Vice President, Regulatory and Compliance
Jennifer Ferrero	Secretary
Jennifer Stoll	Vice President
Harish Khetarpal	Manager & Chief Strategic Officer
Navin Khetarpal	Manager & President
Nitasha Khetarpal Patel	Chief Operating Officer

Owner:

Top Quality Manufacturing, LLC
800 Primos Avenue
Folcroft, PA 19032
100% ownership interest

Parent-Level Ownership:

Henry Schein, Inc.
135 Duryea Road
Melville, NY 11747-3834
58% ownership interest

HRNNK Holdings, Inc.
(f/k/a American Medical & Hospital Supply Co, Inc.)
28703 Industry Drive
Valencia, CA 91355-5414
42% ownership interest

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOP QUALITY MANUFACTURING, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JULY, A.D. 2025.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

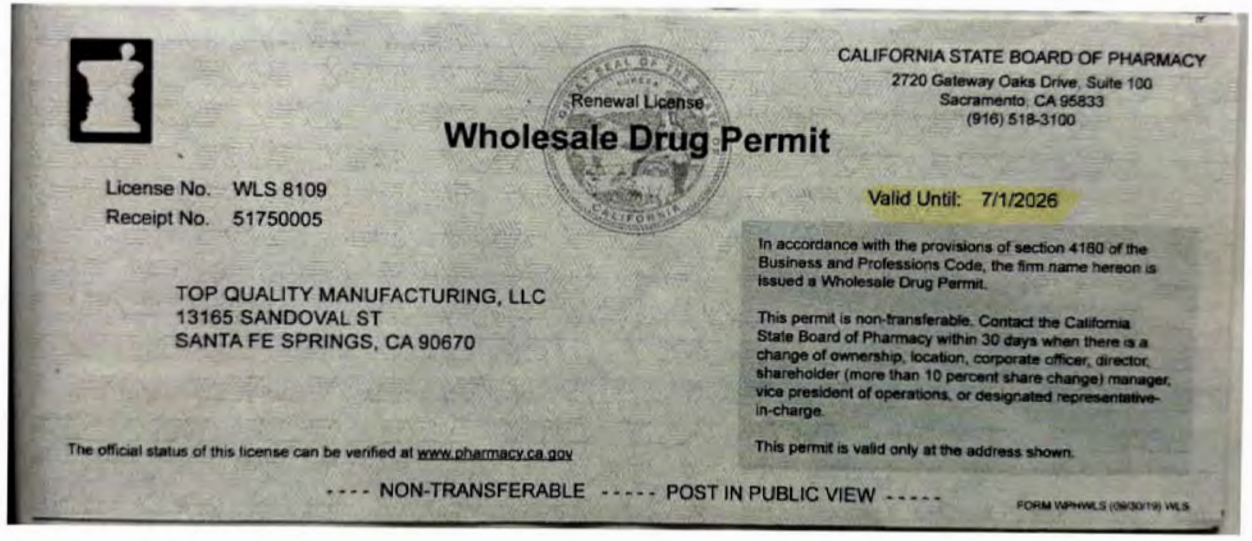
Authentication: 204346683

Date: 07-31-25

4501025 8300

SR# 20253525398

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



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 8109
Receipt No. 51750005

Valid Until: 7/1/2026

TOP QUALITY MANUFACTURING, LLC
13165 SANDOVAL ST
SANTA FE SPRINGS, CA 90670

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

The official status of this license can be verified at www.pharmacy.ca.gov

---- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

FORM WPHWLS (09/30/19) WLS

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 8109

NAME: TOP QUALITY MANUFACTURING, LLC

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

13165 SANDOVAL ST
SANTA FE SPRINGS CA 90670
LOS ANGELES COUNTY

ISSUANCE DATE

JULY 19, 2022

EXPIRATION DATE

JULY 1, 2026

CURRENT DATE / TIME

MARCH 1, 2026
12:11:59 AM

LICENSE RELATIONSHIPS

NAME: CHOW, JANDO

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 24471 **PRIMARY STATUS:** CLEAR

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 03/06/2026

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:	

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	QBE Specialty Insurance Company	11515
INSURER B:	ProAssurance Specialty Insurance Company	17400
INSURER C:	Liberty Mutual Fire Ins Co	23035
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Top Quality Manufacturing/
Amtouch Dental Supply
13165 Sandoval Street
Santa Fe Springs CA 90670 USA

COVERAGES **CERTIFICATE NUMBER:** 570118389027 **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			TB2621095524025	06/01/2025	06/01/2026	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$1,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	Excluded
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	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? N/A						E.L. EACH ACCIDENT	
	(Mandatory in NH)						E.L. DISEASE-EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	
B	Products Liability			N25NY380022 Claims Made	06/01/2025	06/01/2026	Per Occurrence Aggregate	$1,000,000 $1,000,000

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

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 :

Certificate No : 570118389027

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RIDER

To be attached to and form part of:

Bond Number	015222650
dated	January 17, 2024
issued by the	LIBERTY MUTUAL INSURANCE COMPANY
in the amount of	$ 100,000.00
on behalf of	TOP QUALITY MANUFACTURING, LLC (Principal)
and in favor of	NEVADA STATE BOARD OF PHARMACY (Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

Following Location shall be added to Bond:

13165 Sandoval Street, Santa Fe Springs, CA 90670

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 11th day of March, 2026.

Signed, Sealed & Dated this 11th day of March, 2026.

TOP QUALITY MANUFACTURING, LLC DBA AMTOUCH DENTAL SUPPLY
(Principal)

By: _____

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Sandra Diaz, Attorney-in-Fact

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 11th day of March, 2026.

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.

RIDER

To be attached to and form part of:

Bond Number 015222650

dated January 17, 2024

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of TOP QUALITY MANUFACTURING, LLC
(Principal)

and in favor of NEVADA STATE BOARD OF PHARMACY
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Principal Name shall be amended:

FROM: TOP QUALITY MANUFACTURING, LLC

TO: TOP QUALITY MANUFACTURING, LLC dba AMTOUCH DENTAL SUPPLY

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 11th day of March, 2026.

Signed, Sealed & Dated this 11th day of March, 2026.

TOP QUALITY MANUFACTURING, LLC DBA AMTOUCH DENTAL SUPPLY
(Principal)

By: _____

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Sandra Diaz, Attorney-in-Fact

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 11th day of March, 2026.

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.

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. 015222650

Application/License No. _____

TOP QUALITY MANUFACTURING, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 800 Primos Avenue Folcroft, PA 19032 (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 January 17, 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 28th day of February, 2024.

APPLICANT/PRINCIPAL
TOP QUALITY MANUFACTURING, LLC

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 Grace Laterza

Witness Aklima Noorhassan

Countersigned by:

Nevada Resident Agent N/A

Posted February 20, 2020

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: 8210937- 015009

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, Debra A. Deming, Sandra Diaz, Vilma Gonzalez, Peter Healy, Pablo Garcia Horcajo, Jennifer L. Jakaitis, Francesca Kazmierczak, Aklima Noorhassan, Anne Potter, Frances Rodriguez, Valorie Spates, Susan A. Welsh, Beverly A. Woolford

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 6th day of November, 2023.

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

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 6th day of November, 2023 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

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

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

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

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

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

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 28th day of February, 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.

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Liberty Mutual. SURETY

LIBERTY MUTUAL INSURANCE COMPANY

Financial Statement – December 31, 2022

Assets

Cash and Bank Deposits	$3,908,755,039
*Bonds — U.S Government	3,451,999,931
*Other Bonds	18,862,255,155
*Stocks	19,372,953,698
Real Estate	190,092,373
Agents' Balances or Uncollected Premiums	7,929,876,358
Accrued Interest and Rents	166,740,412
Other Admitted Assets	15,968,062,977
Total Admitted Assets	**$69,850,735,943**

Liabilities

Unearned Premiums	$10,133,358,204
Reserve for Claims and Claims Expense	27,953,643,316
Funds Held Under Reinsurance Treaties	368,610,620
Reserve for Dividends to Policyholders	1,379,296
Additional Statutory Reserve	197,278,000
Reserve for Commissions, Taxes and Other Liabilities	9,206,000,954
Total	**$47,860,270,390**
Special Surplus Funds	$195,696,103
Capital Stock	10,000,075
Paid in Surplus	13,324,803,036
Unassigned Surplus	8,459,966,339
Surplus to Policyholders	**21,990,465,553**
Total Liabilities and Surplus	**$69,850,735,943**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2022, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 8th day of March 2023.

T Mikolajewski

Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Top Quality Manufacturing, LLC DBA Amtouch Dental Supply MDEG License # (if applicable): _____

Physical Address: 13165 Sandoval St.

City: Santa Fe Springs State: CA Zip: 90670

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

City: _____ State: _____ Zip: _____

Telephone: 562-906-6100 Website: www.topqualitygloves.com; www.amtouch.com

Licensing Company Email: regulatory@topqualitygloves.com

Section 2: Personal Information

First: Jando Middle: [no middle name] Last: Chow

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

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

Mailing Address: 13165 Sandoval St.

City: Santa Fe Springs State: CA Zip: 90670

Telephone: 562-906-6100 Email: jon@topqualitygloves.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)	
California State University		2010 - 2012	
Address	**City**	**State**	**Zip**
5151 State University Dr.	Los Angeles	CA	90032
Diploma/Degree obtained, if any			
Criminal Justice			

School Name		From - To (MM/YY – MM/YY)	
East Los Angeles College		2010 - 2012	
Address	**City**	**State**	**Zip**
1301 Avenida Cesar Chavez	Monterey Park	CA	91754
Diploma/Degree obtained, if any			
Administration of Justice			

School Name		From - To (MM/YY – MM/YY)	
San Gabriel High School		09/1998- 06/2001	
Address	**City**	**State**	**Zip**
801 S Ramona St.	San Gabriel	CA	91776
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
- present	[redacted]	Rosemead	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
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)	
Top Quality Manufacturing, LLC			04/2014 - present	
Business Address		**City**	**State**	**Zip**
13165 Sandoval Street		Santa Fe Springs	CA	90670
Phone	**Title**		**Number of Employed Hours**	
562-906-6100	Warehouse Assistant Manager		21,000	
Description of Duties				
Supervise warehouse staff and oversee daily operations, like receiving, storing, and shipping of goods to ensure timely and accurate order fulfillment Conduct staff training and delegate responsibilities. Monitor inventory accuracy, maintain inventory control procedures, and resolve stock discrepancies. Work closely with procurement, logistics, and office staff. Operate forklifts and jacks. Introduce improvements in warehouse layout and workflow.				

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

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

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

None

Original Signature (electronic, copies or stamps not accepted)

02/24/26
Date

I, Jando Chow, **certify that as the MDEG Administrator for**

Top Quality Manufacturing, LLC dba Amtouch Dental Supply,

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

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

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

Jando Chow
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/24/26
Date

Board Use Only	Date Received: 2/25/26

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: Top Quality Manufacturing, LLC dba Amtouch Dental Supply

Pharmacy/Wholesaler License # (if applicable): WH02461

Physical Address: 13165 Sandoval St.

City: Santa Fe Springs State: CA Zip: 90670

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

City: State: Zip:

Telephone: 562-906-6100 Website: www.topqualitygloves.com; www.amtouch.com

Licensing Company Email: regulatory@topqualitygloves.com

Section 2: Personal Information

First: Jando Middle: [no middle name] Last: Chow

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

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

Mailing Address: 13165 Sandoval St.

City: Santa Fe Springs State: CA Zip: 90670

Telephone: 562-906-6100 Email: jon@topqualitygloves.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)	
California State University		2010 - 2012	
Address	**City**	**State**	**Zip**
5151 State University Dr.	Los Angeles	CA	90032
Diploma/Degree obtained, if any			
Criminal Justice			

School Name		From - To (MM/YY – MM/YY)	
East Los Angeles College		2010 - 2012	
Address	**City**	**State**	**Zip**
1301 Avenida Cesar Chavez	Monterey Park	CA	91754
Diploma/Degree obtained, if any			
Administration of Justice			

School Name		From - To (MM/YY – MM/YY)	
San Gabriel High School		09/1998- 06/2001	
Address	**City**	**State**	**Zip**
801 S Ramona St.	San Gabriel	CA	91776
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
- present	[redacted]	Rosemead	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
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)	
Top Quality Manufacturing, LLC		04/2014 - present	
Business Address	**City**	**State**	**Zip**
13165 Sandoval Street	Santa Fe Springs	CA	90670
Phone	**Title**	**Number of Employed Hours**	
562-906-6100	Warehouse Assistant Manager	21,000	

Description of Duties

Supervise warehouse staff and oversee daily operations, like receiving, storing, and shipping of goods to ensure timely and accurate order fulfillment Conduct staff training and delegate responsibilities. Monitor inventory accuracy, maintain inventory control procedures, and resolve stock discrepancies. Work closely with procurement, logistics, and office staff. Operate forklifts and jacks. Introduce improvements in warehouse layout and workflow.

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

Description of Duties

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

Description of Duties

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

Description 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:

None

Original Signature (electronic, copies or stamps not accepted)

02/24/26
Date

I, Jando Chow, **certify that as the designated representative for**

Top Quality Manufacturing, LLC dba Amtouch Dental Supply,

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

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

Jando Chow

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/24/26

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.

Jando Chow

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/24/26

Date

Please have this section completed in the presence of a Notary Public. — on next page

State of _____, ss. County of _____

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

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

CALIFORNIA JURAT GOVERNMENT CODE § 8202

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

State of California

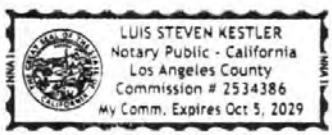
County of LOS ANGELES

Subscribed and sworn to (or affirmed) before me on this 25 (Date) day of FEBRUARY (Month), 20 26 (Year), by

(1) JANDO CHOW

(and (2) _____).
Name(s) of Signer(s)

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



Signature _____
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

©2019 National Notary Association

Top Quality Manufacturing, LLC

Employees & Contractors

List each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the facility.

- Employees:
  - Carlos Ortega
  - Jando Chow
  - Hector Jimenez
  - Jesus Napoles
  - Gustavo De Leon
  - Miguel Carrillo

- Independent Contractor:
  - Antonio Gallardo

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: Bayer Medical Care Inc.

Physical Address: 150 Victory Road

City: Saxonburg State: PA Zip: 16056

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: radiology.bayer.com

Name of Designated Representative (DR): Govardhan Babu Singh

Licensing Company Email: BMC@slsny.com DR Email: govardhan.singh@bayer.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Clinics, Institutions & US Government		☒ Others: Manufacturer - Own Label

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

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

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

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

N/A- No Discipline to report

Kathleen Ann Dent
Original Signature (electronic, copies or stamps not accepted)

2/17/26
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: N/A

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

Name: N/A

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

Name: N/A

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): Schering Berlin Inc.

Corporation/Organization Name: Bayer Medical Care Inc.

Mailing Address: c/o State License Servicing, Inc. 225 Dolson Avenue, 4th Floor

City: Middletown State: NY Zip: 10940

Telephone: (845) 544-2482 Email: BMC@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 #: 3006791331	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.

Bayer Medical Care Inc.

Facility Name

Kathleen Ann Dunst

Print Name of Authorized Person Submitting Application

Kathleen Ann Dunst

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

2/17/26

Date

Board Use Only	Date Received: 4/23/26	Amount: $1000 ck# 709

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
Bayer Medical Care Inc.
150 Victory Road
Saxonburg, PA 16056
Registration Number: [redacted]
FEI Number*: [redacted]
Status: Active
Date Of Registration Status: 2025

Owner/Operator:
Bayer Medical Care Inc.[6]
1 Bayer Drive
Indianola, PA US 15051
Owner/Operator Number: 2520313[7]

Official Correspondent:
Troy A Jack
1 Bayer Drive
Indianola, PA 15051
Phone: 412-3528280

* 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=2520313&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryNa
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2520313&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryNa

M.H Verified 5/1/25

Page Last Updated: 03/03/2025

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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

For Government For Press

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FDA

company particulars

Bayer Medical Care Inc.

Corporate Address: 1 Bayer Drive, Indianola, PA 15051 USA
FEIN: 25-1151038
radiology.bayer.com

Drug Labeler Code: N/A
Incorporation State: DE
Incorporation Date: 1/25/1996

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
SAX	150 Victory Road Saxonburg, PA 16056 County: Butler County	3006791331	N/A - No CS	803804603	No	(412) 767-2400	N/A

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Govardhan Babu Singh	[redacted]	Site Head	[redacted]			

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Schering Berlin Inc.	100 Bayer Blvd. Whippany, NJ 07981	N/A	100%	N/A	[redacted]	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Sean Connelly Sullivan	[redacted]	President	No	[redacted]		
Kathleen Ann Dunst		Secretary				
Kristin Zimmerman		Assistant Secretary				
Jeff McFarland		Tax Officer				
Darcey Livingston Rhoade		Assistant Secretary	No			
Maria del Rocio Romero Alonzo		Treasurer				
David Schramm		Assistant Secretary				

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Corporation Service Company			

Incorp Good Standing

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BAYER MEDICAL CARE 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-SECOND DAY OF FEBRUARY, A.D. 2026.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

2585748 8300

SR# 20260713668

Authentication: 203161255

Date: 02-22-26

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

Verification of Home State License (PA)

Pennsylvania Department of Health

Pennsylvania Department of Health

Drug, Device and Cosmetic Program

Version 4.0.0

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

Lookup

Description of Certificate Categories

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

Bayer Medical Care Inc. 150 Victory Road; Saxonburg, PA 16056
Certificate(s): **6000007164** issued: 03/19/2008 expires: 4/30/2026

The entity noted above holds an active registration and/or license with the Pennsylvania Department of Health Drug, Device, and Cosmetic (DDC) program.

No formal probation, suspension, revocation, or formal disciplinary action has been issued directly by the Pennsylvania Department of Health Drug, Device, and Cosmetic (DDC) program against the aforementioned specific registration and/or license. Contact the DDC program with any further questions at (717) 787-4779 or email: ra-ddc@pa.gov

Back to DD&C Home

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Assembly Version 4.0.0.0

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

0777

Certificate of Registration

Certificate No. 6000007164
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Category:

Devices

Drug & Device Registration
2525 N. 7th Street
Suite 210D
HARRISBURG, PA 17110
(717) 787-4779

BAYER MEDICAL CARE INC.
150 VICTORY ROAD
SAXONBURG, PA 16056

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: March 19, 2008
Expiration Date: The Last Day of April, 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.

0778

Home State License

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/08/2026

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. 800 Market Street, Suite 1800 St. Louis, MO 63101-2500 CN102140943–GAW5-26-27	**CONTACT NAME:** Marsh | Business & Client Services **PHONE (A/C, No, Ext):** 866-966-4664 **FAX (A/C, No):** **E-MAIL ADDRESS:** StLouis.CertRequest@marsh.com	
	INSURER(S) AFFORDING COVERAGE	**NAIC #**
	INSURER A : HDI Global Insurance Co.	41343
INSURED Bayer Corporation 800 N. Lindbergh Blvd. St. Louis, MO 63167	**INSURER B :** Old Republic Insurance Company	24147
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CHI-011142695-00 **REVISION NUMBER:** 0

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** X CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY ☐ PRO-JECT ☐ LOC OTHER:			GLD1136617	04/01/2026	04/01/2027	EACH OCCURRENCE	$	5,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	100,000
							MED EXP (Any one person)	$	5,000
							PERSONAL & ADV INJURY	$	5,000,000
							GENERAL AGGREGATE	$	5,000,000
							PRODUCTS - COMP/OP AGG	$	5,000,000
								$	
B	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			MWTB 319159 26	04/01/2026	04/01/2027	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
							BODILY INJURY (Per person)	$	
							BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
								$	
	☐ **UMBRELLA LIAB** ☐ OCCUR ☐ **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE	$	
							AGGREGATE	$	
								$	
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: N N/A **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below			MWC 319158 26	04/01/2026	04/01/2027	X PER STATUTE ☐ OTH-ER		
							E.L. EACH ACCIDENT	$	2,000,000
							E.L. DISEASE - EA EMPLOYEE	$	2,000,000
							E.L. DISEASE - POLICY LIMIT	$	2,000,000

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

CERTIFICATE HOLDER

Bayer Medical Care Inc.
150 Victory Road
Saxonburg, PA 16056

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
of Marsh USA LLC

Marsh USA LLC

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The ACORD name and logo are registered marks of ACORD

Bond

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 014262618

Application/License No. _____

Bayer Medical, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1 Bayer Drive, Indianola, PA 15051; 150 Victory Road, Saxonburg, PA 16056; 625 Alpha Drive, Pittsburg, PA 15238 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 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 August 13, 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 13th day of August, 2025.

APPLICANT/PRINCIPAL

Jennifer Wattleson
Authorized Representative

SIGNED and SEALED in the presence of:

Alexandra Johnson
Witness

Witness

SURETY COMPANY

Surety Company's Representative

Kathleen K. Freund, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Nerdi Bolkus
Witness

Terrence P. Freund
Witness

Countersigned by:

N/A
Nevada Resident Agent

Liberty Mutual SURETY

POWER OF ATTORNEY

Certificate No: 8204866

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

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint,

Kathleen K. Freund

all of the city of Denver state of CO each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 1st day of July, 2024.

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

By: _____
Nathan J. Zangerle, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 1st day of July, 2024, before me personally appeared Nathan J. Zangerle, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2029
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

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

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

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

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

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

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 13th day of August 2025.

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

March MSurety POA LMIC OCIC WAIC Multi Co

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: Bayer Medical Care Inc. MDEG License # (if applicable): Pending

Physical Address: 150 Victory Road

City: Saxonburg State: PA Zip: 16056

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: radiology.bayer.com

Licensing Company Email: BMC@slsny.com

Section 2: Personal Information

First: Govardhan Middle: Babu Last: Singh

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

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

Mailing Addres[redacted]

City: Wexford State: PA Zi[redacted]

Telephon[redacted] Email: govardhan.singh@bayer.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)	
Carnegie Mellon University		08/2017-12/2010	
Address	City	State	Zip
5000 Forbes Ave.	Pittsburgh	PA	15213
Diploma/Degree obtained, if any			
Master of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Ilinois Institute of Technology		05/2000-12/2002	
Address	City	State	Zip
10 W 35th St.	Chicago	IL	60616
Diploma/Degree obtained, if any			
Master of Science, Mechanical and Aerospace Engineering			

School Name		From - To (MM/YY – MM/YY)	
University of Mysore		06/1995-06/1999	
Address	City	State	Zip
Crawford Hall, Vishwavidyanilaya Karya Soudha, K.G Koppal, Saraswathipuram	Mysuru, Karnataka, India	N/A	N/A
Diploma/Degree obtained, if any			
Bachelor of Engineering			

School Name		From - To (MM/YY – MM/YY)	
Marimallapa Pre-University College		06/1993-03/1995	
Address	City	State	Zip
Sitavilas Road	Mysore	N/A	570024
Diploma/Degree obtained, if any			
Pre-University College Degree			

School Name		From - To (MM/YY – MM/YY	
St Josephs High School		06/1990-03/1993	
Address	City	State	Zip
Nelson Mandela Rd, Bannimantap	Mysore	N/A	570015
Diploma/Degree obtained, if any			
High School			

Section 6: List all residences you have had for the last 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
10/2023 - Present	[redacted]	Wexford	PA	[redacted]
10/2021 - 10/2023		Wexford	PA	
07/2021 - 10/2021		Wexford	PA	
11/2017 - 07/2021		Concord, NSW, Australia, Zeip 2137	N/A	
02/2014-11/2017		Pittsburgh	PA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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)	
Bayer Medical Care Inc.			03/2014 - Present	
Business Address		**City**	**State**	**Zip**
150 Victory Road		Saxonburg	PA	16056
Phone	**Title**		**Number of Employed Hours**	
(412) 651-9875	Site Head		~ 24,437 hours	
Description of Duties				
Oversee overall operations of the Saxonburg Plant, responsible for producing Stellant Disposables, the highest revenue generating product within Radiology Medical Devices. Developed talent and implemented unique hiring strategies to attract and retain talent. Oversaw implementation of multimillion dollar capital investment in support of product growth.				

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

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

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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
Original Signature (electronic, copies or stamps not accepted)

N/A
Date

I, Govardhan Babu Singh, **certify that as the MDEG Administrator for**

Bayer Medical Care Inc.,

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

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

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

Govardhan Babu Singh
Print Name (First, Last)

Govardhan Singh
Original Signature (electronic, copies or stamps not accepted)

01/15/2026
Date

Board Use Only	Date Received: 1/23/26

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: Bayer Medical Care Inc.

Pharmacy/Wholesaler License # (if applicable): applying

Physical Address: 150 Victory Road

City: Saxonburg State: PA Zip: 16056

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: radiology.bayer.com

Licensing Company Email: BMC@slsny.com

Section 2: Personal Information

First: Govardhan Middle: Babu Last: Singh

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

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

Mailing Address: [redacted]

City: Wexford State: PA Zip: [redacted]

Telephone: [redacted] Email: govardhan.singh@bayer.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Carnegie Mellon University		08/2017-12/2010	
Address	City	State	Zip
5000 Forbes Ave.	Pittsburgh	PA	15213
Diploma/Degree obtained, if any			
Master of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Ilinois Institute of Technology		05/2000-12/2002	
Address	City	State	Zip
10 W 35th St.	Chicago	IL	60616
Diploma/Degree obtained, if any			
Master of Science, Mechanical and Aerospace Engineering			

School Name		From - To (MM/YY – MM/YY)	
University of Mysore		06/1995-06/1999	
Address	City	State	Zip
Crawford Hall, Vishwavidyanilaya Karya Soudha, K.G Koppal, Saraswathipuram	Mysuru, Karnataka, India	N/A	N/A
Diploma/Degree obtained, if any			
Bachelor of Engineering			

School Name		From - To (MM/YY – MM/YY)	
Marimallapa Pre-University College		06/1993-03/1995	
Address	City	State	Zip
Sitavilas Road	Mysore	N/A	570024
Diploma/Degree obtained, if any			
Pre-University College Degree			

School Name		From - To (MM/YY – MM/YY	
St Josephs High School		06/1990-03/1993	
Address	City	State	Zip
Nelson Mandela Rd, Bannimantap	Mysore	N/A	570015
Diploma/Degree obtained, if any			
High School			

Section 6: List all residences you have had for the last 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
10/2023 - Present	[redacted]	Wexford	PA	[redacted]
10/2021 - 10/2023		Wexford	PA	
07/2021 - 10/2021		Wexford	PA	
11/2017 - 07/2021		Concord, NSW, Australia, Zeip 2137	N/A	
02/2014-11/2017		Pittsburgh	PA	
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: 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)	
Bayer Medical Care Inc.			03/2014 - Present	
Business Address		**City**	**State**	**Zip**
150 Victory Road		Saxonburg	PA	16056
Phone	**Title**		**Number of Employed Hours**	
(412) 767-2400	Site Head		~ 24,437 hours	
Description of Duties				
Oversee overall operations of the Saxonburg Plant, responsible for producing Stellant Disposables, the highest revenue generating product within Radiology Medical Devices. Developed talent and implemented unique hiring strategies to attract and retain talent. Oversaw implementation of multimillion dollar capital investment in support of product growth.				

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

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

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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, Govardhan Babu Singh, **certify that as the designated representative for**

Bayer Medical Care 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.

Govardhan Babu Singh

Print Name (First, Last)

Govardhan Babu Singh

Original Signature (electronic, copies or stamps not accepted)

04/15/2026

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.

Govardhan Babu Singh

Print Name (First, Last)

Govardhan Singh — 04/15/2026

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

---

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

State of Pennsylvania, ss. County of Allegheny

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

Govardhan Singh — 04/15/2026

Original ~~Signature~~ Govardhan Babu Singh — **Date**

Subscribed and Sworn to before me this 15th day of April.

Kimberly A Stefanik

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Kimberly A. Stefanik, Notary Public
Allegheny County
My commission expires November 10, 2028
Commission number 1210908
Member, Pennsylvania Association of Notaries

(Seal)

Employee List

Name	Position Title	Personnel Area Desc
ALTER, MORGAN	MACHINE OPR I	SAX - 150 Victory Rd
ALWORTH, MICHAEL	MATERIAL HANDLER	SAX - 150 Victory Rd
ALWORTH, TODD	PRINCIPLE TECH	SAX - 150 Victory Rd
AMODEO, MARTIN	SR TRNG COORD	SAX - 150 Victory Rd
ANDERSON, DORA	MFG ASSOC I	SAX - 150 Victory Rd
ARMBRUST, JAMES	TECH	SAX - 150 Victory Rd
AUVIL, KEITH	MFG ASSOC I	SAX - 150 Victory Rd
AYERS, RYAN	PRE STERILE I	SAX - 150 Victory Rd
BAJEK, ROBERT	SR ENG QUAL PROJ MURAL STA	SAX - 150 Victory Rd
BARBUSIO, WILLIAM	MFG ASSOC I	SAX - 150 Victory Rd
BARCLAY, NICHOLAS	MACHINE OPR II	SAX - 150 Victory Rd
BAUER, GREGORY	PROC LEAD D1	SAX - 150 Victory Rd
BENNETT, EMILY	PRE STERILE I	SAX - 150 Victory Rd
BERGBIGLER, EVAN	SR MATERIAL HANDLER	SAX - 150 Victory Rd
BERGMAN, CHRISTY	PRE STERILE II	SAX - 150 Victory Rd
BERNABEI, NATHAN	MFG ASSOC I	SAX - 150 Victory Rd
BLACKBURN, ERIC	PROD SUPV M4	SAX - 150 Victory Rd
BOLE, ALICIA	MACHINE OPR II	SAX - 150 Victory Rd
BORGESE, DOMENIC	MAINTENANCE AND RELIABILITY MANAGER	SAX - 150 Victory Rd
BOWER, MAGGIE	MACHINE OPR I	SAX - 150 Victory Rd
BRADLEY, JAMES	MACHINE OPR II	SAX - 150 Victory Rd
BRESKI, KEVIN	MACHINE OPR II	SAX - 150 Victory Rd
BROOKS, KYLE	MACHINE OPR II	SAX - 150 Victory Rd
BRUDNEY, JOSHUA	MAINT EXCELLENCE TECH	SAX - 150 Victory Rd
BRUNO, ERIC	SR MATERIAL HANDLER	SAX - 150 Victory Rd
CAMPBELL, SAMANTHA	SR MATERIAL HANDLER	SAX - 150 Victory Rd
CARLSON, SHAWNA	PRE STERILE I	SAX - 150 Victory Rd
CASPER, STEVEN	SR MAINT TECH	SAX - 150 Victory Rd
CASTRO-DIAZ, ALYNELL	OE SPECIALIST 2	SAX - 150 Victory Rd
CHARNEY, TYLER	MATERIAL HANDLER	SAX - 150 Victory Rd
CHOJNACKI, BRANDI	SR TECH FAC STA	SAX - 150 Victory Rd
CHRISTOPHER, AMBER	MACHINE OPR II	SAX - 150 Victory Rd
CHRISTOPHER, MICHAEL	PROD SUPV D1	SAX - 150 Victory Rd
CLANTON, JAMES	PROCESS LEAD	SAX - 150 Victory Rd
CLARK, BLADE	MACHINE OPR II	SAX - 150 Victory Rd
CLARK, LISA	PRE STERILE II	SAX - 150 Victory Rd
CLARK, STEPHEN	MFG ASSOC I	SAX - 150 Victory Rd
CLAWSON, DEANA	SR QUAL COORD	SAX - 150 Victory Rd
CLAYPOOLE, DUSTIN	TECH	SAX - 150 Victory Rd
COCHRAN, MICHAEL	MACHINE OPR I	SAX - 150 Victory Rd
COFFIN, JULIE	PROJ ENG MFG	SAX - 150 Victory Rd
COLATRUGLIO, JOSEPH	ASSOC DIR OF AUTOMATION AND PKG ENGRG	SAX - 150 Victory Rd
COLLINGWOOD, LARRY	MATERIAL HANDLER	SAX - 150 Victory Rd
COLLINS, COURTNEY	MACHINE OPR I	SAX - 150 Victory Rd
CONARY, SEAN	MACHINE OPR II	SAX - 150 Victory Rd
CONNOR, JENNIFER	MATERIAL HANDLER	SAX - 150 Victory Rd
CONSTABLE, DEREK	MFG ASSOC I	SAX - 150 Victory Rd
CORSON, DON	TECH FAC	SAX - 150 Victory Rd
COUSINS, ESTHER	MFG ASSOC I	SAX - 150 Victory Rd
COWARD, DEBORAH	MFG SPEC	SAX - 150 Victory Rd
CRAIG, STACEY	MACHINE OPR II	SAX - 150 Victory Rd
CRAWFORD, JESSICA	PRE STERILE I	SAX - 150 Victory Rd
CROOKS, WILLIAM	MFG ASSOC I	SAX - 150 Victory Rd

CROWE, HOWARD	MFG ASSOC I	SAX - 150 Victory Rd
CUMMINGS, RHONDA	PRE STERILE I	SAX - 150 Victory Rd
DAMITS, AKIKO	MACHINE OPR I	SAX - 150 Victory Rd
DAUGHERTY, ELIZABETH	MATERIAL HANDLER	SAX - 150 Victory Rd
DAVIS, TYLOR	PRE STERILE II	SAX - 150 Victory Rd
DEAL, PATSY	MACHINE OPR II	SAX - 150 Victory Rd
DIGIACOBBE, DOMINIC	OPERATIONS ANALYST STA	SAX - 150 Victory Rd
DIXON, BOBBY	MACHINE OPR II	SAX - 150 Victory Rd
DODGSON, NOAH	MATERIAL HANDLER	SAX - 150 Victory Rd
DOERR, ASHLYN	MATERIAL HANDLER	SAX - 150 Victory Rd
DOODY, KRISTYL	MACHINE OPR I	SAX - 150 Victory Rd
DUBOIS JR, JOSEPH	MFG ASSOC I	SAX - 150 Victory Rd
DUNCAN, KAYLA	PRE STERILE I	SAX - 150 Victory Rd
EMPFIELD, DARHL	PRINCIPAL TECH MAINT	SAX - 150 Victory Rd
FEDDER, CHRISTINE	PRE STERILE II	SAX - 150 Victory Rd
FENNELL, SIERRA	MACHINE OPR II	SAX - 150 Victory Rd
FERRARO, DONALD	MATERIAL HANDLER	SAX - 150 Victory Rd
FESEL, STEPHAN	ASST SUPV PROD M4B	SAX - 150 Victory Rd
FINK, TERRY	SR TECH	SAX - 150 Victory Rd
FITZPATRICK, JAMES	MACHINE OPR II	SAX - 150 Victory Rd
FLICK, SHARON	MFG ASSOC I	SAX - 150 Victory Rd
FORBESS, APRIL	ASSOC ENG QUAL	SAX - 150 Victory Rd
FOWLER, MONTANA	MACHINE OPR I	SAX - 150 Victory Rd
FOX, CHRISTOPHER	MACHINE OPR II	SAX - 150 Victory Rd
FOX, MARYANN	MFG ASSOC I	SAX - 150 Victory Rd
FRENCH, CORTNEY	PROC LEAD D2	SAX - 150 Victory Rd
FRENCH, TYLER	ASST SUPV PROD D1B	SAX - 150 Victory Rd
GALLAGHER, CHAD	MACHINE OPR II	SAX - 150 Victory Rd
GEDELIAN, ANDREW	MFG ASSOC I	SAX - 150 Victory Rd
GEDELIAN, KAREN	PRE STERILE I	SAX - 150 Victory Rd
GEIGER, ARTHUR	MATL LOG OPR I - DAY SHIFT	SAX - 150 Victory Rd
GIBSON, ALESSANDRA	PRE STERILE I	SAX - 150 Victory Rd
GOETZ, JONATHAN	MFG ASSOC I	SAX - 150 Victory Rd
GRECZKOWSKI, ANTHONY	PRE STERILE I	SAX - 150 Victory Rd
GREY, JEFFREY	MACHINE OPR I	SAX - 150 Victory Rd
HAGERMAN, LANCE	MGR HSE	SAX - 150 Victory Rd
HAGGARD, MICHEAL	PRE STERILE II	SAX - 150 Victory Rd
HAHN, STEVEN	MFG ASSOC I	SAX - 150 Victory Rd
HALL, COLIN	MACHINE OPR I	SAX - 150 Victory Rd
HAMLIN, ALLEN	TRACTOR TRUCK DRIVER	SAX - 150 Victory Rd
HARRELL, PATRICK	MGR WHSE SAXONBURG	SAX - 150 Victory Rd
HARTZELL, KRYSTAL	MFG ASSOC I	SAX - 150 Victory Rd
HEIST, GREGG	MFG ASSOC I	SAX - 150 Victory Rd
HELMININACK, NATHAN	MFG ASSOC I	SAX - 150 Victory Rd
HESS, THAYNE	MATL LOG OPR I - DAY SHIFT	SAX - 150 Victory Rd
HETZEL, MATTHEW	MACHINE OPR II	SAX - 150 Victory Rd
HILL, JOHN	TECH	SAX - 150 Victory Rd
HLADNEY, CYNTHIA	MFG ASSOC I	SAX - 150 Victory Rd
HOBURG, MITCHELL	MATL LOG OPR I - DAY SHIFT	SAX - 150 Victory Rd
HOCKENBERRY, AUTUMN	MFG ASSOC I	SAX - 150 Victory Rd
HOCKENBERRY, LEE	YARD JOCKEY	SAX - 150 Victory Rd
HODGE, DEREK	MFG SPEC	SAX - 150 Victory Rd
HOENER, ADAM	MATL LOG OPR I - DAY SHIFT	SAX - 150 Victory Rd
HOLLENBAUGH, CINDY	MATERIAL HANDLER	SAX - 150 Victory Rd

HOWARD, GINGER	SR BUYER	SAX - 150 Victory Rd
HUEBSCHEN, DAVID	MFG ASSOC I	SAX - 150 Victory Rd
HUGHES, DIANE	ASST SPVR PROD D2	SAX - 150 Victory Rd
HURLEY, DENNIS	FACILITIES LEAD	SAX - 150 Victory Rd
IADICICCO, JOSEPH	MFG ASSOC I	SAX - 150 Victory Rd
JALALI, SHAHABUDDIN	MFG ASSOC I	SAX - 150 Victory Rd
JAMES, NICHOLAS	MFG ASSOC I	SAX - 150 Victory Rd
JAYCOX, JOHN	PROC LEADER	SAX - 150 Victory Rd
JEFFERSON, KEANU	MATL LOG OPR I - NIGHT SHIFT	SAX - 150 Victory Rd
JOHNS, DANIELLE	MACHINE OPR II	SAX - 150 Victory Rd
JOHNS, JENNIFER	MFG ASSOC I	SAX - 150 Victory Rd
JOHNSON, TYLER	TECH	SAX - 150 Victory Rd
JONES, BRADLEY	TECH	SAX - 150 Victory Rd
KANE, PETER	MFG ASSOC I	SAX - 150 Victory Rd
KENDRICK, MICK	MACHINE OPR I	SAX - 150 Victory Rd
KIMMELL, TREY	MACHINE OP I	SAX - 150 Victory Rd
KING, NATHAN	MATL LOG SPEC	SAX - 150 Victory Rd
KINGAN, BENJAMIN	PRE STERILE I	SAX - 150 Victory Rd
KLABNIK, CHERYL	PRE STERILE II	SAX - 150 Victory Rd
KNAPP, BILLIE	PRE STERILE I	SAX - 150 Victory Rd
KOLICH, DOUGLAS	MFG ASSOC I	SAX - 150 Victory Rd
KOULI, OBAI	MFG EXCELLENCE LEAD	SAX - 150 Victory Rd
KREMER, WILLIAM	MFG ASSOC I	SAX - 150 Victory Rd
KUKAWA, MARK	PRINCIPAL TECH MAINT M4	SAX - 150 Victory Rd
KULIKOWSKI, DENNIS	SR MATERIAL HANDLER	SAX - 150 Victory Rd
LEWIS, AMY	SITE TECH OFFICE COORD	SAX - 150 Victory Rd
MACK, CRYSTAL	PRE STERILE II	SAX - 150 Victory Rd
MACURDY, AMANDA	PRE STERILE I	SAX - 150 Victory Rd
MAMMAY, CODY	TECH	SAX - 150 Victory Rd
MANN, THOMAS	MFG ASSOC I	SAX - 150 Victory Rd
MARINSKI, LISA	MFG ASSOC I	SAX - 150 Victory Rd
MASIS SOLANO, CAROLINA	DIR QUAL	SAX - 150 Victory Rd
MASON, TRYENCE	MFG ASSOC I	SAX - 150 Victory Rd
MATECKA, LAURA	MFG ASSOC I	SAX - 150 Victory Rd
MATTISH, CHARLES	SR PROCESS LEADER	SAX - 150 Victory Rd
MCCLAIN, LEVI	MATL LOG SPEC	SAX - 150 Victory Rd
MCCOY, MARCIA	PRE STERILE II	SAX - 150 Victory Rd
MCCREA, KYLIE	PROCESS LEAD STA	SAX - 150 Victory Rd
MCCREA, SAMUEL	MACHINE OPR II	SAX - 150 Victory Rd
MCGUIRE, JAMES	SR TECH MAINT MFG	SAX - 150 Victory Rd
MCGUIRE, SCOTT	MFG ASSOC I	SAX - 150 Victory Rd
MCILWAIN, ALEXIS	PRE STERILE I	SAX - 150 Victory Rd
MCINTYRE, PATRICIA	MFG ASSOC I	SAX - 150 Victory Rd
MCKEE, JAMES	MFG ASSOC I	SAX - 150 Victory Rd
MCLAUGHLIN, KATHRYN	PRE STERILE II	SAX - 150 Victory Rd
MCMAHAN, DEREK	SITE LOG POOL LEAD SAX	SAX - 150 Victory Rd
MENNOR, MONIQUE	MACHINE OPR II	SAX - 150 Victory Rd
MERCHANT, DAVID	MATL LOG SPEC	SAX - 150 Victory Rd
MEYER, WILLIAM	OPS MGR SUPPLY CENTER SAX	SAX - 150 Victory Rd
MICHAEL, JOHN	DIR AUTOMATION PCKG ENGRG	SAX - 150 Victory Rd
MICKEY, NATHAN	SR MATERIAL HANDLER	SAX - 150 Victory Rd
MILLER, BRENDA	PRE STERILE I	SAX - 150 Victory Rd
MILLER, KATIE	TRACTOR TRUCK DRIVER	SAX - 150 Victory Rd
MILLS, GAVIN	SR MATERIAL HANDLER	SAX - 150 Victory Rd

MOHAR, DANICA	TECH MAINT	SAX - 150 Victory Rd
MONTANEZ, OSCAR	SR ENG PLANT	SAX - 150 Victory Rd
MORRIS, EMERY	PRODUCTION PLANNER SAXONBURG	SAX - 150 Victory Rd
MOTTURA, MATTHEW	PROD SUPV M3	SAX - 150 Victory Rd
MULLINS, DAWN	MFG ASSOC I	SAX - 150 Victory Rd
NOWICKI, TYRONE	MATERIAL HANDLER	SAX - 150 Victory Rd
OFFEN, SUSAN	MACHINE OPR I	SAX - 150 Victory Rd
ORPIKOWSKI, THOMAS	SR PRINCIPAL TECH MFG	SAX - 150 Victory Rd
PATTERSON, KRISTINE	MFG ASSOC I	SAX - 150 Victory Rd
PAYNE, ROBERT	TECH MFG	SAX - 150 Victory Rd
PEDRICK, MARK	PRE STERILE I	SAX - 150 Victory Rd
PENNINGTON, LISA	PRE STERILE I	SAX - 150 Victory Rd
PETERS, JOHN	MACHINE OPR II	SAX - 150 Victory Rd
PETRIE, DAMARA	PROC LEADER	SAX - 150 Victory Rd
PIERCE, KAREN	MFG ASSOC I	SAX - 150 Victory Rd
PILLART, TAMMI	MFG ASSOC I	SAX - 150 Victory Rd
PITZER, AARON	PRINCIPAL TECH MAINT	SAX - 150 Victory Rd
POGUE, GEORGE	MFG ASSOC I	SAX - 150 Victory Rd
POOLE, NATHANIEL	MFG SPEC	SAX - 150 Victory Rd
RASCHIATORE, HOLLY	PRE STERILE II	SAX - 150 Victory Rd
RAY, PAMELA	MFG ASSOC I	SAX - 150 Victory Rd
RENNICK, CHRISTOPHER	MACHINE OPR II	SAX - 150 Victory Rd
RITTER, CAROLYN	MFG ASSOC I	SAX - 150 Victory Rd
ROLLINS, BRADLEY	SPVR D2	SAX - 150 Victory Rd
ROLLINS, BRAYDEN	MATERIAL HANDLER	SAX - 150 Victory Rd
ROOLF, LEONARD	SR COORD QUAL	SAX - 150 Victory Rd
ROSENSTEEL, GAREB	SR MATERIAL HANDLER	SAX - 150 Victory Rd
SALSGIVER, KEITH	SR MATERIAL HANDLER	SAX - 150 Victory Rd
SALUGA, LOUIS	SR MATERIAL HANDLER	SAX - 150 Victory Rd
SARKIS, PAUL	OPS MGR SUPPLY CENTER SAX	SAX - 150 Victory Rd
SCHMIDT, DEBBIE	MFG ASSOC I	SAX - 150 Victory Rd
SCHOEN, COOPER	SR MATERIAL HANDLER	SAX - 150 Victory Rd
SCOTT, CHERYL	PRE STERILE I	SAX - 150 Victory Rd
SHANK, WILLIAM	MACHINE OPR II	SAX - 150 Victory Rd
SHAY, DELORES	MFG ASSOC I	SAX - 150 Victory Rd
SHILLING, LAURA	MFG ASSOC I	SAX - 150 Victory Rd
SHOOP, JOHN	SR TECH FAC	SAX - 150 Victory Rd
SILIGA, LEONI	MATL LOG OPR I	SAX - 150 Victory Rd
SIMMONS, LONNA	MFG SPEC	SAX - 150 Victory Rd
SINGH, GOVARDHAN	SR DIR SITE SAXONBURG	SAX - 150 Victory Rd
SISTEK, JEAN	MFG ASSOC I	SAX - 150 Victory Rd
SLAGLE, ELIZABETH	MACHINE OPR I	SAX - 150 Victory Rd
SLONAKER, ROGER	MFG ASSOC I	SAX - 150 Victory Rd
SMITH, LAUREN	MACHINE OPR I	SAX - 150 Victory Rd
SMITH, ROBERT	MACHINE OPR II	SAX - 150 Victory Rd
SMITH, SCOTT	HEAD SITE ENGRG SAX	SAX - 150 Victory Rd
SMITH, SUSAN	MFG ASSOC I	SAX - 150 Victory Rd
SMULICK, THOMAS	PROC LEADER	SAX - 150 Victory Rd
SNIDER, JAMES	MACHINE OPR II	SAX - 150 Victory Rd
SOBOL, DENISE	MFG ASSOC I	SAX - 150 Victory Rd
SOROKO, RICHARD	SR PROCESS LEAD	SAX - 150 Victory Rd
SPAHR, BRIAN	MACHINE OPR I	SAX - 150 Victory Rd
STEFANIK, JOHN	SR PRINCIPAL TECH MAINT	SAX - 150 Victory Rd
STEINER, JOHN EJ	MFG ASSOC I	SAX - 150 Victory Rd

STEINER, JOYCELYNE	MFG ASSOC I	SAX - 150 Victory Rd
SWANEY, LAVONNE	PROC LEADER	SAX - 150 Victory Rd
SZYBKA, WYATT	MACHINE OPR II	SAX - 150 Victory Rd
TALLARICO, SAMUEL	MFG ASSOC I	SAX - 150 Victory Rd
TAYLOR, MICHAEL	PROC LEADER	SAX - 150 Victory Rd
TAYLOR, THOMAS	SR TECH MAINT MFG	SAX - 150 Victory Rd
THATCH, JODY	SR TECH	SAX - 150 Victory Rd
THIYAGARAJAN, PRITHIVRAJAN	PROJ ENG QUAL	SAX - 150 Victory Rd
THOMPSON, SANDRA	MFG ASSOC I	SAX - 150 Victory Rd
TIBBITS, JAMES	MACHINE OPR I	SAX - 150 Victory Rd
TINCHA, MATT	PRE STERILE I	SAX - 150 Victory Rd
TISAK, JOSEPH	MACHINE OPR I	SAX - 150 Victory Rd
TRAGGIAI, GAYLENE	MACHINE OPR I	SAX - 150 Victory Rd
TRUFLEY SMITH, CHAD	MATERIAL HANDLER	SAX - 150 Victory Rd
VALASEK, ANDREW	SR MATERIAL HANDLER	SAX - 150 Victory Rd
VANDERSYDE, KATHRYN	MFG ASSOC I	SAX - 150 Victory Rd
WALTERS, DANIEL	MATERIAL HANDLER	SAX - 150 Victory Rd
WALTERS, JOHN	MACHINE OPR II	SAX - 150 Victory Rd
WATSON, ALEXANDER	SR ENG - PLANT	SAX - 150 Victory Rd
WEITZEL, TRACY	MFG ASSOC I	SAX - 150 Victory Rd
WESTERGOM, CHASE	MFG ASSOC I	SAX - 150 Victory Rd
WESTERMAN, CHAD	MATERIAL HANDLER	SAX - 150 Victory Rd
WETZEL, BENJAMIN	ASST SUPV PROD M3B	SAX - 150 Victory Rd
WIECZOREK, TRAVIS	MATERIAL HANDLER	SAX - 150 Victory Rd
WIKERT, PATRICIA	MFG ASSOC I	SAX - 150 Victory Rd
WILLIAMS, RYAN	PRINCIPAL TECH	SAX - 150 Victory Rd
ZALEPA, DIANE	PROC LEADER	SAX - 150 Victory Rd
ZIACIK, ANGELA	PRE STERILE II	SAX - 150 Victory Rd

4U

*Application is for Change of Ownership at Grandparent Level. Please see attached flash.

BEP-NEC-NV

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* Grandparent ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH02812	☐ 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: BE Pharmaceuticals, Inc.

Physical Address: 203 New Edition Court

City: Cary State: NC Zip: 27511

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.biologicale.com

Name of Designated Representative (DR): David Kauffman Sanford

Licensing Company Email: BEP@slsny.com DR Email: David.Sanford@biologicale.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Clinics, Institutions		☒ Others: Manufactuer - 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

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* Grandparent ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH02812	☐ 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: BE Pharmaceuticals, Inc.

Physical Address: 203 New Edition Court

City: Cary State: NC Zip: 27511

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.biologicale.com

Name of Designated Representative (DR): David Kauffman Sanford

Licensing Company Email: BEP@slsny.com DR Email: David.Sanford@biologicale.com

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

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

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

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

Date of Event/Arrest	Disposition Date	State	City	County
06/08/2023	07/24/2023	AR	Little Rock	Pulaski

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2023-065	Arkansas State Board of Pharmacy

Reason/Charge
Failure to notify the board within the required 14 days of a change of ownership.

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

Name of Business/Industry/Entity
BE Pharmaceuticals, Inc.

Provide explanation below:

Please see attached consent agreement discipline document.

Included on the 12/20/23 CHow App. !!

David Kauffman Sanford

Original Signature (electronic, copies or stamps not accepted)

4/10/26

Date

*Discipline Consent form

Arkansas State Board of Pharmacy

322 South Main Street, Suite 600 Little Rock, AR 72201
P: 501.682.0190 F: 501.682.0195
asbp@arkansas.gov • www.pharmacyboard.arkansas.gov
John Clay Kirtley, Pharm.D., Executive Director

October 16, 2023

BE Pharmaceuticals, Inc.
203 New Edition Court
Cary, NC 27511

Case No: 2023-065

Dear Sir/Madam:

Enclosed please find the executed Consent Agreement in the above-styled case. If you have any questions, please contact the Board office at 501-682-0190

Sincerely yours,

Ashley Vailes
General Counsel

RECEIVED
ARKANSAS ST

BEFORE THE ARKANSAS STATE BOARD OF PHARMACY

IN THE MATTER OF
BE Pharmaceuticals, Inc.
WD05295 **CASE # 2023-065**

CONSENT AGREEMENT

WHEREAS, Respondent **BE Pharmaceuticals, Inc.,** located in Cary, NC, is licensed as a wholesale distributor of prescription drugs and holds license WD05295;

WHEREAS, a change of ownership occurred on March 21, 2023. The Board did not receive notification from Respondent **BE Pharmaceuticals, Inc.** of said change of ownership until April 21, 2023.

WHEREAS, BE Pharmaceuticals, Inc. may be charged with violations of Board Regulation 08-00-0003 and A.C.A. §17-92-407, and § 17-92- 315;

WHEREAS, Respondent makes no admission of guilt but wishes to resolve these charges informally. By entering into this non-disciplinary Consent Agreement, Respondent's statements herein shall not be used as evidence in a formal hearing if this agreement is not accepted by the Board. Respondent and the Board therefore agree that this Agreement shall not constitute disciplinary action but rather an informal resolution of these charges. Respondent expressly waives its right to an administrative hearing and consents to the terms incorporated in this Agreement. Respondent further consents to the *ex parte* presentation of this Agreement to the Board and agrees that, if the Agreement is not accepted by the Board, the presentation and consideration of this Consent Agreement by the Board shall not constitute a basis for disqualification of the Board or any of its members from further participation in this matter, including a formal hearing; and

WHEREAS, Respondent acknowledges that this Consent Agreement is not effective until its acceptance by the Board, that Respondent has had the opportunity to consult with legal counsel of its own choosing concerning the advisability, meaning and effect of this Consent Agreement, that the Board shall retain jurisdiction to enforce the provisions of this Consent Agreement, and that failure to comply with the terms and conditions of this agreement shall be grounds for disciplinary action in the form of a civil penalty and/or suspension or revocation of Respondent's license, registration or permit.

THEREFORE, Respondent consents to the following terms in full resolution of this complaint:

1. Respondent **BE Pharmaceuticals, Inc. (WD05295)** willingly agrees and stipulates that it shall pay a non-disciplinary investigative cost of two thousand five hundred dollars ($2,500.00) to the Board on or before August 15, 2023.

EXECUTED this 24 day of July, 2023

(David Sanford)

Authorized Representative of BE Pharmaceuticals, Inc.
Respondent

Attorney for Respondent (Optional)

John Clay Kirtley
Executive Director
Arkansas State Board of Pharmacy

President
Arkansas State Board of Pharmacy

OCT 19 2022
ARKANSAS STATE
BOARD OF PHARMACY

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

Name: Cencora
Address: 1 West First Ave. City: Conshohocken State: PA Zip: 19428

Name: Cardinal Health
Address: PO Box 182516 City: Columbus State: OH Zip: 43218

Name: Amerita
Address: 5299 DTC Blvd Unit 900 City: Greenwood Village State: CO Zip: 80112

Name: McKesson
Address: PO Box 4017 City: Danville State: IL Zip: 61834

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): BE Pharmaceuticals AG (100% Parent Company Owner), BE BioSol Private Limited (100% Grandparent Owner)
Corporation/Organization Name: BE Pharmaceuticals, Inc.
Mailing Address: c/o State License Servicing, Inc. 225 Dolson Avenue, 4th Floor
City: Middletown State: NY Zip: 10940
Telephone: (845) 544-2482 Email: BEP@slsny.com
Contact Person Name: Christine Cannon

N/A

Section 6: Partnership

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

N/A

Section 7: Sole Owner

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

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: Labeler Code: 71839	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.

BE Pharmaceuticals, Inc.

Facility Name

David Kauffman Sanford

Print Name of Authorized Person Submitting Application

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

4/10/26

Date

Board Use Only	Date Received: 4/20/26	Amount: $1000 Ch 50156

*Proof of Labeler Code

/ NDC (index.cfm)

National Drug Code Directory

Current through March 31, 2026

You have searched Finished drug products

Search Results: '71839'

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Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
CARBOPROST TROMETHAMINE	71839-137-10	250 ug/mL	INJECTION, SOLUTION	INTRAMUSCULAR	ANDA216882	BE Pharmaceuticals Inc.	71839-137	carboprost trometh amine	CARBOPROST TROMETHAMINE	HUMAN PRESCRIPTION DRUG	05/11/2023	N/A	ANDA	10 VIAL in 1 CARTON (71839-137-10) / 1 mL in 1 VIAL (71839-137-01)
daptomycin	71839-107-01	500 mg/10mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA212513	BE Pharmaceuticals Inc.	71839-107	daptomycin	DAPTOMYCIN	HUMAN PRESCRIPTION DRUG	06/26/2019	N/A	ANDA	1 VIAL, SINGLE-DOSE in 1 CARTON (71839-107-01) / 10 mL in 1 VIAL, SINGLE-DOSE
daptomycin	71839-108-01	350 mg/7mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA213425	BE Pharmaceuticals Inc.	71839-108	daptomycin	DAPTOMYCIN	HUMAN PRESCRIPTION DRUG	08/20/2020	N/A	ANDA	1 VIAL in 1 CARTON (71839-108-01) / 7 mL in 1 VIAL
daptomycin	71839-108-10	350 mg/7mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA213425	BE Pharmaceuticals Inc.	71839-108	daptomycin	DAPTOMYCIN	HUMAN PRESCRIPTION DRUG	08/20/2020	N/A	ANDA	10 VIAL in 1 CARTON (71839-108-10) / 7 mL in 1 VIAL
enoxaparin sodium	71839-109-10	30 mg/.3mL	INJECTION	SUBCUTANEOUS	ANDA214646	BE Pharmaceuticals Inc.	71839-109	enoxaparin sodium	ENOXAPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/16/2023	N/A	ANDA	10 SYRINGE in 1 CARTON (71839-109-10) / .3 mL in 1 SYRINGE
enoxaparin sodium	71839-110-10	40 mg/.4mL	INJECTION	SUBCUTANEOUS	ANDA214646	BE Pharmaceuticals Inc.	71839-110	enoxaparin sodium	ENOXAPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/16/2023	N/A	ANDA	10 SYRINGE in 1 CARTON (71839-110-10) / .4 mL in 1 SYRINGE
enoxaparin sodium	71839-111-10	60 mg/.6mL	INJECTION	SUBCUTANEOUS	ANDA214646	BE Pharmaceuticals Inc.	71839-111	enoxaparin sodium	ENOXAPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/16/2023	N/A	ANDA	10 SYRINGE in 1 CARTON (71839-111-10) / .6 mL in 1 SYRINGE
enoxaparin sodium	71839-112-10	80 mg/.8mL	INJECTION	SUBCUTANEOUS	ANDA214646	BE Pharmaceuticals Inc.	71839-112	enoxaparin sodium	ENOXAPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/16/2023	N/A	ANDA	10 SYRINGE in 1 CARTON (71839-112-10) / .8 mL in 1 SYRINGE
enoxaparin sodium	71839-113-10	100 mg/mL	INJECTION	SUBCUTANEOUS	ANDA214646	BE Pharmaceuticals Inc.	71839-113	enoxaparin sodium	ENOXAPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/16/2023	N/A	ANDA	10 SYRINGE in 1 CARTON (71839-113-10) / 1 mL in 1 SYRINGE
enoxaparin sodium	71839-115-10	120 mg/.8mL	INJECTION	SUBCUTANEOUS	ANDA214646	BE Pharmaceuticals Inc.	71839-115	enoxaparin sodium	ENOXAPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/16/2023	N/A	ANDA	10 SYRINGE in 1 CARTON (71839-115-10) / .8 mL in 1 SYRINGE
enoxaparin sodium	71839-116-10	150 mg/mL	INJECTION	SUBCUTANEOUS	ANDA214646	BE Pharmaceuticals Inc.	71839-116	enoxaparin sodium	ENOXAPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/16/2023	N/A	ANDA	10 SYRINGE in 1 CARTON (71839-116-10) / 1 mL in 1 SYRINGE

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
fosaprepitant	71839-104-01	150 mg/5mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA212309	BE Pharmaceuticals Inc.	71839-104	fosaprepitant	FOSAPREPITANT DIMEGLUMINE	HUMAN PRESCRIPTION DRUG	10/15/2019	N/A	ANDA	1 VIAL, SINGLE-DOSE in 1 CARTON (71839-104-01) / 5 mL in 1 VIAL, SINGLE-DOSE
glycopyrrolate	71839-123-25	2 mg/mL	INJECTION	INTRAMUSCULAR; INTRAVENOUS	ANDA211705	BE Pharmaceuticals Inc.	71839-123	glycopyrrolate	GLYCOPYRROLATE	HUMAN PRESCRIPTION DRUG	03/10/2022	N/A	ANDA	25 VIAL, SINGLE-DOSE in 1 CARTON (71839-123-25) / 1 mL in 1 VIAL, SINGLE-DOSE (71839-123-01)
glycopyrrolate	71839-124-25	.4 mg/2mL	INJECTION	INTRAMUSCULAR; INTRAVENOUS	ANDA211705	BE Pharmaceuticals Inc.	71839-124	glycopyrrolate	GLYCOPYRROLATE	HUMAN PRESCRIPTION DRUG	03/10/2022	N/A	ANDA	25 VIAL, SINGLE-DOSE in 1 CARTON (71839-124-25) / 2 mL in 1 VIAL, SINGLE-DOSE (71839-124-01)
glycopyrrolate	71839-125-25	1 mg/5mL	INJECTION	INTRAMUSCULAR; INTRAVENOUS	ANDA211705	BE Pharmaceuticals Inc.	71839-125	glycopyrrolate	GLYCOPYRROLATE	HUMAN PRESCRIPTION DRUG	03/10/2022	N/A	ANDA	25 VIAL, MULTI-DOSE in 1 CARTON (71839-125-25) / 5 mL in 1 VIAL, MULTI-DOSE (71839-125-01)
glycopyrrolate	71839-126-25	4 mg/20mL	INJECTION	INTRAMUSCULAR; INTRAVENOUS	ANDA211705	BE Pharmaceuticals Inc.	71839-126	glycopyrrolate	GLYCOPYRROLATE	HUMAN PRESCRIPTION DRUG	03/10/2022	N/A	ANDA	25 VIAL, MULTI-DOSE in 1 CARTON (71839-126-25) / 20 mL in 1 VIAL, MULTI-DOSE (71839-126-01)
Heparin Sodium	71839-117-25	2000 [USP'U]/2mL	INJECTION, SOLUTION	INTRAVENOUS; SUBCUTANEOUS	ANDA214804	BE Pharmaceuticals Inc.	71839-117	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	12/29/2020	N/A	ANDA	25 VIAL, SINGLE-DOSE in 1 CARTON (71839-117-25) / 2 mL in 1 VIAL, SINGLE-DOSE (71839-117-01)
Heparin Sodium	71839-118-25	5000 [USP'U]/.5mL	INJECTION, SOLUTION	INTRAVENOUS; SUBCUTANEOUS	ANDA214839	BE Pharmaceuticals Inc.	71839-118	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	12/29/2020	N/A	ANDA	25 VIAL, SINGLE-DOSE in 1 CARTON (71839-118-25) / .5 mL in 1 VIAL, SINGLE-DOSE (71839-118-01)
Neostigmine methylsulfate	71839-105-10	5 mg/mL	INJECTION	INTRAVENOUS	ANDA212512	BE Pharmaceuticals Inc.	71839-105	Neostigmine methylsulfate	NEOSTIGMINE METHYLSULFATE	HUMAN PRESCRIPTION DRUG	03/17/2022	N/A	ANDA	10 VIAL, MULTI-DOSE in 1 CARTON (71839-105-10) / 10 mL in 1 VIAL, MULTI-DOSE
Neostigmine methylsulfate	71839-105-24	5 mg/mL	INJECTION	INTRAVENOUS	ANDA212512	BE Pharmaceuticals Inc.	71839-105	Neostigmine methylsulfate	NEOSTIGMINE METHYLSULFATE	HUMAN PRESCRIPTION DRUG	05/13/2019	N/A	ANDA	24 CARTON in 1 CARTON (71839-105-24) / 1 VIAL, MULTI-DOSE in 1 CARTON (71839-105-01) / 10 mL in 1 VIAL, MULTI-DOSE
Neostigmine methylsulfate	71839-106-10	1 mg/mL	INJECTION	INTRAVENOUS	ANDA212512	BE Pharmaceuticals Inc.	71839-106	Neostigmine methylsulfate	NEOSTIGMINE METHYLSULFATE	HUMAN PRESCRIPTION DRUG	03/17/2022	N/A	ANDA	10 VIAL, MULTI-DOSE in 1 CARTON (71839-106-10) / 10 mL in 1 VIAL, MULTI-DOSE

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
Neostigmine methylsulfate	71839-106-24	1 mg/mL	INJECTION	INTRAVENOUS	ANDA212512	BE Pharmaceuticals Inc.	71839-106	Neostigmine methylsulfate	NEOSTIGMINE METHYLSULFATE	HUMAN PRESCRIPTION DRUG	05/13/2019	N/A	ANDA	24 CARTON in 1 CARTON (71839-106-24) / 1 VIAL, MULTI-DOSE in 1 CARTON (71839-106-01) / 10 mL in 1 VIAL, MULTI-DOSE
Norepinephrine Bitartrate	71839-143-10	1 mg/mL	INJECTION	INTRAVENOUS	ANDA217575	BE Pharmaceuticals Inc.	71839-143	norepinephrine bitartrate	NOREPINEPHRINE BITARTRATE	HUMAN PRESCRIPTION DRUG	12/30/2023	N/A	ANDA	10 VIAL, SINGLE-DOSE in 1 CARTON (71839-143-10) / 4 mL in 1 VIAL, SINGLE-DOSE (71839-143-01)
Norepinephrine Bitartrate	71839-143-25	1 mg/mL	INJECTION	INTRAVENOUS	ANDA217575	BE Pharmaceuticals Inc.	71839-143	norepinephrine bitartrate	NOREPINEPHRINE BITARTRATE	HUMAN PRESCRIPTION DRUG	12/30/2023	N/A	ANDA	25 VIAL, SINGLE-DOSE in 1 CARTON (71839-143-25) / 4 mL in 1 VIAL, SINGLE-DOSE (71839-143-01)
Pantoprazole sodium	71839-122-01	40 mg/10mL	INJECTION, POWDER, FOR SOLUTION	INTRAVENOUS	ANDA216171	BE Pharmaceuticals Inc.	71839-122	Pantoprazole sodium	PANTOPRAZOLE SODIUM	HUMAN PRESCRIPTION DRUG	05/25/2022	N/A	ANDA	1 VIAL in 1 CARTON (71839-122-01) / 10 mL in 1 VIAL
Pantoprazole sodium	71839-122-10	40 mg/10mL	INJECTION, POWDER, FOR SOLUTION	INTRAVENOUS	ANDA216171	BE Pharmaceuticals Inc.	71839-122	Pantoprazole sodium	PANTOPRAZOLE SODIUM	HUMAN PRESCRIPTION DRUG	05/25/2022	N/A	ANDA	10 CARTON in 1 PACKAGE (71839-122-10) / 1 VIAL in 1 CARTON / 10 mL in 1 VIAL
Pantoprazole sodium	71839-122-25	40 mg/10mL	INJECTION, POWDER, FOR SOLUTION	INTRAVENOUS	ANDA216171	BE Pharmaceuticals Inc.	71839-122	Pantoprazole sodium	PANTOPRAZOLE SODIUM	HUMAN PRESCRIPTION DRUG	05/25/2022	N/A	ANDA	25 CARTON in 1 PACKAGE (71839-122-25) / 1 VIAL in 1 CARTON / 10 mL in 1 VIAL
Phenylephrine Hydrochloride	71839-127-25	10 mg/mL	INJECTION	INTRAVENOUS	ANDA217521	BE Pharmaceuticals Inc.	71839-127	Phenylephrine Hydrochloride	PHENYLEPHRINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	07/10/2023	N/A	ANDA	25 VIAL, SINGLE-DOSE in 1 CARTON (71839-127-25) / 1 mL in 1 VIAL, SINGLE-DOSE (71839-127-01)
Phenylephrine Hydrochloride	71839-128-10	10 mg/mL	INJECTION	INTRAVENOUS	ANDA217521	BE Pharmaceuticals Inc.	71839-128	Phenylephrine Hydrochloride	PHENYLEPHRINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	07/10/2023	N/A	ANDA	10 VIAL, PHARMACY BULK PACKAGE in 1 CARTON (71839-128-10) / 5 mL in 1 VIAL, PHARMACY BULK PACKAGE (71839-128-01)
Phenylephrine Hydrochloride	71839-129-10	10 mg/mL	INJECTION	INTRAVENOUS	ANDA217521	BE Pharmaceuticals Inc.	71839-129	Phenylephrine Hydrochloride	PHENYLEPHRINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	07/10/2023	N/A	ANDA	10 VIAL, PHARMACY BULK PACKAGE in 1 CARTON (71839-129-10) / 10 mL in 1 VIAL, PHARMACY BULK PACKAGE (71839-129-01)
Rocuronium Bromide	71839-141-10	10 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA216234	BE Pharmaceuticals Inc.	71839-141	rocuronium bromide	ROCURONIUM BROMIDE	HUMAN PRESCRIPTION DRUG	07/12/2023	N/A	ANDA	10 VIAL, MULTI-DOSE in 1 CARTON (71839-141-10) / 5 mL in 1 VIAL, MULTI-DOSE (71839-141-01)

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
Rocuronium Bromide	71839-142-10	10 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA216234	BE Pharmaceuticals Inc.	71839-142	rocuronium bromide	ROCURONIUM BROMIDE	HUMAN PRESCRIPTION DRUG	07/12/2023	N/A	ANDA	10 VIAL, MULTI-DOSE in 1 CARTON (71839-142-10) / 10 mL in 1 VIAL, MULTI-DOSE (71839-142-01)
Sodium Nitroprusside	71839-120-01	50 mg/2mL	INJECTION	INTRAVENOUS	ANDA214971	BE Pharmaceuticals Inc.	71839-120	Sodium Nitroprusside	SODIUM NITROPRUSSIDE	HUMAN PRESCRIPTION DRUG	07/12/2021	N/A	ANDA	1 VIAL in 1 CARTON (71839-120-01) / 2 mL in 1 VIAL
Succinylcholine Chloride	71839-121-25	20 mg/mL	INJECTION, SOLUTION	INTRAMUSCULAR; INTRAVENOUS	ANDA216003	BE Pharmaceuticals Inc.	71839-121	Succinylcholine Chloride	SUCCINYLCHOLINE CHLORIDE	HUMAN PRESCRIPTION DRUG	02/07/2022	N/A	ANDA	25 VIAL, MULTI-DOSE in 1 CARTON (71839-121-25) / 10 mL in 1 VIAL, MULTI-DOSE (71839-121-01)

Showing 1 to 34 of 34 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

≠ Fash

From: compliance@slsnysupport.com
Subject: BE Pharmaceuticals, Inc. - Notice of Change of Ownership - Grandparent Name
Date: March 26, 2026 at 12:47 PM
To: pharmacy@pharmacy.nv.gov

IMPORTANT NOTICE

Date: March 26, 2026
To: Nevada State Board of Pharmacy
Re: BE Pharmaceuticals, Inc., 203 New Edition Court , Cary, NC 27511, Permit #: WH02812

Dear Licensing Authority:

State License Servicing, Inc. represents BE Pharmaceuticals, Inc., a Delaware corporation, in the servicing of their state licenses. Please be advised on 04/01/2026, BE Pharmaceuticals, Inc.'s grandparent owner of Biological E. Limited (100%) will change to **BE BioSol Private Limited (100%)**.

There will be no change to FEIN, officers, or Designated Representative with this change. Please see attached the pre and post organizational charts for your reference.

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

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Click Here to Respond to this Email

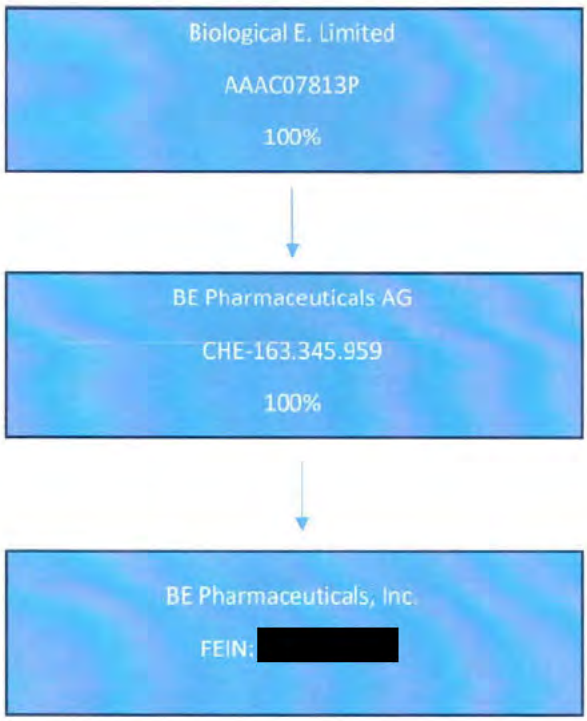
BEP Pre CHOW ORG chart (1).pdf

BE Pharmaceuticals Inc.

Pre Org Chart

BE Pharmaceuticals Inc.

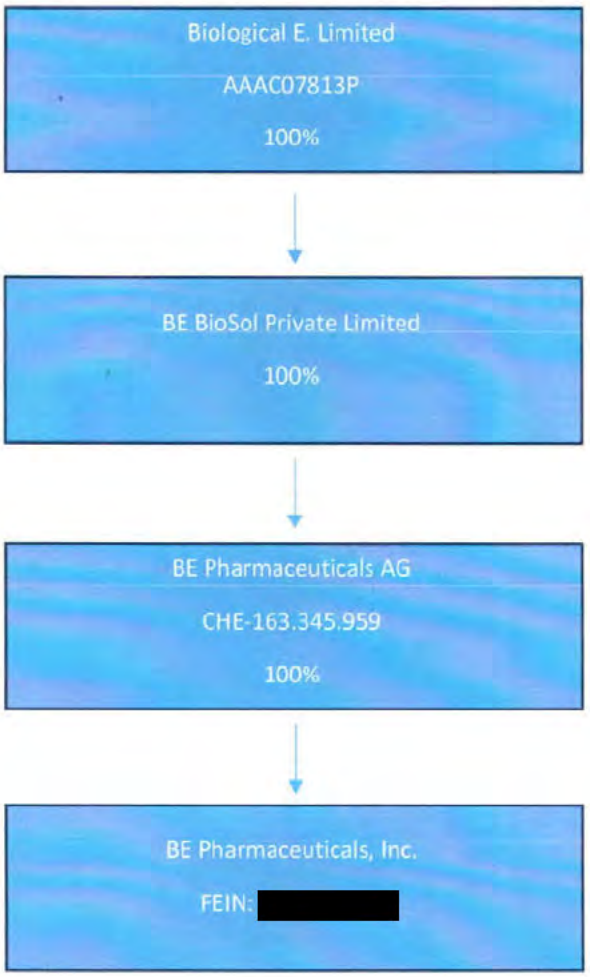
Pre GP CHOW ORG chart



Post Org Chart

BE Pharmaceuticals Inc.

Post CHOW ORG chart



*Company Particulars

BE Pharmaceuticals, Inc.

Corporate Address: 203 New Edition Court, Cary, NC 27511 USA
FEIN: 83-2475854
www.biologicale.com

Drug Labeler Code: 71839
Incorporation State: DE
Incorporation Date: 10/12/2018

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
NEC	203 New Edition Court Cary, NC 27511 County: Wake			08-149-9296	No	(919) 545-1159	(919) 762-6210

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
David Kauffman Sanford	[redacted]	Senior Vice President	No	[redacted]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
BE Pharmaceuticals AG	Bundesstrasse 3 Zug Zug, 6302 Switzerland	N/A	100%	N/A	CHE -163.345.95 9	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
William Maas Hill IV	[redacted]	President	No	[redacted]		
David Kauffman Sanford		Senior Vice President	No			

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
Cardinal Health 105, LLC. dba Specialty Pharmaceutical Services	15 Ingram Blvd Lavergne., TN 37086					

Company Particulars

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BE PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JANUARY, A.D. 2026.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 202737656

Date: 01-06-26

7099093 8300

SR# 20260038752

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

North Carolina Department of Agriculture & Consumer Services

Food and Drug - Prescription Drug

License Details for BE PHARMACEUTICALS INC

Steve Troxler
Commissioner

Christina L. Waggett
Assistant Commissioner
for Consumer Protection

Anita MacMullan
Division Director

Licensee Details

Firm Name: BE PHARMACEUTICALS INC	**License Type:** Virtual Manufacturer
Mailing Address:	**Physical Address:** 203 NEW EDITION COURT, CARY, NC 27511
License Status: Active – In good standing	**License Number:** 1579
Current Issue Date: 11/6/2025	**Discipline:** No
Original Issue Date: 7/10/2019	**License Expiration:** 12/31/2026

Search URL: https://apps.ncagr.gov/AgRSysPortalV2/licensesearch/fdpd/400390

NCDA&CS
4400 Reedy Creek Road Raleigh, NC 27607-6465
1070 Mail Service Center, Raleigh, North Carolina 27699-1070
Main (984) 236-4820 Fax: (919) 831-1323

Smason replied

4 months ago (Wed, 20 May 2020 at 12:19 PM)

To: "SLSNYSupport.com" <help@slsnysupport.com>

You may retrieve your permit verification from our website, we do not generate letters, and haven't for years, now. Additional questions regarding verifications should be directed to Leslie Wilson, lwilson@ncbop.org . Thanks!

Regards,

Stacie P. Mason
Licensing Specialist
North Carolina Board of Pharmacy
6015 Farrington Road, Suite 201
Chapel Hill, NC 27517
[redacted]
smason@ncbop.org
www.ncbop.org
Twitter: @ NCBOP_Students

This e-mail message and any replies potentially are subject to disclosure under the Public Records Law and therefore could be disclosed to third parties.

Home State NC - No official verifications of License

Bond Continuance

VERIFICATION CERTIFICATE

THIS IS TO CERTIFY that Bond No. 0774308 issued by

HARCO NATIONAL INSURANCE COMPANY

dated the 14TH day of FEBRUARY, 2026,

in the amount of ONE HUNDRED THOUSAND and No/100-----($100,000.00),

on behalf of BE PHARMACEUTICALS, INC.
(as Principal),
and in favor of STATE OF NEVADA (as Obligee),

covers a term which began on the 14TH day of FEBRUARY, 2026, and

ends only with the cancellation of said bond or other legal termination thereof; and that the

said bond remains in effect, subject to all its agreements, conditions and limitations.

*Signed, sealed and dated
04/14/26

*Use current or renewal date.

HARCO NATIONAL INSURANCE COMPANY

By: _____
D. JOSEPH, Attorney-in-Fact

POWER OF ATTORNEY
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

SARA S. DEJARNETTE, CONWAY C. MARSHALL, STEPHEN BEAHM, ELIZABETH SCHOTT, DAVID C. JOSEPH, JESSICA PALMERI, KELLI R. CROSS, AMANDA RIEDL, ANDRE AUTIN, VICTORIA SCRUGGS, CLARK P. FITZ-HUGH, CATHERINE C. KEHOE, KRISTINE DONOVAN

New Orleans, LA.

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, 2025

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1904 ILLINOIS

Michael F. Zurcher
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2025, 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, April 14, 2026

A00586

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 BE Pharmaceuticals, Inc.

Pharmacy/Wholesaler License # (if applicable) WH02812

Physical Address 203 New Edition Court

City Cary State NC Zip 27511

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.biologicale.com

Licensing Company Email BEP@slsny.com

Section 2: Personal Information

First David Middle Kauffman Last Sanford

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

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

Mailing Address [redacted]

City Cary State NC Zip [redacted]

Telephone [redacted] Email david.sanford@biologicale.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)	
Ohio State University		2005 - 2007	
Address	**City**	**State**	**Zip**
281 W Lane Ave Columbus	Columbus	OH	43210
Diploma/Degree obtained, if any			
Masters Business Administration (MBA)			

School Name		From - To (MM/YY – MM/YY)	
Centre College		1993 - 1997	
Address	**City**	**State**	**Zip**
600 W Walnut St.	Danville	KY	40422
Diploma/Degree obtained, if any			
Economics (BA)			

School Name		From - To (MM/YY – MM/YY)	
The Columbus Academy		1988 - 1992	
Address	**City**	**State**	**Zip**
4300 Cherry Bottom Road, PO Box 42	Gahanna	OH	43230
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2014 - Present	[redacted]	Cary	NC	[redacted]
06/2011 - 06/2014		Sylvania	OH	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	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)	
BE Pharmaceuticals, Inc.			03/2019 - Present	
Business Address		**City**	**State**	**Zip**
203 New Edition Court		Cary	NC	27511
Phone	**Title**		**Number of Employed Hours**	
(919) 545-1159	Senior Vice President		~14,600 hours	
Description of Duties				
A dynamic, enthusiastic and versatile professional with over 20 years of experience in customer facing functions within the pharmaceutical industry. Approximately 15 years managing exempt and non-exempt employees. Responsible for maintaining national distribution centers located through-out the entire United States with shipments all over the US and internationally. Well-versed in almost all aspects of the pharmaceutical industry – direct experience includes: drug wholesaler, drug packager, national chain pharmacy and Rx/OTC drug manufacturer.				

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

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

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

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, David Kauffman Sanford, **certify that as the designated representative for**

BE Pharmaceuticals, Inc.,

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

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

David Kauffman Sanford

Print Name (First, Last)

DKS

Original Signature (electronic, copies or stamps not accepted)

4/11/26

Date

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

David Kauffman Sanford

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/10/26

Date

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

State of North Carolina, ss. County of Wake

I, David Kauffman Sanford, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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 David Kauffman Sanford

4/10/26

Date

Subscribed and Sworn to before me this 10 day of April, 2026.

Khushil K Patel

Notary Public Signature

KHUSHIL K PATEL
My Commission Expires
NOTARY PUBLIC
07-10-2027
CABARRUS COUNTY, NC

(Seal)

Employee List

BE Pharmaceuticals Inc.

List of Employees

Diane DeMoura

David Sanford

William Baskervill

Jacob Neumann

William Hill

Chris Johnson

4V

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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

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

Section 1: General Information

Facility Name: Beacon Bio Dx, LLC

Physical Address: 4415 Euclid Ave Suite #400

City: Cleveland State: OH Zip: 44103

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

City: _____ State: _____ Zip: _____

Telephone: (216) 791-6720 Website: https://www.clevemed.com/

Name of Designated Representative (DR): Hani Kayyali

Licensing Company Email: _____ DR Email: HKayyali@clevemed.com

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

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

Name: N/A - Company does not sell, dispense or distribute pharmaceutical products

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

Name: _____

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

Name: _____

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

Name: _____

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

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Beacon Biosignals, Inc

Corporation/Organization Name: Beacon Bio Dx, LLC

Mailing Address: 4415 Euclid Ave Suite 400

City: Cleveland State: OH Zip: 44103

Telephone: (216) 791-6720 Email: allison.braly@beacon.bio

Contact Person Name: Allison Braly

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.

Beacon Bio Dx, LLC

Facility Name

Hani Kayyali

Print Name of Authorized Person Submitting Application

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

12/1/25

Date

Board Use Only	Date Received: 12/22/25	Amount: $1000-cc

BEACON BIOSIGNALS, INC
22 Boston Wharf Rd
Floor 7, Unit 41
Boston, MA 02210
info@beacon.bio

BEACONBIOSIGNALS

11/24/2025

To Whom It May Concern:

The active FDA establishment Registration Number for Beacon Bio Dx LLC is 1530224.

Sincerely,

Allison Braly

Allison Braly
VP, Clinical Strategy and Operations
Email: Allison.braly@beacon.bio
Phone: [redacted]

BEACON BIOSIGNALS, INC
22 Boston Wharf Rd
Floor 7, Unit 41
Boston, MA 02210
info@beacon.bio

BEACONBIOSIGNALS

11/24/2025

To Whom It May Concern:

The names and titles of the Officers and Directors of Beacon Bio Dx, LLC are as follows:

Officers:

- Jacob Donoghue, CEO
- Jarrett Revels, CTO
- Matthew Alkaitis, Chief Clinical Officer
- David Matthews, Chief Business Officer

Directors:

- Jacob Donoghue, Director
- Caitlin Donovan, Director
- Naveen Rao, Director
- Pavel Raifeld, Director

Sincerely,

Allison Braly

Allison Braly
VP, Clinical Strategy and Operations
Email: Allison.braly@beacon.bio
Phone: [redacted]

BEACON BIOSIGNALS, INC
22 Boston Wharf Rd
Floor 7, Unit 41
Boston, MA 02210
info@beacon.bio

BEACONBIOSIGNALS

11/26/2025

To Whom It May Concern:

The list of Shareholders and percent ownership for Beacon Bio Dx LLC can be found below:

- Jacob A. Donoghue – CEO – 100%

Sincerely,

Allison Braly

Allison Braly
VP, Clinical Strategy and Operations
Email: Allison.braly@beacon.bio
Phone:+[redacted]

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BEACON BIO DX, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF DECEMBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BEACON BIO DX, LLC" WAS FORMED ON THE THIRTEENTH DAY OF FEBRUARY, A.D. 2025.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 205685336

Date: 12-19-25

10099282 8300

SR# 20254932154

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

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 BEACON BIO DX, LLC, a Delaware Limited Liability Company, Registration Number 5366175, was registered in the State of Ohio on February 27, 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 23rd day of November, A.D. 2025.

Ohio Secretary of State

Validation Number: **202532700110**

November 24, 2025

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

Subject: Statement of Resident State Licensure

Dear Members of the Board,

Our company, Beacon Bio Dx, LLC sells and rents an FDA-cleared, prescription-only home sleep testing device exclusively to licensed healthcare providers for use within their professional practice. We do not sell or rent the device directly to patients or the general public.

Under Ohio law, any entity that provides home medical equipment[1] to the public must obtain an appropriate license from the Ohio Board of Pharmacy.[2] However, manufacturers and wholesale distributors of devices that do not sell directly to the public are expressly exempted from this licensure and oversight requirement.[3]

Because our company distributes only to licensed healthcare providers and does not engage in direct-to-patient sales, Ohio law does not require us to hold a device distributor or wholesaler license.

We provide this explanation to clarify our home-state licensing status and to demonstrate that our company operates in compliance with applicable Ohio law. Should the Board require additional documentation or references, we are happy to provide them.

Sincerely,

Allison Braly

Allison Braly
VP, Clinical Strategy and Operations
Beacon Bio Dx, LLC

[1] Ohio Rev. Code Ann. § 4752.01(B) (Defining "home medical equipment").
[2] Ohio Rev. Code Ann. § 4752.02(A).
[3] Ohio Rev. Code Ann. § 4752.02(B)(3).

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/25/2025

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

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

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 4250 Congress St Ste 200 Charlotte NC 28209 License#: 0D69293	CONTACT NAME: PHONE (A/C, No, Ext): 910-509-9000 FAX (A/C, No): 910-509-9006 E-MAIL ADDRESS:
INSURED BEACBIO-01 Beacon Bio DX 4415 Euclid Avenue, Suite 400 Cleveland OH 44103	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Continental Casualty Company — 20443 INSURER B : At-Bay Specialty Insurance Company — 19607 INSURER C : Scottsdale Surplus Lines Insurance Co — 10672 INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 1095970904 **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:			7092961667	3/28/2025	3/28/2026	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 $ Excluded
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY			7092961667	3/28/2025	3/28/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	X UMBRELLA LIAB / X OCCUR EXCESS LIAB / CLAIMS-MADE DED / X RETENTION $ 10,000			7092961670	3/28/2025	3/28/2026	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 50,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
A B C	Products Liability Cyber Liability Excess Cyber Liability			ADT 8019125789 AB6689659-04 EKH3551205	3/28/2025 12/1/2024 12/1/2024	3/28/2026 12/1/2025 12/1/2025	Aggregate Aggregate Aggregate	$5,000,000 $3,000,000 $2,000,000

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

CERTIFICATE HOLDER

HSBC Ventures USA Inc. and its successors and/or assigns
C/O HSBC Bank USA, N.A.
Attn: CMB Lending Services
Larkin U Building
239 Van Rensselaer Street
Buffalo NY 14210

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

Walter Taylor IV

0846

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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. SU 7122666-0000

Application/License No. _____

Beacon Bio Dx, LLC dba CleveMed , doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
4415 Euclid Avenue, Suite 400 CLEVELAND OH 44103 , as
Address of Applicant/Principal
PRINCIPAL, and Arch Insurance Company , a
Surety Company
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 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 12/03/2025 .
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 3rd day of December, 2025.

APPLICANT/PRINCIPAL
Beacon Bio Dx, LLC dba CleveMed

Authorized Representative

SURETY COMPANY
Arch Insurance Company

Surety Company's Representative

Christopher Kolger, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Aaron Steffey

Witness Konae Mignott

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

AIC 42063

Bond SU 7122666-0000

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated. Not valid for Note, Loan, Letter of Credit, Currency Rate, Interest Rate or Residential Value Guarantees.

POWER OF ATTORNEY

Know All Persons By These Presents:
That the Arch Insurance Company, a corporation organized and existing under the laws of the State of Missouri, having its principal administrative office in Jersey City, New Jersey (hereinafter referred to as the "Company") does hereby appoint:

Aaron Steffey and Chris Kolger of Houston, TX (EACH)

its true and lawful Attorney(s)in-Fact, to make, execute, seal, and deliver from the date of issuance of this power for and on its behalf as surety, and as its act and deed: Any and all bonds, undertakings, recognizances and other surety obligations, in the penal sum not exceeding One Million Five Hundred Thousand Dollars (1,500,000.00). This authority does not permit the same obligation to be split into two or more bonds In order to bring each such bond within the dollar limit of authority as set forth herein.

The execution of such bonds, undertakings, recognizances and other surety obligations in pursuance of these presents shall be as binding upon the said Company as fully and amply to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its principal administrative office in Jersey City, New Jersey.

This Power of Attorney is executed by authority of resolutions adopted by unanimous consent of the Board of Directors of the Company on December 11, 2020, true and accurate copies of which are hereinafter set forth and are hereby certified to by the undersigned Secretary as being in full force and effect:

"VOTED, That the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, or the Secretary shall have the power and authority to appoint agents and attorneys-in-fact, and to authorize them subject to the limitations set forth in their respective powers of attorney, to execute on behalf of the Company, and attach the seal of the Company thereto, bonds, undertakings, recognizances and other surety obligations obligatory in the nature thereof, and any such officers of the Company may appoint agents for acceptance of process."

This Power of Attorney is signed, sealed and certified by facsimile under and by authority of the following resolution adopted by the unanimous consent of the Board of Directors of the Company on December 11, 2020:

VOTED, That the signature of the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, and the signature of the Secretary, the seal of the Company, and certifications by the Secretary, may be affixed by facsimile on any power of attorney or bond executed pursuant to the resolution adopted by the Board of Directors on December 11, 2020, and any such power so executed, sealed and certified with respect to any bond or undertaking to which it is attached, shall continue to be valid and binding upon the Company. **In Testimony Whereof**, the Company has caused this instrument to be signed and its corporate seal to be affixed by their authorized officers, this **29th day of July 2025**

Attested and Certified

Regan A. Shulman, Secretary

Arch Insurance Company
CORPORATE SEAL 1971
Missouri

Arch Insurance Company

Stephen C. Ruschak, Executive Vice President

STATE OF PENNSYLVANIA SS
COUNTY OF PHILADELPHIA SS

I, **Michele Tripodi**, a Notary Public, do hereby certify that Regan A. Shulman and Stephen C. Ruschak personally known to me to be the same persons whose names are respectively as Secretary and Executive Vice President of the Arch Insurance Company, a Corporation organized and existing under the laws of the State of Missouri, subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that they being thereunto duly authorized signed, sealed with the corporate seal and delivered the said instrument as the free and voluntary act of said corporation and as their own free and voluntary acts for the uses and purposes therein set forth.

Commonwealth of Pennsylvania - Notary Seal
Michele Tripodi, Notary Public
Philadelphia County
My commission expires July 31, 2029
Commission number 1168622

Michele Tripodi, Notary Public
My commission expires 07/31/2029

CERTIFICATION

I, **Regan A. Shulman**, Secretary of the Arch Insurance Company, do hereby certify that the attached **Power of Attorney dated July 29, 2025** on behalf of the person(s) as listed above is a true and correct copy and that the same has been in full force and effect since the date thereof and is in full force and effect on the date of this certificate; and I do further certify that the said Stephen C. Ruschak, who executed the Power of Attorney as Executive Vice President, was on the date of execution of the attached Power of Attorney the duly elected Executive Vice President of the Arch Insurance Company.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the Arch Insurance Company on this 3rd **day of** December, 2025.

Regan A. Shulman, Secretary

This Power of Attorney limits the acts of those named therein to the bonds and undertakings specifically named therein and they have no authority to bind the Company except in the manner and to the extent herein stated.

PLEASE SEND ALL CLAIM INQUIRIES RELATING TO THIS BOND TO THE FOLLOWING ADDRESS:
Arch Insurance – Surety Division
3 Parkway, Suite 1500
Philadelphia, PA 19102

Arch Insurance Company
CORPORATE SEAL 1971
Missouri

To verify the authenticity of this Power of Attorney, please contact Arch Insurance Company at SuretyAuthentic@archinsurance.com. Please refer to the above named Attorney-in-Fact and the details of the bond to which the power is attached.

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Beacon Bio Dx LLC dba CleveMed — MDEG License # (if applicable): _____

Physical Address: 4415 Euclid Ave

City: Cleveland — State: OH — Zip: 44103

Mailing Address (if different from physical address): _____

City: _____ — State: _____ — Zip: _____

Telephone: 877 clevemed — Website: www.clevemed.com

Licensing Company Email: _____

Section 2: Personal Information

First: Hani — Middle: _____ — Last: Kayyali

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

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

Mailing Address: 4415 Euclid Ave

City: Cleveland — State: OH — Zip: 44103

Telephone: [redacted] — Email: hkayyali@clevemed.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)	
Case Western Reserve University		01/92 - 12/98	
Address	**City**	**State**	**Zip**
10900 Euclid Ave	Cleveland	OH	44106
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Case Western Reserve University		05/86 - 05/89	
Address	**City**	**State**	**Zip**
10900 Euclid Ave	Cleveland	OH	44106
Diploma/Degree obtained, if any			
Masters of Science in Biomedical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Case Western Reserve University		01/84 - 05/86	
Address	**City**	**State**	**Zip**
10900 Euclid Ave	Cleveland	OH	44106
Diploma/Degree obtained, if any			
BS in Biomedical Engineering			

School Name		From - To (MM/YY – MM/YY)	
American University of Beirut		09/81 - 12/83	
Address	**City**	**State**	**Zip**
P.O.Box 11-0236 / (Department) Riad El-Solh	Beirut	Lebanon	1107 2020
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Rawdah High School		09/77 - 05/81	
Address	**City**	**State**	**Zip**
Airport Rd	Beirut	Labanon	
Diploma/Degree obtained, if any			
High Shcool			

Section 6: List all residences you have had for the last 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
08/2010 - present	[redacted]	Shaker Hts	OH	[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)
Beacon Bio Dx LLC			04/25 - present
Business Address	**City**	**State**	**Zip**
4415 Euclid Ave	Cleveland	OH	44103
Phone	**Title**	**Number of Employed Hours**	
216-619-5911	President	1,160	
Description of Duties			
Manage company functions including product development, sales and support functions.			

Business Name			From - To (MM/YY – MM/YY)
Cleveland Medical Devices Inc			01/03 - 04/25
Business Address	**City**	**State**	**Zip**
4415 Euclid Ave	Cleveland	OH	44103
Phone	**Title**	**Number of Employed Hours**	
216-619-5911	Program manager and then CEO / President	about 40,000	
Description of Duties			
Managed technology development and then managed all company functions including product management, sales, marketing and support.			

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

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description 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, Hani Kayyali, **certify that as the MDEG Administrator for**

Beacon Bio Dx LLC,

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

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

Hani Kayyali
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/24/2025
Date

Board Use Only	Date Received: 12/2/25

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 Beacon Bio Dx, LLC
Pharmacy/Wholesaler License # (If applicable) _____
Physical Address 4415 Euclid Ave
City Cleveland State OH Zip 44103
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone 216 791 6720 Website www.clevemed.com
Licensing Company Email _____

Section 2: Personal Information

First Hani Middle _____ Last Kayyali
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [redacted] SSN or ITI [redacted] Sex ■ M ☐ F ☐ X
Mailing Addres[redacted]
City Shakre Hts State OH Zip [redacted]
Telepho[redacted] Email hkayyali@clevemed.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)	
Case Western Reserve University		01/92 - 12/98	
Address	**City**	**State**	**Zip**
10900 Euclid Ave	Cleveland	OH	44106
Diploma/Degree obtained, if any			
MBA			
School Name		**From - To (MM/YY – MM/YY)**	
Case Western Reserve University		05/86 - 05/89	
Address	**City**	**State**	**Zip**
10900 Euclid Ave	Cleveland	OH	44106
Diploma/Degree obtained, if any			
Masters of Science in Biomedical Engineering			
School Name		**From - To (MM/YY – MM/YY)**	
Case Western Reserve University		01/84 - 05/86	
Address	**City**	**State**	**Zip**
10900 Euclid Avenue	Cleveland	OH	44106
Diploma/Degree obtained, if any			
B.S. in Biomedical Engineering			
School Name		**From - To (MM/YY – MM/YY)**	
Rawdah high School		09/77 - 5/81	
Address	**City**	**State**	**Zip**
Airport Rd	Beirut	Lebanon	
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
08/2010 - present	[redacted]	Shaker Hts	OH	[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)
Beacon Bio Dx, LLC			04/25 - present
Business Address	**City**	**State**	**Zip**
4415 Euclid Ave	Cleveland	OH	44103
Phone	**Title**	**Number of Employed Hours**	
216-619-5911	President	1,160	
Description of Duties			
Manage company functions including product development, distribution, and support functions.			

Business Name			From - To (MM/YY – MM/YY)
Cleveland Medical Devices Inc.			01/03 - 04/25
Business Address	**City**	**State**	**Zip**
4415 Euclid Ave	Cleveland	OH	44103
Phone	**Title**	**Number of Employed Hours**	
216-619-5911	Program manager then promoted to President / CEO	about 40,000	
Description of Duties			
Managed technology development and distribution functions including quality assurance and support functions.			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Jun, 2022		DE		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
1:22-cv-00794		District Court D		
Reason/Charge				
Patent Infringement				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Plaintiff			Lawsuit	
Name of Business/Industry/Entity				
Cleveland Medical Devices Inc.				

Provide explanation below:
Case ongoing.

Original Signature (electronic, copies or stamps not accepted)

12/18/25
Date

skip to main content

Print

CASE INFORMATION

CV-04-543880 BIOMEC, INC. vs. HANI KAYYALI ETAL

Costs

Account	Amount
CLERK'S FEES	$101.15
COMPUTER FEES	$10.00
LEGAL AID	$14.85
LEGAL NEWS	$10.00
LEGAL RESEARCH - CIVIL	$3.00
TOTAL COST	$139.00

- The Clerk of Courts applies all deposits to costs in the case regardless of the depositor.
- Any costs in excess of the deposit are billed to the appropriate parties.
- All bills marked with [COLLECTION] have been sent to collection.
  Contact the AG's office for payment arrangements, 888-871-8838.
- Click the PAY button to pay by credit card, debit card or bank account.
- You may also pay your bill by mail, in person or by phone at the Clerk of Courts,
  1200 Ontario Street, 1st Floor, Cleveland, OH 44113, (216) 443-7982

Party(s) Billed	Billed $	Credit $	Amount Due	Pay Bill Online
BIOMEC INC	$139.00	$139.00	$0.00	Pay

Only the official court records available from the Cuyahoga County Clerk of Courts, available in person, should be relied upon as accurate and current.

Website Questions or Comments.

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JS 44 (Rev. 04/21)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. *(SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)*

I. (a) PLAINTIFFS

CLEVELAND MEDICAL DEVICES INC.

(b) County of Residence of First Listed Plaintiff Cuyahoga County, OH
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys *(Firm Name, Address, and Telephone Number)*
Philip A. Rovner (#3215)
Potter Anderson & Corroon, LLP (Tel: 302-984-6000)
Hercules Plaza, P.O. Box 951, Wilmington, DE 19899

DEFENDANTS

RESMED INC.

County of Residence of First Listed Defendant _____
(IN U.S. PLAINTIFF CASES ONLY)
NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys *(If Known)*

II. BASIS OF JURISDICTION *(Place an "X" in One Box Only)*

- ☐ 1 U.S. Government Plaintiff
- ☒ 3 Federal Question *(U.S. Government Not a Party)*
- ☐ 2 U.S. Government Defendant
- ☐ 4 Diversity *(Indicate Citizenship of Parties in Item III)*

III. CITIZENSHIP OF PRINCIPAL PARTIES *(Place an "X" in One Box for Plaintiff and One Box for Defendant)*
(For Diversity Cases Only)

	PTF	DEF		PTF	DEF
Citizen of This State	☐ 1	☐ 1	Incorporated *or* Principal Place of Business In This State	☐ 4	☐ 4
Citizen of Another State	☐ 2	☐ 2	Incorporated *and* Principal Place of Business In Another State	☐ 5	☐ 5
Citizen or Subject of a Foreign Country	☐ 3	☐ 3	Foreign Nation	☐ 6	☐ 6

IV. NATURE OF SUIT *(Place an "X" in One Box Only)*

Click here for: Nature of Suit Code Descriptions.

CONTRACT
- ☐ 110 Insurance
- ☐ 120 Marine
- ☐ 130 Miller Act
- ☐ 140 Negotiable Instrument
- ☐ 150 Recovery of Overpayment & Enforcement of Judgment
- ☐ 151 Medicare Act
- ☐ 152 Recovery of Defaulted Student Loans (Excludes Veterans)
- ☐ 153 Recovery of Overpayment of Veteran's Benefits
- ☐ 160 Stockholders' Suits
- ☐ 190 Other Contract
- ☐ 195 Contract Product Liability
- ☐ 196 Franchise

REAL PROPERTY
- ☐ 210 Land Condemnation
- ☐ 220 Foreclosure
- ☐ 230 Rent Lease & Ejectment
- ☐ 240 Torts to Land
- ☐ 245 Tort Product Liability
- ☐ 290 All Other Real Property

TORTS

PERSONAL INJURY
- ☐ 310 Airplane
- ☐ 315 Airplane Product Liability
- ☐ 320 Assault, Libel & Slander
- ☐ 330 Federal Employers' Liability
- ☐ 340 Marine
- ☐ 345 Marine Product Liability
- ☐ 350 Motor Vehicle
- ☐ 355 Motor Vehicle Product Liability
- ☐ 360 Other Personal Injury
- ☐ 362 Personal Injury - Medical Malpractice

PERSONAL INJURY
- ☐ 365 Personal Injury - Product Liability
- ☐ 367 Health Care/ Pharmaceutical Personal Injury Product Liability
- ☐ 368 Asbestos Personal Injury Product Liability

PERSONAL PROPERTY
- ☐ 370 Other Fraud
- ☐ 371 Truth in Lending
- ☐ 380 Other Personal Property Damage
- ☐ 385 Property Damage Product Liability

CIVIL RIGHTS
- ☐ 440 Other Civil Rights
- ☐ 441 Voting
- ☐ 442 Employment
- ☐ 443 Housing/ Accommodations
- ☐ 445 Amer. w/Disabilities - Employment
- ☐ 446 Amer. w/Disabilities - Other
- ☐ 448 Education

PRISONER PETITIONS

Habeas Corpus:
- ☐ 463 Alien Detainee
- ☐ 510 Motions to Vacate Sentence
- ☐ 530 General
- ☐ 535 Death Penalty

Other:
- ☐ 540 Mandamus & Other
- ☐ 550 Civil Rights
- ☐ 555 Prison Condition
- ☐ 560 Civil Detainee - Conditions of Confinement

FORFEITURE/PENALTY
- ☐ 625 Drug Related Seizure of Property 21 USC 881
- ☐ 690 Other

LABOR
- ☐ 710 Fair Labor Standards Act
- ☐ 720 Labor/Management Relations
- ☐ 740 Railway Labor Act
- ☐ 751 Family and Medical Leave Act
- ☐ 790 Other Labor Litigation
- ☐ 791 Employee Retirement Income Security Act

IMMIGRATION
- ☐ 462 Naturalization Application
- ☐ 465 Other Immigration Actions

BANKRUPTCY
- ☐ 422 Appeal 28 USC 158
- ☐ 423 Withdrawal 28 USC 157

INTELLECTUAL PROPERTY RIGHTS
- ☐ 820 Copyrights
- ☒ 830 Patent
- ☐ 835 Patent - Abbreviated New Drug Application
- ☐ 840 Trademark
- ☐ 880 Defend Trade Secrets Act of 2016

SOCIAL SECURITY
- ☐ 861 HIA (1395ff)
- ☐ 862 Black Lung (923)
- ☐ 863 DIWC/DIWW (405(g))
- ☐ 864 SSID Title XVI
- ☐ 865 RSI (405(g))

FEDERAL TAX SUITS
- ☐ 870 Taxes (U.S. Plaintiff or Defendant)
- ☐ 871 IRS—Third Party 26 USC 7609

OTHER STATUTES
- ☐ 375 False Claims Act
- ☐ 376 Qui Tam (31 USC 3729(a))
- ☐ 400 State Reapportionment
- ☐ 410 Antitrust
- ☐ 430 Banks and Banking
- ☐ 450 Commerce
- ☐ 460 Deportation
- ☐ 470 Racketeer Influenced and Corrupt Organizations
- ☐ 480 Consumer Credit (15 USC 1681 or 1692)
- ☐ 485 Telephone Consumer Protection Act
- ☐ 490 Cable/Sat TV
- ☐ 850 Securities/Commodities/ Exchange
- ☐ 890 Other Statutory Actions
- ☐ 891 Agricultural Acts
- ☐ 893 Environmental Matters
- ☐ 895 Freedom of Information Act
- ☐ 896 Arbitration
- ☐ 899 Administrative Procedure Act/Review or Appeal of Agency Decision
- ☐ 950 Constitutionality of State Statutes

V. ORIGIN *(Place an "X" in One Box Only)*

☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District *(specify)* ☐ 6 Multidistrict Litigation - Transfer ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing *(Do not cite jurisdictional statutes unless diversity)*:
35 U.S.C. s 101 et seq.

Brief description of cause:
Patent Infringement

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND $

CHECK YES only if demanded in complaint:
JURY DEMAND: ☒ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions): JUDGE _____ DOCKET NUMBER _____

DATE
6/16/2022

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____

INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM JS 44

Authority For Civil Cover Sheet

The JS 44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleading or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a case should complete the form as follows:

I.(a) Plaintiffs-Defendants. Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.

(b) County of Residence. For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)

(c) Attorneys. Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".

II. Jurisdiction. The basis of jurisdiction is set forth under Rule 8(a), F.R.Cv.P., which requires that jurisdictions be shown in pleadings. Place an "X" in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below.
United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here.
United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box.
Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked.
Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; **NOTE: federal question actions take precedence over diversity cases.**)

III. Residence (citizenship) of Principal Parties. This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.

IV. Nature of Suit. Place an "X" in the appropriate box. If there are multiple nature of suit codes associated with the case, pick the nature of suit code that is most applicable. Click here for: Nature of Suit Code Descriptions.

V. Origin. Place an "X" in one of the seven boxes.
Original Proceedings. (1) Cases which originate in the United States district courts.
Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441.
Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing date.
Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date.
Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.
Multidistrict Litigation – Transfer. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407.
Multidistrict Litigation – Direct File. (8) Check this box when a multidistrict case is filed in the same district as the Master MDL docket.
PLEASE NOTE THAT THERE IS NOT AN ORIGIN CODE 7. Origin Code 7 was used for historical records and is no longer relevant due to changes in statute.

VI. Cause of Action. Report the civil statute directly related to the cause of action and give a brief description of the cause. **Do not cite jurisdictional statutes unless diversity.** Example: U.S. Civil Statute: 47 USC 553 Brief Description: Unauthorized reception of cable service.

VII. Requested in Complaint. Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P.
Demand. In this space enter the actual dollar amount being demanded or indicate other demand, such as a preliminary injunction.
Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.

VIII. Related Cases. This section of the JS 44 is used to reference related pending cases, if any. If there are related pending cases, insert the docket numbers and the corresponding judge names for such cases.

Date and Attorney Signature. Date and sign the civil cover sheet.

skip to main content

Print

CASE INFORMATION

CV-04-543880 BIOMEC, INC. vs. HANI KAYYALI ETAL

Summary

Case Number:	CV-04-543880
Case Title:	BIOMEC, INC. vs. HANI KAYYALI ETAL
Case Designation:	CONTRACT - BUSINESS
Filing Date:	09/24/2004
Judge:	DAVID T MATIA
Magistrate	N/A
Mediator:	N/A
Room:	N/A
Next Action:	N/A
File Location:	DF-ROOM 45
Last Status:	INACTIVE
Last Status Date:	05/06/2005
Last Disposition:	DIS. W/PREJ
Last Disposition Date:	05/04/2005
Prayer Amount:	$25,000.00
Court of Appeals Case:	N/A
Original Case:	N/A
Refiled Case:	N/A

Only the official court records available from the Cuyahoga County Clerk of Courts, available in person, should be relied upon as accurate and current.

Website Questions or Comments.

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CASE INFORMATION

CV-04-543880 BIOMEC, INC. vs. HANI KAYYALI ETAL

Case Parties

PLAINTIFF (1) BIOMEC INC
1771 EAST 30TH STREET
CLEVELAND, OH 44114-0000

ATTORNEY JAMES A VOLLINS (0062543)
4900 KEY TOWER
127 PUBLIC SQUARE
CLEVELAND, OH 44114-1304
[redacted]
Answer Filed: N/A

ATTORNEY STEPHANIE E NIEHAUS (0075511)
745 FIFTH AVE STE 500
NEW YORK, NY 10151-0000
[redacted]
Answer Filed: N/A

DEFENDANT (1) HANI KAYYALI
[redacted]

ATTORNEY ROGER W VAN DEUSEN (0003846)
6130 PASADENA POINT BLVD. S.
GULFPORT, FL 33707-0000
[redacted]
Answer Filed: N/A

DEFENDANT (2) CLEVELAND MEDICAL DEVICES INC
4415 EUCLID AVENUE
CLEVELAND, OH 44103-0000

ATTORNEY BRIAN M KOLKOWSKI (0052144)
6340 TAYLOR ROAD
PAINESVILLE, OH 44077-0000
[redacted]
Answer Filed: N/A

Only the official court records available from the Cuyahoga County Clerk of Courts, available in person, should be relied upon as accurate and current.
Website Questions or Comments.
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Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
9/24/2004	5/3/2005	OH	cleveland	Cuyahoga
Case #	**Governing, licensing, Arresting Presiding Body/Agency/Court**			
543880	Court of common pleas, cuyahoga county, Ohio			
Reason/Charge				
Employment Contract (intellectual property / non-compete)				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Defendant		Lawsuit		
Name of Business/Industry/Entity				
cleveland Medical Devices Inc				

Provide explanation below:

BIOMEC Inc. filed a lawsuit against cleveland Medical Devices Inc. and Hani Kayyali. The case was dismissed with prejudice. See attached judge ruling.

HC Kayali

Original Signature (electronic, copies or stamps not accepted)

1/2/26

Date

33638423

IN THE COURT OF COMMON PLEAS
CUYAHOGA COUNTY, OHIO

BIOMEC, INC.
Plaintiff

HANI KAYYALI ETAL
Defendant

Case No: CV-04-543880

Judge: DAVID T MATIA

JOURNAL ENTRY

89 DIS. W/ PREJ - FINAL

CASE IS SETTLED AND DISMISSED WITH PREJUDICE WITH RESPECT TO ALL CLAIMS AGAINST ALL PARTIES. FINAL. SEE DETAILED DISMISSAL ENTRY. PLAINTIFF BIOMEC INC SHALL BE RESPONSIBLE FOR ALL COSTS. COURT COST ASSESSED TO THE PLAINTIFF(S).

David T. Matia

Judge Signature 05/03/2005

- 89
05/03/2005

RECEIVED FOR FILING
05/04/2005 08:53:18
By: CLCMR
GERALD E. FUERST, CLERK

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
Sep, 2004	Jul, 2005	OH	Cleveland	Cuyahoga
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Employment (intellectual property / non-compete)				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendent			Lawsuit	
Name of Business/Industry/Entity				
Cleveland Medical Devices Inc.				

Provide explanation below:
The Plaintiff dropped the lawsuit and paid legal fees.

Original Signature (electronic, copies or stamps not accepted)

12/18/25
Date

I, Hani Kayyali, certify that as the designated representative for Beacon Bio Dx, 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.

Hani Kayyali

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/18/25

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.

Hani Kayyali
Print Name (First, Last)

Hc Kayyali
Original Signature (electronic, copies or stamps not accepted)

12/18/25
Date

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

State of Ohio, ss. County of Cuyahoga

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

Hc Kayyali
Original Signature

12/18/25
Date

Subscribed and Sworn to before me this 18TH day of December.

Notary Public Signature

NOTARIAL SEAL
STATE OF OHIO
(Seal)

MARK PENNINGTON
ATTORNEY AT LAW
NOTARY PUBLIC
STATE OF OHIO
My Comm. Has No
Expiration Date
Section 147.03 R. C.

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: Beacon Bio Dx, LLC

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

Physical Address: 4415 Euclid Ave Suite 400

City: Cleveland State: OH Zip: 44103

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

City: State: Zip:

Telephone: (216) 791-6720 Website: www.clevemed.com

Licensing Company Email:

Section 2: Personal Information

First: Jacob Middle: A Last: Donoghue

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

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

Mailing Addres: [redacted]

City: Boston State: MA Zi: [redacted]

Telephor: [redacted] Email: jake@beacon.bio

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Harvard Medical School		2011 - 2021	
Address	City	State	Zip
25 Shattuck Street	Boston	MA	02115
Diploma/Degree obtained, if any			
Doctor of Medicine (MD)			

School Name		From - To (MM/YY – MM/YY)	
Massachusetts Institute of Technology		2013 - 2019	
Address	City	State	Zip
77 Massachusetts Avenue	Cambridge	MA	02139
Diploma/Degree obtained, if any			
PhD Neuroscience			

School Name		From - To (MM/YY – MM/YY)	
Brown University		2005-2009	
Address	City	State	Zip
Box 1876	Providence	RI	02912
Diploma/Degree obtained, if any			
Bachelor of Science, Neuroscience			

School Name		From - To (MM/YY – MM/YY)	
Wheeler School		2001-2005	
Address	City	State	Zip
216 Hope Street	Providence	RI	02906
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
2024 - Present	[redacted]	Boston	MA	[redacted]
2013 - 2024	[redacted]	Boston	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: 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)
Beacon Biosignals, Inc			- Present 2019
Business Address	**City**	**State**	**Zip**
22 Boston Wharf Rd. Floor 7, Unit 41	Boston	MA	02210
Phone	**Title**		
(401) 225-5782	CEO		
Description of Duties			
Co-founder and CEO of Beacon Biosignals			

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

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

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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.

Jacob Donoghue

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/12/25

Date

Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of Suffolk

I, Jacob Donoghue, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/12/25

Date

Subscribed and Sworn to before me this 12th day of December 2025

Notary Public Signature

MICHAEL J. DASARO
Notary Public, Commonwealth of Massachusetts
My Commission Expires July 28, 2028

(Seal)

BEACON BIOSIGNALS, INC
22 Boston Wharf Rd
Floor 7, Unit 41
Boston, MA 02210
info@beacon.bio

BEACONBIOSIGNALS

11/26/2025

To Whom It May Concern:

A list of Employees and Contractors for Beacon Bio Dx, LLC can be found in Appendix A attached.

Sincerely,

Allison Braly

Allison Braly
VP, Clinical Strategy and Operations
Email: Allison.braly@beacon.bio
Phone:+1 [redacted]

BEACON BIOSIGNALS, INC
22 Boston Wharf Rd
Floor 7, Unit 41
Boston, MA 02210
info@beacon.bio

BEACONBIOSIGNALS

Appendix A: Employee and Contractor List

Employees:

First Name	Last Name
Jaclyn	Daugherty
Mary	Tallmadge
Theodore	Bellezza
Toni	Foley
Dan	Charnigo
Darla	Lahham
Diana	Sramek
Hani	Kayyali
Leana	Hilmi
Mariam	Fahmy
Nicholas	Estok
Paris	Lahham
Sarah	Weimer
Theresia	Kjaer
Zachery	Estok
Cynthia	Wright
Hanneliese	Kausen
James	Burger
Kayla	Carrico
Kelly	Szwagulak
Kushiah	Martin
Marcia	Stowers
Sydney	Kwiatkowski
Tavanna	McLendon
William	Cancel

Contractors:

First Name	Last Name
Chandra	Matadeen-Ali
James	Roy
Ralph	Gallo

BEACON BIOSIGNALS, INC
22 Boston Wharf Rd
Floor 7, Unit 41
Boston, MA 02210
info@beacon.bio

BEACONBIOSIGNALS

Ramesh	Adabala
Stephen	Seink
Suresh	Mereddy
Vidya	Pai
Tim	Kowalski
Chris	Smashe
Libbey	Rutherford
Arlenny	Linares-Mendinhas
Braden	McGraw
Brent	Ranger
Christine	Celello
Daniel	Chamberlain
David	Stolfi
Golfam	Javansokooei
Ingrid	Labossiere
Jennifer	Barringer
Joanna	Romaniuk
Noyuri	Brown
Patrick	Cordova
Randy	Townsend
Sami	Daoud
Sean	Thomas
Subhra	Chakrabarti
Sue	Lavery
Kay	Fjoslien
Candace	Bird
Lisa	Pavlovich

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 (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: Best Dental Kit LLC

Physical Address: 1909 Memorial Hwy Suite 2

City: Shavertown State: PA Zip: 18708

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 570-674-3607 Website: www.bestdentalkit.com

Name of Designated Representative (DR): Frank Lombardo

Licensing Company Email: bestdentalkit@gmail.com DR Email: bestdentalkit@gmail.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 & Dental Supplies	☐ 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)

04/13/2026
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: McKesson Corporation
Address: 1 John Henry Dr Robbinsville City: _____ State: NJ Zip: 08691

Name: R & S Northeast LLC
Address: 10049 Sandmeyer Lane City: Philadelphia State: Pa Zip: 19116

Name: Top Rx
Address: 2950 Brother Blvd City: Barlett State: TN Zip: 38133

Name: Perrigo Direct
Address: 725 Highway 74 South City: Peachtree City State: GA Zip: 30269

Section 4: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Pennsylvania
Parent Company (if any): N/A
Corporation/Organization Name: Best Dental Kit LLC
Mailing Address: 1909 Memorial Hwy Suite 2
City: Shavertown State: PA Zip: 18708
Telephone: 570-674-3607 Email: bestdentalkit@gmail.com
Contact Person Name: Frank Lombardo

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.

Best Dental Kit LLC

Facility Name

Frank Lombardo

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

04/13/2024

Date

Board Use Only	Date Received: _____	Amount: CC✓

Drug Establishments Current Registration Site

New Search (index.cfm)

Search Results for **Best Dental Kit LLC**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Best Dental Kit LLC	3026081546	093675707	PACK; REPACK;	1909 Memorial Hwy, Shavertown, Pennsylvania (PA) 18708, United States (USA)	12/31/2026

Showing 1 to 1 of 1 entries
Previous1Next
Data Current through: Wednesday, Apr 22, 2026

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Best Dental Kit List of Owners

Frank Lombardo

Owner/President 100%

[redacted]

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:	Best Dental Kit LLC
Request Type:	Subsistence Certificate
Request No.:	078511522
Receipt No.:	002732781
Filing Type:	Domestic Limited Liability Company
Filing Subtype:	Limited Liability Company
Initial Filing Date:	November 29, 2017
Status:	Active

Issuance Date: April 29, 2026
File No.: 0006634539

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Best Dental Kit 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

Certificate of Registration

Certificate No. 4000007729
(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:

Distributor (Non-Prescription) Devices

BEST DENTAL KIT LLC
1909 MEMORIAL HWY
SUITE 2
SHAVERTOWN, PA 18708

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: May 12, 2023
Expiration Date: The Last Day of May, 2026

Jeanne Parisi
Deputy Secretary for Quality Assurance

Pennsylvania
Department of Health

Debra L. Bogen, MD, FAAP
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

MERCHANTS BONDING COMPANY

MERCHANTS BONDING COMPANY (MUTUAL) P.O. BOX 14498, DES MOINES, IA 50306-3498
PHONE: (800) 678-8171 FAX: (515) 243-3854

ENDORSEMENT

It is hereby understood and agreed that Bond No.: 100131429

Principal: Best Dental Kit LLC ,

Obligee: State of California and Pharmacy Board

in the Merchants Bonding Company (Mutual) , is changing this bond effective February 26, 2026

FROM:
Bond Amount: $25,000.00

TO:
Bond Amount: $100,000.00

All terms and conditions of said bond, except as above changed, to remain the same.

Signed, sealed and dated this 26th day of February , 2026

Merchants Bonding Company (Mutual)

By Larry Taylor

Larry Taylor, President

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

SUP 0018 (2/15)

Receipt for payment for 100131429

From: Merchants Bonding Company (info@merchantsbonding.com)

To: cooksrx@aol.com

Date: Wednesday, April 8, 2026 at 09:43 AM EDT

Receipt for payment to Merchants Bonding Company

Thank you for your payment; please keep this message as your receipt.

A charge from Merchants Bonding Company will appear on your statement.

If renewal documentation is required by the obligee, you will receive it in 5-7 business days by standard mail or by email, if you have opted-in for electronic renwal delivery.

Billing information	Frank Lombardo
	cooksrx@aol.com
Reference	100131429
Confirmation number	pam4tddg
Item description	
Amount paid	$2,000.00
Payment information	Visa XXXXXXXXXXXX1123
Paid at	04/08/2026 08:43:28 AM Central

Merchants Bonding Company™
street 6700 Westown Parkway, West Des Moines, IA 50266-7754
mailing P.O. Box 14498, Des Moines, IA 50306-3498

Proof of Bond

MERCHANTS BONDING COMPANY
Merchants Bonding Company (Mutual)

BOND INVOICE

FAQ: www.merchantsbonding.com/faq
Email: direct@merchantsbonding.com

PREMIUM $527.00

Best Dental Kit LLC
1909 Memorial Hwy
Shavertown PA 18708

TOTAL AMOUNT DUE $527.00
Premium Due Upon Receipt

BOND #	BOND AMOUNT	BOND TERM	TRANSACTION TYPE
100131429	$75,000.00	02/26/2026 to 07/01/2026	Additional

BOND DESCRIPTION
Drug Wholesaler

RENEWAL CODES
B UR LDRGW

THE FOLLOWING INFORMATION IS REQUIRED:

California consumers may be entitled to certain notices regarding the collection and use of their Personal Information. Access the CCPA Notice at Collection here: https://www.merchantsbonding.com/privacy/california-notice

YOUR AGENT IS: 1442

AssuredPartners of Maryland LLC
7556 Teague Road, Suite 300
Hanover MD 21076
301-725-1855

OBLIGEE

State of California and Pharmacy Board
1625 N Market Blvd, Ste N219
Sacramento CA 95834

PAYMENT OPTIONS
CREDIT CARD

Go to our website at https://pay.merchantsbonding.com and enter this code: xtncz5vj

CHECK OR MONEY ORDER Detach bottom portion of this invoice and return with payment to PAYMENT ADDRESS below. When a check payment is provided, you authorize our company to use the check information to make a one-time electronic fund transfer from your account or to process as a check transaction.

MERCHANTS BONDING COMPANY

TOTAL AMOUNT DUE $527.00

Premium is due upon receipt of invoice.

BOND #	BOND AMOUNT	BOND TERM	BOND DESCRIPTION
100131429	$75,000.00	02/26/2026 to 07/01/2026	Drug Wholesaler

AGENCY 1442	OBLIGEE

MAKE CHECKS PAYABLE TO:
MERCHANTS BONDING COMPANY (MUTUAL)

PAYMENT ADDRESS:
PO BOX 850180
MINNEAPOLIS, MN 55485-0180

Best Dental Kit LLC
1909 Memorial Hwy
Shavertown PA 18708

ADP 0527 (2/26)

0894

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. 10013429

Application/License No. 4000007729

Best Dental Kit LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1909 Memorial Hwy Suite 2 Shavertown, PA 18708 (Address of Applicant/Principal), as PRINCIPAL, and Merchants Bonding Company (Surety Company), a corporation organized under the laws of the state of Pennsylvania (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is P.O. Box 85018 Minneapolis MN 55485-0180 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 02/22/24 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

Commonwealth of Pennsylvania - Notary Seal
CINDY PUZ, Notary Public
Luzerne County
My Commission Expires May 24, 2028
Commission Number 1360313

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 26 day of Febuary, 2026.

Please See Attached Increase to $100,000 Signed by Bond Company

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

Cindy Puz ylp 5/24/28

SURETY

Surety Company's Representative

_____, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

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 Best Dental Kit LLC
Pharmacy/Wholesaler License # (if applicable) 4000007729 (PA)
Physical Address 1909 Memorial Hwy Suite 2
City Shavertown State PA Zip 18708
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone 570-674-3607 Website www.bestdentalkit.com
Licensing Company Email bestdentalkit@gmail.com

Section 2: Personal Information

First Frank Middle Saverio Last Lombardo
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X
Mailing Address 1909 Memorial Hwy Suite 2
City Shavertown State PA Zip 18708
Telephone 570-674-3607 Email bestdentalkit@gmail.com
Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Wyoming Seminary		1979 – 1984	
Address: 201 N Sprague Ave	City: Kingston	State: Pa	Zip: 18704
Diploma/Degree obtained, if any: H.S. Diploma			
School Name: Temple University		From - To (MM/YY – MM/YY): 9/1984 – 1988	
Address: 1801 N Broad street	City: Philadelphia	State: Pa	Zip: 19122
Diploma/Degree obtained, if any: Degree			
School Name: Department of State Pa		From - To (MM/YY – MM/YY)	
Address: 2525 N 7th St	City: Harrisburg	State: Pa	Zip: 17110
Diploma/Degree obtained, if any: State Board of Pharmacy Pass boards Aug 15, 1988			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 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
2016 – present	[redacted]	Dallas	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)	
Best Dental Kit LLC			05/13 - Present	
Business Address		**City**	**State**	**Zip**
1909 Memorial Hwy Suite 2		Shavertown	PA	18708
Phone	**Title**		**Number of Employed Hours**	
570-674-3607	President / Designated Representative		24480 hrs	
Description of Duties				
Ensure compliance with state and federal laws. Actively involved in daily operations, manage inventory control, oversee storage standards, and maintain accurate records of drug disposition.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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)

04/13/2024
Date

I, Frank Lombardo, **certify that as the designated representative for**

Best Dental Kit LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. F.L. I am at least 21 years of age;
3. F.L. 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. F.L. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. F.L. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. F.L. 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. F.L. I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Frank Lombardo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/13/2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Frank Lombardo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/14/26

Date

Please have this section completed in the presence of a Notary Public.

State of PA, ss. County of Luzerne

I, Frank Lombardo, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

4-14-26

Date

Subscribed and Sworn to before me this 14th day of April 2026

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
CINDY PUZ, Notary Public
Luzerne County
My Commission Expires May 24, 2028
Commission Number 1360313

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 Best Dental Kit LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) 4000007729 (PA)

Physical Address 1909 Memorial Hwy Suite 2

City Shavertown State PA Zip 18708

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 570-674-3607 Website www.bestdentalkit.com

Licensing Company Email bestdentalkit@gmail.com

Section 2: Personal Information

First Frank Middle Saverio Last Lombardo

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☑ X

Mailing Address 1909 Memorial Hwy Suite 2

City Shavertown State PA Zip 18708

Telephone 570-674-3607 Email bestdentalkit@gmail.com

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Wyoming Seminary		1979 – 1984	
Address	City	State	Zip
201 N Sprague Ave	Kingston	Pa	18704
Diploma/Degree obtained, if any			
Diploma, Highschool			
School Name		From - To (MM/YY – MM/YY)	
Temple University		1984 – 1988	
Address	City	State	Zip
1801 N. Broad St	Philadelphia	Pa	19122
Diploma/Degree obtained, if any			
Degree / pharmacy			
School Name		From - To (MM/YY – MM/YY)	
Pa Department of Health		1988	
Address	City	State	Zip
2525 N 7th St	Harrisburg	Pa	17110
Diploma/Degree obtained, if any			
State Board Exam passed			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 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
2016 – Present	[redacted]	Dallas	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: 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)
Best Dental Kit LLC			05/13 - Present
Business Address	**City**	**State**	**Zip**
1909 Memorial Hwy Suite 2	Shavertown	PA	18708
Phone	**Title**		
570-674-3607	President / Designated Representative		

Description of Duties

Ensure compliance with state and federal laws. Actively involved in daily operations, manage inventory control, oversee storage standards, and maintain accurate records of drug disposition.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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)

04/14/2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Frank Lombardo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/14/26

Date

Please have this section completed in the presence of a Notary Public.

State of PA, ss. County of Luzerne

I, Frank Lombardo, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

4/14/26

Date

Subscribed and Sworn to before me this 14th day of April 2026

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
CINDY PUZ, Notary Public
Luzerne County
My Commission Expires May 24, 2028
Commission Number 1360313

(Seal)

From: Frank Lombardo <cooksrx@aol.com>
Sent: Monday, April 27, 2026 4:22 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: Fw: Nevada Out-of-State Wholesaler Application-Best Dental Kit LLC

List of Employees:
Frank Lombardo RPH President
Leron Cragle-Production
Jennifer Blaine-Production
Fred Lombardo-Production
Penny Higgins-James Office Manager

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 WH02656	☐ 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: Blueprint Medicines Corporation

Physical Address: 45 Sidney Street

City: Cambridge State: MA Zip: 02139

Mailing Address (if different from physical address): 45 Sidney Street

City: Cambridge State: Massachusetts Zip: 02139

Telephone: (617) 374-7580 Website: https://www.blueprintmedicines.com/

Name of Designated Representative (DR): Paul Skerker

Licensing Company Email: info@blueprintmedicines.com DR Email: pskerker@blueprintmedicines.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: Specialty Pharmacies & 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)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/18/26
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 Please see attached coverletter for other Parent Owners.

State of Incorporation/Organization: DE

Parent Company (if any): Aventis Inc.

Corporation/Organization Name: Blueprint Medicines Corporation

Mailing Address: 45 Sidney Street

City: Cambridge State: Massachusetts Zip: 02139

Telephone: 908-981-5000 Email: info@blueprintmedicines.com

Contact Person Name: Paul Skerker

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)**	✓	✓	✓	✓
• **"Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing "Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Blueprint Medicines Corporation
Facility Name

Ariel Hurley
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

2/18/26
Date

Board Use Only	Date Received: 3/25/26	Amount: $1000CK 5174

Description of Operations

Blueprint Medicines Corporation is a privately held Corporation and a Virtual Manufacturer (NASDAQ: BPMC), located in Cambridge, MA. Blueprint's product is manufactured by a Contract Manufacturer and will be distributed to specialty pharmacies and specialty distributors by a Third-Party Logistics Provider, who is licensed to ship pharmaceutical products into your state.

We are using the following contract manufacturers to produce our product:

Juniper Pharma Services, Ltd. (Catalent Nottingham)
8 Nottingham Business Park, Orchard Place,
Nottingham, NottinghamShire NG8 6PX, United Kingdom (GBR)
+44 (0)115 871 8888
FDA Establishment No: 3005680952

Pharma Packaging Solutions (Tjoapack)
341 JD Yarnell Industrial Parkway
Clinton, TN 37716
FDA Establishment Number: 3002763532

Patheon Inc.
2100 Syntex Court Mississauga
Ontario Canada L5N 7K9
FDA Establishment Number: 3000264888

Packaging CMO: Andersonbrecon Inc d/b/a PCI of Illinois
4545 Assembly Drive
Rockford, IL 61109
FDA Establishment No: 1421377

Product Description
Juniper Pharma Services, Ltd., Patheon Inc, Andersonbrecon, and Pharma Packaging Solutions to manufacture and package Blueprint's product. At no time do these manufacturers own the product, contract with Blueprint's customers, invoice, nor sell Blueprint's product. Blueprint's product is not a Controlled Substance.

Labeler Code:
72064

Third Party Logistic information:
Integrated Commercialization Solutions LLC
420 International Blvd. Suite 500
Brooks, KY 40109

Blueprint's hours of operation are 8:30 am – 5:30pm EST Monday through Friday.

/ NDC (index.cfm)

National Drug Code Directory

Current through March 11, 2026

You have searched Finished drug products

Search Results: *'blueprint'*

Back to Search Page () | **Search Again ()**

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description	Pharm Class	DEA
Ayvakit	72064-110-30	100 mg/1	TABLET, FILM COATED	ORAL	NDA212608	Blueprint Medicines Corporation	72064-110	avapritinib	AVAPRITINIB	HUMAN PRESCRIPTION DRUG	01/09/2020	N/A	NDA	30 TABLET, FILM COATED in 1 BOTTLE, PLASTIC (72064-110-30)	Bile Salt Export Pump Inhibitors [MoA], Breast Cancer Resistance Protein Inhibitors [MoA], Cytochrome P450 2C9 Inhibitors [MoA], Kinase Inhibitor [EPC], Multidrug and Toxin Extrusion Transporter 1 Inhibitors [MoA], Multidrug and Toxin Extrusion Transporter 2 K Inhibitors [MoA], P-Glycoprotein Inhibitors [MoA], Tyrosine Kinase Inhibitors [MoA]	N/A

Ownership Information

Aventis Inc.
100 Morris Street
Morristown, NJ 07960
Phone: 908-981-5000
Percentage Ownership: 89.286%
Website: https://www.sanofi.com/en

Sanofi Horizon B.V.
Paasheuvelweg 25, 1105 BP
Amsterdam, Netherlands
Phone: 908-981-5000
Percentage Ownership: 10.714%
Website: https://www.sanofi.com/en

Company Information

Blueprint Medicines Corporation
45 Sidney Street
Cambridge, MA 02139
Phone: 617.374.7580
Website: www.blueprintmedicines.com
E-mail: info@blueprintmedicines.com

FEIN: [redacted]
State of Formation: DE
Date Incorporated: 10/14/2008
DUNS#: 021905363

Leadership Team

Brittany Carroll, Head of Blueprint Medicines, a Sanofi Company
Business Address: 45 Sidney Street, Cambridge, MA 02139
Business Phone: 617-714-6673

Lauren Barnes, Head of Global Commercial
Business Address: 45 Sidney Street, Cambridge, MA 02139
Business Phone: 617-714-6673

Ariel Hurley, Head of Finance
Business Address: 45 Sidney Street, Cambridge, MA 02139
Business Phone: 617-714-6673

Jennifer Loebach, Head of Legal and Compliance
Business Address: 45 Sidney Street, Cambridge, MA 02139
Business Phone: 617-714-6673

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLUEPRINT MEDICINES CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF FEBRUARY, A.D. 2026.

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. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

4611605 8300

SR# 20260693796

Authentication: 203145320

Date: 02-19-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

Date: February 02, 2026

To Whom It May Concern :

I hereby certify that according to the records of this office,

BLUEPRINT MEDICINES CORPORATION

a corporation organized under the laws of

DELAWARE

on **October 14, 2008** was qualified to do business in this Commonwealth on

April 07, 2011 under the provisions of the General Laws, and I further certify that said corporation is still qualified to do business in this Commonwealth.

I also certify that said corporation is not delinquent in the filing of any annual reports required to date.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 26010612750
Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx
Processed by: Kma

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:

BLUEPRINT MEDICINES CORPORATION
45 SIDNEY STREET
CAMBRIDGE, MA 02139

Robert Goldstein, MD, PhD
Commissioner - Department of Public Health

Registration Number: MA0000187

Type: Virtual Manufacturer

Issue Date: 01/05/2026

Expiration Date: 01/30/2027

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

0924

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. 9485568

Application/License No. _____

BLUEPRINT MEDICINES, A SANOFI COMPANY (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 45 Sidney Street Cambridge, MA 02139 (Address of Applicant/Principal), as PRINCIPAL, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND (Surety Company), a corporation organized under the laws of the state of IL (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1299 Zurich Way, 5th Floor Schaumburg, IL 60196-1056 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on December 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.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 26th day of November, 2025.

APPLICANT/PRINCIPAL
BLUEPRINT MEDICINES, A SANOFI COMPANY

Authorized Representative

SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

Surety Company's Representative

Wayne G. McVaugh, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Sara Owens

Witness Lori Shelton

Countersigned by:

Nevada Resident Agent Wayne G. McVaugh

Posted February 20, 2020

ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by Robert D. Murray, Vice President, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and **appoint** AnnMarie BREENE, Joanne C. WAGNER, Patricia DORSANEO, Cathy H. HO, Patricia A. RAMBO, Sara OWENS, Kimberly G. SHERROD, Patrick R. BREENE, Babette WARD, Dana DONAHUE, Lori S. SHELTON, Wayne G. MCVAUGH of Philadelphia, Pennsylvania, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings,** and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the
FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND**, this 25th day of February A.D. 2025.

ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

SEAL SEAL SEAL

By: Thomas O. McClennan
Vice President

By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 25th day of February, A.D. 2025 before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Thomas O. McClellan, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Genevieve M. Maisto
Notary Public
My Commission Expire January 27, 2029

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 26th day of November, 2025.

MJ Pethick

Mary Jean Pethick
Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
reportsfclaims@zurichna.com
800-626-4577

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

Designated Representative (not an officer)

Paul Skerker, Vice President, Head of Supply Chain
Business Address: 45 Sidney Street, Cambridge, MA 02139
Business Phone: 617-714-6673
Business Email: info@blueprintmedicines.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: Blueprint Medicines Corporation

Pharmacy/Wholesaler License # (if applicable): WH02656

Physical Address: 45 Sidney Street

City: Cambridge State: MA Zip: 02139

Mailing Address (if different from physical address):

City: 45 Sidney Street State: Massachusetts Zip: 02139

Telephone: (617) 374-7580 Website: https://www.blueprintmedicines.com/

Licensing Company Email: info@blueprintmedicines.com

Section 2: Personal Information

First: Paul Middle: Steven Last: Skerker

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: 45 Sidney Street

City: Cambridge State: Massachuse Zip: [redacted]

Telephone: [redacted] Email: pskerker@blueprintmedicines.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)	
Cornell University			
Address	**City**	**State**	**Zip**
313 Campus Rd	Ithaca	NY	14850
Diploma/Degree obtained, if any			
Ph.D., Chemical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Worcester Polytechnic Institute		09/83-06/89	
Address	**City**	**State**	**Zip**
100 Institute Rd	Worcester	MA	01609
Diploma/Degree obtained, if any			
B.S., Chemical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Classical High School		09/75-06/79	
Address	**City**	**State**	**Zip**
1200 Massachusetts Avenue	Springfield	MA	01100
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
01/98-Present	[redacted]	Lexington	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
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)	
Blueprint Medicines Corporation			09/23-Present	
Business Address		City	State	Zip
45 Sidney St.		Cambridge	MA	02139
Phone	Title		Number of Employed Hours	
617-374-7580	Vice President, Head of Global Supply Chain		40	
Description of Duties				
See attached Resume.				

Business Name			From - To (MM/YY – MM/YY)	
Foghorn Therapeutics			03/22-09/23	
Business Address		City	State	Zip
500 Technology Square, Suite 700		Cambridge	MA	02139
Phone	Title		Number of Employed Hours	
617-586-3100	Senior Director, Clinical Supply Chain		40	
Description of Duties				
See attached Resume.				

Business Name			From - To (MM/YY – MM/YY)	
Ipsen Bioscience			01/16-12/21	
Business Address		City	State	Zip
One Main Street		Cambridge	MA	02142
Phone	Title		Number of Employed Hours	
617-679-8500	Senior Director, Supply Chain, Onivyde		40	
Description of Duties				
See attached Resume.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Paul S. Skerker, Ph.D.
[redacted]

PROFESSIONAL EXPERIENCE:
Clinical and Commercial supply lead with experience building & leading groups, managing external CMOs, and leading the development of new assets from early stage through commercial launch.

2023– Present Blueprint Medicines, (45 Sidney St., Cambridge, MA, 02139, 617-374-7580)

Vice President, Head of Global Supply Chain
Responsible for leading clinical and commercial supply chain

- Lead groups responsible of clinical supply planning and logistics, commercial planning, commercial operations, logistics, supplier oversight, and international supply management
- Ensure effective supply of commercial and clinical drugs for patients
- Manage resources and budgets
- Align with other functional areas including commercial, regulatory, finance, technical operations, and quality.

Senior Director, Supply Chain
Responsible for leading clinical and commercial supply chain planning, logistics, and manufacturing

- Led project to identify and bring on line commercial supply planning tool
- Responsible for leading commercial supply planning organization including raw materials, API, DP, and FG including responsibility for managing key external suppliers.
- Responsible for leading organization responsible for all shipments of API and DP for both commercial and clinical programs
- Responsible for leading clinical supply organization including planning, packaging, and support for clinical supplies for all on-going clinical studies

2022– 2023 Foghorn Therapeutics, (500 Technology Square, Suite 700, Cambridge, MA, 02139, 617-586-3100)

Senior Director, Clinical Supply Chain
Responsible for leading clinical supply chain

- Develop process and manage forecasts for all clinical assets including DS, DP, and FG requirements
- Manage packaging and distribution vendor to ensure material is available for on-going studies
- Interact with clinical, clinical operations, and regulatory to align on short/long term plans

2016 – 2021 Ipsen Bioscience, (One Main Street, Cambridge, MA, 02142, USA, 617-679-8500)

Senior Director, Supply Chain, Onivyde
Responsible for managing commercial and clinical end to end supply chain for Onivyde, a nanoliposome product for treating patients with Pancreatic cancer.

- Managed resources directly responsible for supply/material planning, warehouse operations, external fill/finish and label/package vendors, serialization, and clinical supply.
- Directly responsible for developing S&OP process and managing forecasts / production plans utilizing make to order for global partners and make to stock for internal use covering API, DP, and FG manufacturing.

- Member of site management team; Active member of SAP site installation team.

Relationship Manager, External Manufacturing Organization, Palovarotene
Co-lead for CMC / Tech Ops responsible for validation and launch of ultra-rare disease asset

- Responsible for developing supply forecast plans, managing vendors, aligning internal resources across functions including pharmaceutical development, tech ops, global supply chain, and logistics.
- Managed overall validation schedule across DS, DP, and FG vendors to ensure alignment with regulatory requirements and launch plans
- Developed FG packaging options including blistering and CR packaging to support global markets

Director, Commercial and Clinical Supply Planning (Merrimack Pharmaceuticals, key assets purchased by Ipsen Bioscience in 2017)
Led groups responsible for managing commercial and clinical supply planning, management of all supply activities for clinical studies, determination of internal and external manufacturing of API, DP, and FG for commercial and clinical supply vendors

- Managed external vendors responsible for material manufacturing
- Rolled out S&OP process and developed internal/external manufacturing schedules to support commercial and clinical portfolio
- Responsible for managing starting materials inventory for internal manufacturing
- Built clinical supply organization to support all aspects of material requirements for phase 1-3 clinical programs

2014 – 2015 Cubist Pharmaceuticals, Lexington, MA, USA (Purchased by Merck in 2015)

Senior Director, Global Clinical Trial Supply
Manage group responsible for driving the execution of clinical trial supply strategies and oversight for all Investigational Product (IP) related functional and cross-functional deliverables in the planning and execution of clinical trials.

- Led preparation and interactions around all topics related to clinical supplies for EMA GCP product inspection.
- Managed the execution of IP planning, packaging, labeling, and distribution to ensure robust and secure end-to-end IP supply.
- Developed clinical supplies group including organization, processes, SOPs, interactions, and vendor management.
- Brought on line planning tools to ensure improved short and long term forecasts.
- Led effort to transition all clinical supplies management for Cubist programs to Merck post buy-out

1998- 2014 Takeda Pharmaceuticals (formerly Millennium Pharmaceuticals), Cambridge, MA, USA

Senior Director, Investigational Supply Operations, Pharmaceutical Sciences
Managed group responsible for forecasting clinical supplies, labeling and packaging of finished goods, and distribution of CTM to clinical sites.

- Organized and led team to develop comprehensive planning process and tools for clinical operations, clinical supplies, project management, and CMC to ensure alignment on development plans and supply requirements
- Built and led clinical supply teams managing 5 phase III and multiple phase I/II programs
- Evaluated and updated comparator purchasing processes and vendors to optimize (reduce) spend across phase III programs
- Developed technology/systems to improve handling of pooled supplies in IRT

- CMC lead for phase II Oncology asset
- Developed concept and led vendor effort to create system for capturing and tracking supply requirements for API, DP, and FG

Director, Investigational Supply Operations, Pharmaceutical Sciences
Managed group responsible for forecasting clinical supplies, labeling and packaging of finished goods, and distribution of CTM to clinical sites.

- Developed forecasting tool in collaboration with IRT vendor to enable detailed forecasts of complex clinical studies/programs utilizing Monte Carlo simulations
- Managed group responsible for supporting 10 development candidates.
- Developed processes for allowing for pooled CTM enabling cost savings and reduced logistics for global phase III and early stage programs

Senior Engineer II, Process Engineering, Pharmaceutical Sciences
Organized processes and vendors for the supply of API, starting materials and intermediates for small molecule synthesis of development compounds.

- Set-up and managed network of vendors for supply of starting materials and intermediates to support small molecule compounds in clinical development
- Managed vendors responsible for production of Phase II API

Director, Lead Discovery & Lead Discovery Technologies
Managed activities of High Throughput Biology, Drug Source, Automation and Data Management groups responsible for developing enzyme and cell based assays, supporting HTS, Hit to Lead, and Lead Optimization activities.

- Established group to support data analysis and data capture throughout company for drug discovery programs.
- Initiated and headed project to build company wide compound management and inventory system.
- Re-built compound handling including incorporation of new processes, automation, and IT support systems to handle greater than 1MM compounds.

EDUCATION:

Ph.D. School of Chemical Engineering, Cornell University, Ithaca, N.Y.
The Application of EPR Spectroscopy in the Study of Soluble and Immobilized Horse Liver Alcohol Dehydrogenase.

B.S., Chemical Engineering, Worcester Polytechnic Institute, Worcester, MA.

HONORS & HONOR SOCIETIES:

Tau Beta Pi, Phi Lambda Upsilon, Fred Hoffman Rhodes Fellow, Exxon Education Foundation Fellow

REFERENCES / PUBLICATIONS / PRESENTATIONS :

Available upon request

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description 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:

Paul Stander
Original Signature (electronic, copies or stamps not accepted)

2/19/26
Date

I, Paul Skerker, **certify that as the designated representative for**

Blueprint Medicines Corporation,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. PS I am at least 21 years of age;
3. PS 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. PS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. PS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. PS 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. PS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Paul Skerker

Print Name (First, Last)

Paul Skerker

Original Signature (electronic, copies or stamps not accepted)

2/19/20

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.

Paul Skerker

Print Name (First, Last)

Paul Skerker — 19Feb26

Original Signature (electronic, copies or stamps not accepted) — Date

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Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of Middlesex

I, Paul Skerker, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Paul Skerker — 19 Feb 26

Original Signature — **Date**

Subscribed and Sworn to before me this 19th day of February.

Notary Public Signature

Jodie Casleton
My Commission Expires July 14, 2028
NOTARY PUBLIC
COMMONWEALTH OF MASSACHUSETTS
(Seal)

Blueprint Employee List

Preferred Name	First Name	Last Name
Paul	Paul	Akhenblit
Faris	Faris	Albayya
Calvin	Calvin	Allen
Francesc	Francesc	Almirall Alzamora
Rachel	Rachel	Ambroziak
Izzy	Isabel	Anacleto
Anand	Anand	Ananthakrishnan
Blanca	Blanca	Andres Fernandez
Amy	Amy	Andrews
Ed	Edison	Aniag
Wendy	Wendy	Ankrom
Daniele	Daniele	Antenucci
Alan	Alan	Armstrong
Sophia	Sophia	AuDuong
Katie	Kathryn	Ayres
Bobby	Robert	Baglione
Sandra	Sandra	Bai
Madison	Madison	Bailey
Melissa	Melissa	Bailey
James	James	Baker
Sabrina	Sabrina	Ballet
Tanja	Tanja	Balzano
Kankana	Kankana	Bardhan
Ben	Benjamin	Barlock
Lauren	Lauren	Barnes
Mariona	Mariona	Bartroli
Giacomo	Giacomo	Baruchello
Kevin	Kevin	Barvian
Renvye	Renvye	Battle
Molly	Molly	Bautista
Izzy	Isabelle	Beagen
Bethany	Bethany	Bearden
Clarisse	Clarisse	Benharoche
Seth	Seth	Bensussen
Duncan	Frederick	Berkeley
Vishwa	Vishwa	Bhavsar
Vinod	Vinod	Bhosale
Ilda	Ilda	Bidollari
Todd	Todd	Billet
Berit	Berit	Biniass
Andrea	Andrea	Biondo
Jason	Jason	Birri
Nivedita	Nivedita	Bisht

Samantha	Samantha	Blumsack
Heather	Heather	Bogard
Katie	Kathryn	Boino
Markus	Markus	Bollwein
Monica	Monica	Bonetti
Silvia	Silvia	Bonvicini
Andrew	Andrew	Boone
Christian	Christian	Borrelli
Pedro	Pedro	Bosch Mendoza
Melissa	Melissa	Bosquez
Madalina	Madalina	Botoroaga
Todd	Todd	Boudreau
Delphine	Delphine	Bourdon
Leigh	Leigh	Boutilier
Aaron	Aaron	Bowles
Neil	Neil	Brahmbhatt
Martina	Martina	Breitstadt
Tasha	Tasha	Brennan
Kristin	Kristin	Britton
Amanda	Amanda	Broderick
Carla	Carla	Brooks
Melissa	Melissa	Brooks
Mike	Michael	Brooks
Jenn	Jennifer	Brown
Jason	Jason	Brubaker
Elizabeth	Elizabeth	Burke
Kristin	Kristin	Butler
Paolino	Paolino	Cacciatore
Phil	Phillip	Calabretta
Tammy	Tammy	Campbell
Corey	Corey	Cannata
Mark	Mark	Capece
JB	Jarel	Carling
Courtney	Courtney	Carroll
Brittany	Brittany	Carroll
Antonio	Antonio	Casalucci
Liz	Elizabeth	Cashman
Andrea	Andrea	Casiraghi
Jodie	Jodie	Casleton
Kevin	Kevin	Caze
Elaine	Elaine	Ceniza
Felicia	Felicia	Chancy
Ranjith	Ranjith	Chandrasekar
An-Yun	An-Yun	Chang
Josh	Joshua	Chapman
Tayhlour	Tayhlour	Charlton
Dom	Oudom	Chea
Gary	Gary	Chedekel

Kevin	Kevin	Chen
Leslie	Leslie	Chen
Maxine	Maxine	Chen
Jun	Jun	Chen
Howard	Tzehaw	Chen
Min	Min	Chen
Alexandra	Alexandra	Cheng
Adam	Adam	Chin
Winston	Winston	Chow
Tat	Tat	Chu
Sean	Sean	Cirii
Meghan	Meghan	Clark
Sarah	Sarah	Clifford
Josh	Joshua	Close
Anna	Anna	Colabianchi
Clay	Hume	Coleman
Maureen	Maureen	Connelly
Deb	Deborah	Conrady
Chiara	Chiara	Conti
Derik	Derik	Cooley-Downs
Elliot	Elliot	Cooper
Casaundra	Casaundra	Copeland
Agnieszka	Agnieszka	Corsten
Cristina	Cristina	Cossetti
Emma	Emma	Cote
Christopher	Christophe	Coukos
Wes	Wesley	Cox-Muranami
Jonathan	Jonathan	Cramer
Kelly	Kelly	Cronan
Zach	Zachary	Crouch
Charlie	Charles	Daddona
Mark	Mark	Dahlin
Eric	Carl	Dahlquist
Yinghui	Yinghui	Dai
Nick	Nicholas	Daigle
Jana	Jana	Dailey
Fereidoon	Fereidoon	Daryaee
Mary Frances	Mary Franc	Davidson
Nicholas	Nicholas	Davis
Chevone	Chevone	Davis-Raglan
Omar	Omar	De Paolis
Sophie	Sophia	Debler
Lindbergh	Lindbergh	Dee
Shannon	Shannon	Delgado
Tessa	Tessa	DeLucia
Matthew	Matthew	DeMelo
Cheryl	Cheryl	DeMilo
Fabienne	Fabienne	Denhez

Heaven	Heaven	Denyer Wehrli
David	David	Deon
Emily	Emily	Dertz
Marissa	Marissa	Devlin
Mrudula	Mrudula	Dhavala
Himani	Himani	Dholakiya
Michelle	Michelle	Dialoiso
Sasa	Sasa	Dimitrijevic
Tom	Thomas	Dineen
Jeff	Zhihu	Ding
Doreen	Doreen	Do
Ali	Alison	Doane
Ashley	Ashley	Donna
Sona	Sona	Doshi
Michelle	Michelle	Dowda
Ashley	Ashley	Doyle
Larry	Lawrence	Drew
Terry	Terry	Driver
Andrea	Andrea	Dropkin-Mackey
Tracy	Yi	Du
Guangyan	Guangyan	Du
Tejas	Tejas	Dumaswala
Michelle	Michelle	Dunmore
Baptiste	Baptiste	Dupuy
Mike	Michael	Durkin
Jenkaa	Jenkaa	Dzekashu
Yvette	Yvette	Echevarria
Michelle	Michelle	Eddlemon
Maria Helene	Maria Heler	Edel
Alex	Alexandra	Elenis
Andrea	Andrea	Enking
Meredith	Meredith	Eno
Jaclyn	Jaclyn	Epstein
Rachel	Rachel	Erbach
Emily	Emily	Erickson
Lindsey	Lindsey	Erwin
Manolo	Manuel	Escudero
Guillaume	Guillaume	Esposito
Bianca	Bianca	Esposito
Santina	Santina	Estrada
Haley	Mary	Evans
Kerrie	Kerrie	Faia
Sejal	Sejal	Faldu
Eric	Eric	Faust
Hannah	Hannah	Favilla
Jens	Jens	Feierler
Jennifer	Jennifer	Ferraro
Ben	Benjamen	Filas

Elissa	Elissa	Findling
Claude	Claude	Fiset
Yvonna	Yvonna	Fisher-Jeffes
Karl	Karl	Fitt
Sarah	Sarah	Fitzpatrick
Sean	Sean	Flanagan
Brian	Brian	Floyd
Bill	William	Flugrad
Lily	Lilia	Flynn
Ben	Benjamin	Focht
Megan	Megan	Foley
Justin	Justin	Fossbender
Shemika	Shemika	Foxworth
Xavier	Francesc	Fradera Llinas
Mike	Michael	Franceschelli
Brenda	Brenda	Frank
David	David	Gan
Yong	Yong	Gao
Jorge	Jorge	Garcia-Lago
Eglys	Eglys	Garrido Noa
Andrea	Andrea	Gasperino
Max	Maxwell	Gbormittah
Jennie	Jie	Ge
Emilios	Emilios	Gemenetzidis
Ronalda	Ronalda	Germain
Peter	Peter	Gerstmayr
Felicia	Felicia	Gherghel
Kyrk	Kyriakos	Giannopoulos
Kelly	Kelly	Gifford
Faith	Faith	Gilbert
Amy	Amy	Gilooly
Betel	Betel	Girmay
Jennifer	Jennifer	Goddard
Tyler	Frank	Goldbaum
Lyndsay	Lyndsay	Golden
Phaneendhar	Phaneendh	Gondesi
Traci	Traci	Gonzales
Brandon	Brandon	Goodman
Troy	Troy	Goodman
Uschi	Ursula	Goody
Zach	Zachary	Gorman
Russ	Russell	Graceffa
Erin	Erin	Graeter
Alexandra	Alexandra	Grassian
Myke	Michael	Green
Teresa	Teresa	Green
Igor	Igor	Gridnev
Nick	Edward	Griffin

Bo	William	Grmoljez
Brian	Brian	Groendyke
Christina	Christina	Guggenberger
Craig	Craig	Gugger
Lee	Lee	Guidetti
Jian	Jian	Guo
Wendy	Wendy	Gustafson
Michaela	Michaela	Haeger
Andrew	Andrew	Haidle
Melanie	Melanie	Halbleib
Kari	Kari	Hamilton
Shannan	Shannan	Harris
Shuree	Shuree	Harrison
Russell	Russell	Hart
Deb	Deborah	Hartman
Kara	Kara	Haselton
Brian	Brian	Hastings
Sonny	Sonny	Hastings
Megan	Megan	Hatlen
Kelly	Kelly	Haugh
Kevin	Yifeng	He
Elina	Elina	Heese
Jared	Jared	Helfer
Torsten	Torsten	Herbertz
Anette	Anette	Hermani
Marcel	Marcel	Herold
John	John	Hess
Cammy	Camcat	Hill
Linh	Linh	Ho
Karen	Karen	Ho
Katherine	Katherine	Hocking
James	James	Hoenstine
Bryan	Bryan	Hogue
Tracy	Tracy	Holloway
Samantha	Samantha	Holmes
Will	William	Holt
Ethel	Ethel	Holtzclaw
Janet	Janet	Hong
Bill	William	Horchar
Nealia	Nealia	House
John	Chang-tai	Hsieh
Wei	Wei	Hu
Sandy	Sandra	Hudson
Travis	Travis	Hughes
Teresa	Teresa	Hurlbut
Ariel	Ariel	Hurley
Lucia	Lucia	Hwang
Maria	Maria	Iliou

Joshua	Joshua	Infantine
David	David	Ingalls
Whitney	Whitney	Inkrott
Oktay	Oktay	Ismet
Leni	Leni	Jacob
Rohitash	Rohitash	Jamwal
Pat	Patrick	Jarvis
Shachenika	Shachenika	Jean
Ashley	Ashley	Jewett Rodgers
Maria	Maria	Jimenez
Seunghee	Seunghee	Jo
John	John	Johans
Jennifer	Jennifer	Johnson
Tim	Timothy	Johnson
Jacqueline	Jacqueline	Jones
Michael	Michael	Jones
Tim	Timothy	Jones
Reinaldo	Reinaldo	Jones
Melissa	Melissa	Juenger
Angela	Angela	Juniphant
Jeanette	Jeanette	Kabia
Matt	Matthew	Kahn
Rahul	Rahul	Kalathiya
Mihika	Mihika	Kapai
Silva	Silva	Karasik
Goss	Goss	Kauffman
Kevin	Kevin	Keane
Jessica	Jessica	Kearney
Ken	Kenneth	Kearney
Jeff	Jeffrey	Keats
Hunter	Hunter	Kersey
Neal	Neal	Kharawala
Julie	Julie	Kilcoyne
Joe	Joseph	Kim
John	John	Kim
Amber	Amber	King
Caitlin	Caitlin	Kinkema
Jeremy	Jeremy	Knopp
Laura	Laura	Knopp
Gramoz	Gramoz	Kondakci
Parimal	Parimal	Korgaonkar
Robin	Robinkuma	Kothari
Roopa	Roopa	Kotian
Emma	Emma	Krolicki
Vladimir	Vladimir	Kubatin
Jean	Hsiang-Jea	Kung
Dennis	Dennis	Kwakye Darkwa
Caroline	Caroline	Labe

Tim	Timothy	LaBranche
Ben	Benjamin	Lampson
Mike	Michael	Landsittel
Joyce	Joyce	Lau
Nancy	Nancy	Lavin-Richard
Andrew	Andrew	Law
Kelly	Kelly	Le
Christopher	Christophe	Lee
Elaine	Elaine	Lee
Stephanie	Stephanie	Lee
Yujin	Yujin	Lee
Ivan	Ivan	Lee
Michael	Michael	Lee
Christopher	Christophe	Legacy
Dean	Dean	Legg
Stephanie	Stephanie	Leiva
Christophe	Christophe	Lemetre
Natalie	Natalie	Lett
Mikaela	Mikaela	Levine
Ronald	Ronald	Li
Hui	Hui	Li
Stella	Yunxing	Li
Chia-Cheng	Chia-Chen	Li
Mark	Mark	Lightner
Paul	Paul	Lim
Hui-Min	Hui-Min	Lin
Michael	Michael	Linse
Xiang	Xiang	Liu
Sharon	Sharon	Lively
Nydia	Nydia	Llanes
Joyce	Joyce	Lo
Esty	Esty	Lobovits
Jennifer	Jennifer	Loebach
Ann	Ann	Loftus
Jackie	Jacquelin	Long
Meidy	Meidy	Lontoh
Karla	Karla	Lopez
Rocio	Rocío	López Marcos
Cristina	Cristina	Lopez-Barton
Ning	Ning	Lu
Susan	Susan	Lucas
Maggie	Xinyue	Ma
Mindy	Mindy	MacKenzie
Justin	Justin	Maderer
Shira	Shira	Magram
Trizia	Trizia	Mallari
Gemma	Gemma	Mandell
Kristina	Kristina	Marcello

Kella	Kella	Marchione
Colleen	Colleen	Marshall
Michael	Michael	Martin
Micheal	Micheal	Martineau
Alba	Alba	Martinez Diaz
Astrid	Astrid	Martinez-Matias
Haleigh	Haleigh	Martino
Melissa	Melissa	Masse
Vicken	Vicken	Matiossian
Javier	Javier	Matos Troche
Sara	Sara	McCutcheon
Emma	Emma	McGee
Cindi	Cynthia	McLoughlin
Ricardo	Ricardo	Medina
Camila	Camila	Medrano-Trochez
Reto	Reto	Meier
Rob	Robert	Meissner
Vanessa	Vanessa	Mejia
Govind	Govind	Menon
Georg Pirmin	Georg Pirmi	Meyer
Cara	Cara	Michalik
Rore	Rore	Middleton
Marci	Marci	Might
Kerri	Kerri	Miller
Lorin	Lorin	Miller
David	David	Miller
Yves	Yves	Millet
Nieves	Nieves	Mingo Moreno
Marissa	Marissa	Mizga
Julie	Julie	Mohnke
Ludivine	Ludivine	Moine
MK	Mary Kathe	Monahan
Amy	Amy	Monpara
Ed	Eduardo	Montiel
Meghan	Meghan	Moore
Samantha	Samantha	Moran
Theresa	Theresa	Moran
Lucas	Lucas	Morin
John	John	Morrison
Rosa	Rosa	Moscat
Kritika	Kritika	Mukherjee
Scott	Michael	Mulholland
Jessica	Jessica	Mullan
Preethi	Preethi	Munivenkata Swamy
Adriana	Adriana	Munoz
Javier	Javier I.	Munoz-Gonzalez
Marta	Marta	Murcia
Curran	Curran	Murphy-Chickering

Kyler	Kyler	Murray
Sadiah	Sadiah	Mussarrat
Lakshmi	Lakshmi	Muthuswamy
Claudia	Claudia	Nabaie
Hima	Himateja	Nagabhyrava
Ravi	Raghavend	Nandagiri
Nabila	Nabila	Nazir
Aaron	Aaron	Neaves
Cindy	Cindy	Nguyen
Nate	Nathan	Nguyen
Regina	Regina	Nizzoli
Lindsey	Lindsey	Noble
Marie	Marie	Noel
Jacqui	Jacquelyn	Nolet
Adam	Adam	Noyes
Sarah	Sarah	O'Brien
Jim	James	O'Bryan
Kristine	Kristine	Oczkowski
Ibrahim	Ibrahim	Omoyayi
Chimnonso	Chimnonso	Onuoha
Nick	Nicholas	Orlando
Daniel	Daniel	Otto
Joan	Joan	Padrnos-Heinz
Mercy	Mercedes	Padron
Lindsay	Lindsay	Palmer
Maunik	Maunik	Parikh
Suhasini	Suhasini	Parimi
Nikita	Nikita	Patel
Falgun	Falgun	Patel
Dhwani	Dhwanikun	Patel
Priya	Priya	Patel
Aniket	Aniket	Patel
Carol	Carol	Patterson
Hilary	Hilary	Patterson
Erin	Erin	Pavao
Sylvie	Sylvie	Pecqueur
Claudio	Claudio	Pelosi
Phone	Phone	Perera
Kevin	Kevin	Perez
Cristian	Cristian	Perez
Kevin	Kevin	Perkins
Emanuele	Emanuele	Perola
Alice	Alice	Pesce
Dean	Dean	Petree
Linda	Linda	Petrini
Sean	Sean	Pines
Christina	Christina	Piper
Vittoria	Maria-Vitto	Pisano

Jaki	Jacqueline	Pitman
Ivan	Ivan	Pizzocchia
Rosemarie	Rosemarie	Plaud
Mariateresa	Mariateresa	Pocchiari
Andrea	Andrea	Polychrones
Olivier	Olivier	Ponet
Dakota	Dakota	Powell
Julia	Julia	Powers
Alex	Alexander	Prokopienko
Alverina	Alverina	Pydynkowski
Weining	Weining	Qiu
Charles	Charles	Quaratiello
Anna	Anna	Quinci
Liesje	Liesje	Quinto
Tammy	Tammy	Rabern
Kolja	Kolja	Radau
Corinne	Corinne	Rahal
Aleksandar	Aleksandar	Rajlic
Samit	Samitkuma	Rajmane
Venkat	Venkat	Ramakrishnan
Alex	Alex	Ramon
Philip	Philip	Ramsden
Ashley	Ashley	Rand
Vishal	Vishal	Rathod
Doreen	Doreen	Reckler
Mohan	Mohan	Reddy
TJ	Thomas	Rego
Mohamed	Mohamed	Rhazlaoui
Joana	Joana	Ribeiro Caetano Lopes
Scott	Scott	Ribich
Catherine	Catherine	Riccio
Fred	Fred	Richards
Chris	Christine	Richardson
Alyssa	Alyssa	Richardson
Jennifer	Jennifer	Ridge
Stefania	Stefania	Rinaldi
Matt	Matt	Ring
Mik	Mikael	Rinne
Ronda	Ronda	Rippley
Andy	Andy	Ritchey
Atria	Atria	Rittig-Kavyanifar
Aixa	Aixa	Rivera Torres
Barbara	Barbara	Robens
Kristie	Kristie	Robinson
Josh	Joshua	Robles
Marly	Marly	Roche
Maria	Maria	Roche
Robyn	Robyn	Roche

Claudia	Claudia	Rockel
Tina	Tina	Rodriguez
Sara	Sara	Rodriguez Fahy
Elisabeth	Elisabeth	Rogers
Darlene	Darlene	Romelus
Juan	Juan	Romero
Peter	Peter	Rose
Tayla	Tayla	Rose
Mark	Mark	Rosenzweig
Tyler	Tyler	Rouskin-Faust
Willem	Willem	Roux
Emily	Emily	Rozsahegyi
Ben	Benjamin	Ruprecht
Paige	Paige	Ryan
Benjamin	Benjamin	Sahacic
Lydie	Lydie	Saint-Martin
Kenneth	John-Kenne	Sake
Thiwanka	Thiwanka	Samarakoon Mudiyanselage
Stefan	Stefan	Samuelson
Meg	Megan	Sanchez
Elizabeth	Elizabeth	Sanchez
Jennifer	Jennifer	Sandidge
Melissa	Melissa	Sanfilippo
Oliver	Oliver	Santos
Jessica	Jessica	Sapiro
Eric	Eric	Sarno
Karina	Karina	Sawan
Priyanka	Priyanka	Sawant
Robyn	Robyn	Scherber
Felix	Hans Albert	Scheuplein
Sebastian	Sebastian	Schlisio
Karen	Karen	Schneider
Jeff	Jeffrey	Schnyer
Eileen	Eileen	Schott-Harborth
Fatima	Fatima	Scipione
Heather	Heather	Scott
Rizwana	Rizwana	Seeham
Daniel	Daniel	Shaheen
Helen	Helen	Shanahan
Chris	Christophe	Shea
Andrew	Andrew	Shearer
Elaine	Elaine	Shelly
Jessica	Jessica	Sherry
Jennifer	Jennifer	Shevlin
Hongliang	Hongliang	Shi
Jen	Jennifer	Shidler
Rod	Rod	Shima
Hazheen	Hazheen	Shirnekhi

Pablo	Pablo	Sierra Gonzalez
Lianna	Lianna	Sifferlen
Hedwig	Hedwig	Silies
Jeff	Jeffrey	Simpson
Becca	Rebecca	Sims
Melody	Melody	Sipp
Michael	Michael	Siracusa
Kylie	Kylie	Sjoblom
Paul	Paul	Skerker
Chris	Christophe	Sloan
Matt	Matthew	Smith
Tyra	Tyra	Smith
Lisa	Lisa	Smith
Kelly	Kelly	Smith
Katy	Katy	Soave
Adam	Adam	Sodano
Ryan	Ryan	Sooy
Kristen	Kristen	Southard
Susanne	Susanne	Spiessl
Meaghan	Meaghan	Spurling
Ulf	Ulf	Staginnus
Blake	Blake	Starr
Leonor	Leonor	Stephens
Andrea	Andrea	Stipe
Jill	Jill	Struyk
Ralph	Ralph	Suckert
Sheng	Sheng	Sun
Wioletta	Wioletta	Superczynska
Anitha	Anitha	Suram
Stephanie	Stephanie	Surma
Maria	Maria	Taddeo
Pallavi	Pallavi	Tadimeti
Dipika	Dipika Dhai	Tahelyani
Sam	Samson	Tamulevich
Kjersten	Kjersten	Teeter
Murali	Muralidhar	Tellakat
Elvira	Elvira	Tellegen
Nathalie	Nathalie	Telmon
Biswash	Biswash	Thakuri
Rajesh	Rajesh	Thamatam
Andre	André	Thielcke
Lars	Lars	Thiele
Ethan	Ethan	Thomas
Stacy	Stacy	Thompson
Sueann	Sueann	Thompson
Jordan	Jordan	Tocher
Anne Karin	Anne Karin	Toelge
Andy	Antranig	Torosian

Luis	Luis	Torres
Vu	Vu	Tran
Tina	Tina	Tran
Eric	Eric	Trierweiler
Mark	Mark	Trone
Alysen	Mary	Troy
Bin	Bin	Tu
Ogechi	Ogechi	Ukaigwe
Burcin	Burçin	Ülgen
Mukesh	Mukesh	Vadhel
Shruthi	Shruthi	Vaidhyanathan
Christopher	Christophe	Valentino
Csani	Csanad	Varga
Richard	Richard	Vargas
Morgan	Morgan	Vazquez
Greg	Gregory	Veneziano
Stephanie	Stephanie	Ventura
Saranya	Saranya	Venugopal
Ying	Ying	Verdi
Laura	Laura	Vidal
Juan	Juan	Villa
Tamil	Tamil	Viswanathan
Antonia	Antonia	Vitalo
Bob	Robert	Vitu
David	David	Vives
Mary Ann	Mary Ann	Vu
Jing	Jing	Wang
Mike	Michael	Wasserman
Nicole	Nicole	Webb
Alex	Alex	Wei
Taylor	Taylor	Weis
Nicoll	Nicole	Weiss
Weifan	Weifan	Weng
Aneesah	Aneesah	Whiteside
LeKeisha	LeKeisha	Whitworth
Mariya	Mariya	Wilkinson
Natalie	Natalie	Wills
Doug	Douglas	Wilson
Keven	Keven	Winder
Allison	Allison	Witham
Jonathan	Jonathan	Wojtkowiak
Jeannelle	Jeannelle	Wolf
Janet	Janet	Wong
Rentian	Rentian	Wu
Leon	Leon	Xia
Emily	Emily	Xie
Shiva	Srinivasa SI	Yadlapalli
Aimee	Aimee	Yager

Guang	Guang	Yang
Joyce	Zhaoxia	Yang
Nick	Nicholas	Yankauskas
Huilan	Huilan	Yao
Lisa	Lisa	Young
Bei	Bei	Yu
Xiao	Xiao	Yu
April	Liang	Yuan
Chris	Christophe	Yuen
Leyre	Leyre	Zabaleta
Lydia	Lydia	Zachariadou
Aaron	Armen	Zakharyan
Andrew	Andrew	Zapp
Julianne	Julianne	Zeff
Yadi	Yadi	Zeng
Hui	Hui	Zhang
Dean	Zhuo	Zhang
Yinong	Yinong	Zhang

4Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☑ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03698	☐ 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: CITAGENIX REGEN, LLC

Physical Address: 51111 Pontiac Trail

City: Wixom State: MI Zip: 48393

Mailing Address (if different from physical address): N/A

City: State: Zip:

Telephone: 905-813-8090 Website: https://citagenix.com/

Name of Designated Representative (DR): Melody Stimbert

Licensing Company Email: ra-regen@citagenix.com DR Email: mstimbert@citagenix.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: HCT/Ps	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☑ Others: Full-service

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Collagen Matrix, Inc.
Address: 15 Thornton Rd City: Oakland State: NJ Zip: 07436

Name: Purgo Biologics Inc.
Address: #812, 27, Dunchon-Daero 457 Beon-Gil, Jungwon-Gu City: Seongnam-Si State: Gyeonggi Zip: 13219

Name: Resorba Medical Gmbh
Address: AM Flachmoor 16 City: Nuremberg State: Bavaria Zip: D-90475

Name: Hansbiomed Corp.
Address: 64, Yuseong-Daero 1628 Beon-Gil City: Yuseong-Gu State: Daejeon Zip: 34054

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: Michigan
Parent Company (if any): HANSAmed Limited
Corporation/Organization Name: CITAGENIX REGEN, LLC
Mailing Address: 51111 Pontiac Trail
City: Wixom State: MI Zip: 48393
Telephone: 905-813-8090 Email: ra-regen@citagenix.com
Contact Person Name: Adriatik Mete

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.

CITAGENIX REGEN, LLC

Facility Name

Maik Rehfeldt

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

3/3/2026

Date

Board Use Only	Date Received: 4/2/26	Amount: $1,000

FDA

FDA Home[1] Medical Devices[2] Databases[3]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
CITAGENIX REGEN, LLC
51111 Pontiac Trail
Wixom, MI 48393
Registration Number: [redacted]
FEI Number*: [redacted]
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types. Please Review Listings For Further Information.
Date Of Registration Status: 2026

Owner/Operator:
CITAGENIX REGEN, LLC[6]
51111 Pontiac Trail
Wixom, MI US 48393
Owner/Operator Number: 10090282[7]

Official Correspondent:
Heather Zhang
51111 Pontiac Trail
Wixom, MI 48393
Phone: 1-905-8133731

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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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=&FeiNum=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10090282&OwnerOperatc
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&FeiNum=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10090282&OwnerOperatc

Page Last Updated: 03/23/2026

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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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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=&FeiNum=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10090282&OwnerOperatc

U.S. FOOD & DRUG ADMINISTRATION

FDA Home Page | Contact eHCTERS Technical Support

HUMAN CELL AND TISSUE ESTABLISHMENT REGISTRATION - Public Query
Establishment Details

Establishment Name and Location

Current Status:	Registered
Last Annual Registration Year:	2026
FDA Establishment Identifier (FEI):	[redacted]
Establishment Name:	CITAGENIX REGEN, LLC
Address:	51111 Pontiac Trail
City:	Wixom
State:	Michigan
Zip:	48393
Country:	UNITED STATES
Phone:	248-240-0386

Establishment Functions

Types of HCT/Ps	Recover	Screen	Donor Testing	Package	Process	Store	Label	Distribute
Amniotic Membrane						☑		☑
Blood Vessel								
Bone						☑		☑
Cardiac Tissue - non-valved								
Cartilage								
Cornea								
Dura Mater								
Embryo								
Fascia								
Heart Valve								
HPC Apheresis								
HPC Cord Blood								
Ligament								
Nerve Tissue								
Oocyte								
Ovarian Tissue								
Pancreatic Islet Cells - autologous								
Parathyroid								
Pericardium								
Peripheral Blood Mononuclear Cells								
Peritoneal Membrane								
Sclera								
Semen								
Skin						☑		☑
Tendon								

Testicular Tissue								
Tooth Pulp								
Umbilical Cord Tissue								

Establishment HCT/P Listing

Types of HCT/Ps	HCT/Ps Described in 21 CFR 1271.10	Proprietary Names
Amniotic Membrane	X	Neomem XAC
Blood Vessel		
Bone	X	Raptos, PentOS OI, Mit-Os, PROTFACTOR
Cardiac Tissue - non-valved		
Cartilage		
Cornea		
Dura Mater		
Embryo		
Fascia		
Heart Valve		
HPC Apheresis		
HPC Cord Blood		
Ligament		
Nerve Tissue		
Oocyte		
Ovarian Tissue		
Pancreatic Islet Cells - autologous		
Parathyroid		
Pericardium		
Peripheral Blood Mononuclear Cells		
Peritoneal Membrane		
Sclera		
Semen		
Skin	X	NeoDerm
Tendon		
Testicular Tissue		
Tooth Pulp		
Umbilical Cord Tissue		

HCT/P Listing - Donor Information

Types of HCT/Ps	SIP	Directed	Anonymous	Autologous	Family Related
Embryo					
HPC Apheresis					
HPC Cord Blood					
Oocyte					
Peripheral Blood Mononuclear Cells					
Semen					

Print Date: 03/27/2026

Print This Page | Back To Query Criteria Screen | Back To Query Results Screen | Exit

eHCTERS v02.13.04
Updated 07/29/2024

Contact eHCTERS Technical Support | Online Help | Release Notes
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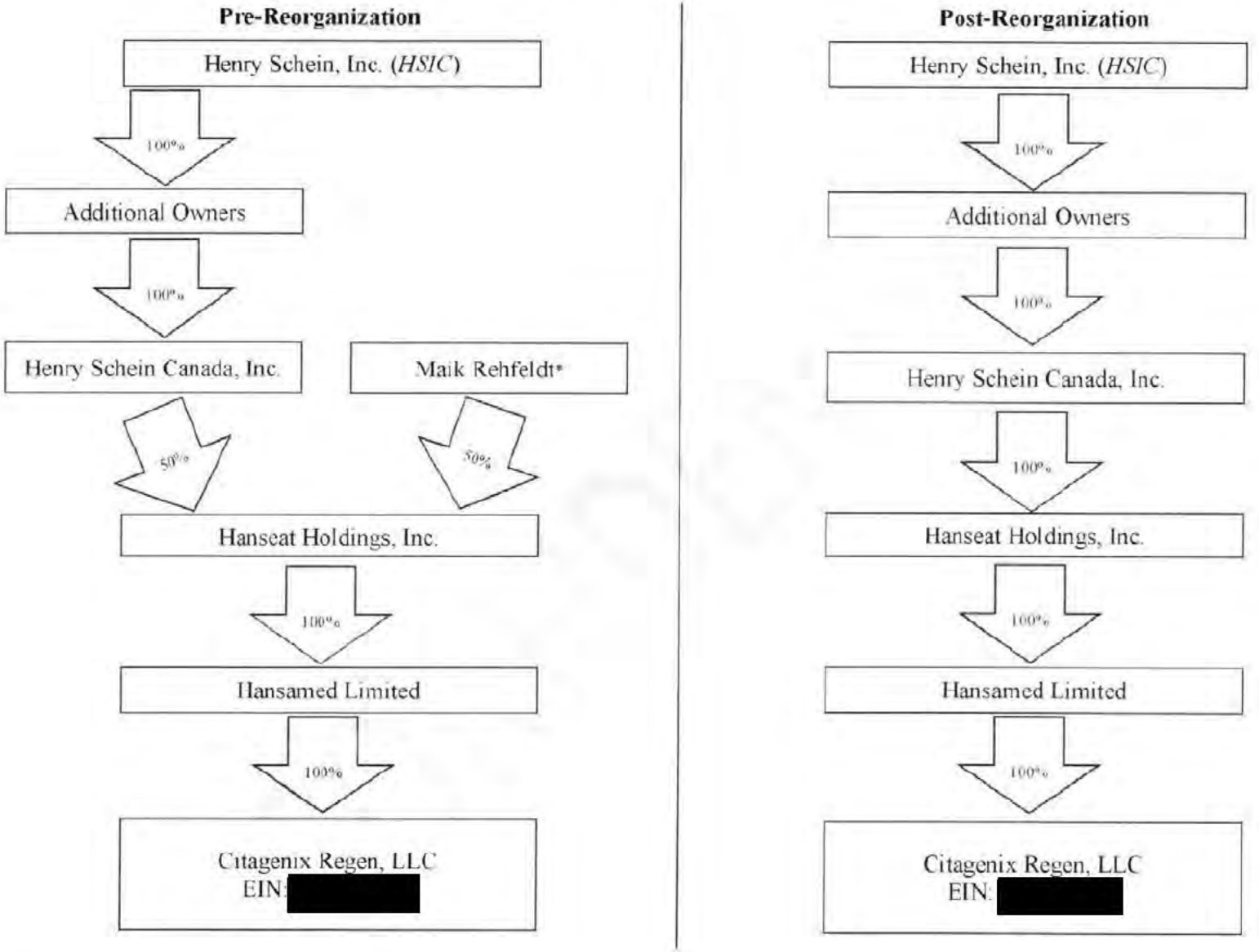
FDA Home Page | Accessibility | HHS Home Page | Vulnerability Disclosure Policy

FDA / Center for Biologics Evaluation and Research

EXHIBIT A

Citagenix Regen, LLC

Ownership Organization



*His shares held individually & through The Rehfeldt Family Trust

EXHIBIT B

Citagenix Regen, LLC

Officer and Manager Information

Name	Title
Maik Rehfeldt	President & Manager

UNITED STATES OF AMERICA

The State of Michigan

Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to certify:

Entity Name: CITAGENIX REGEN, LLC
Entity ID#: 803015335
Entity Type: Domestic Limited Liability Company
Initial Filing Date: 04/10/2023
Delayed Effective Date:
Formation Jurisdiction: Michigan
Act Formed Under: 023-1993 Michigan Limited Liability Company Act

That the above referenced entity was validly organized and is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued in conformity with the Act it is formed under to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

LICENSING AND REGULATORY AFFAIRS
Corporations, Securities & Commercial Licensing Bureau

In testimony whereof, I have hereunto set my hand, in the City of Lansing, on April 9, 2026.

Linda Clegg

Linda Clegg, Director
Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 65909
Verify this certificate at: www.michigan.gov/corpverifycertificate

5306008000APP24

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909

CITAGENIX REGEN, LLC
51111 PONTIAC TRAIL
WIXOM, MI 48393

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BY EMAILING BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
WHOLESALE DISTRIBUTOR LICENSE

CITAGENIX REGEN, LLC
51111 PONTIAC TRAIL
WIXOM, MI 48393

LICENSE NO.
5306008000

EXPIRATION DATE
12/18/2026

24353091252

THIS DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF MICHIGAN

CERTIFICATE OF INSURANCE

DATE: March 06, 2026

BROKER

Jones DesLauriers Insurance Management, Inc.
2375 Skymark Avenue,
Mississauga, ON , L4W 4Y6
Tel: (416) 259-4625 Fax: (416) 259-7178

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

INSURED

Hansamed Limited & Citagenix Regen, LLC
2830 Argentia Rd., Units 5-9
Mississauga, ON L5N 8G4

COMPANIES AFFORDING COVERAGE

COMPANY A	Certain Lloyd's Underwriters c/o Ed Broking LLP
COMPANY B	
COMPANY C	
COMPANY D	

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (YYYY/MM/DD)	POLICY EXPIRATION DATE (YYYY/MM/DD)	LIMITS	
	COMMERCIAL GENERAL LIABILITY					
X	CLAIMS MADE-PRODUCTS	BB309150	2025-12-31	2026-12-31	BODILY INJURY & PROPERTY DAMAGE INCLUSIVE LIMITS	$5,000,000.
X	OCCURRENCE-ALL EXCEPT PRODUCTS				GENERAL AGGREGATE	$5,000,000.
X	PRODUCTS AND/OR COMPLETED OPERATIONS				PRODUCTS / COMPLETED OPERATIONS AGGREGATE	$5,000,000
X	TENANTS LEGAL LIABILITY				TENANTS LEGAL LIABILITY	$1,000,000.
X	NON-OWNED AUTOMOBILE				NON-OWNED AUTOMOBILE	$1,000,000.

DESCRIPTION OF OPERATIONS/LOCATIONS/SPECIAL CONDITIONS/OTHER: Note: Limits are Stated in Canadian Dollars.

Description of Operations: Operations normal to the business of the Insured.
Citagenix Regen, LLC, 51111 Pontiac Trail Wixom, Michigan 48393

CERTIFICATE HOLDER

Attn: Fax:

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail (0) days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

AUTHORIZED REPRESENTATIVE: Kathy Gallagher, CAIB, CIP
Jones DesLauriers Insurance Management, Inc.

Liberty Mutual.

SURETY RIDER

To be attached to and form a part of

Bond No. 015223890

Cross Ref:

Type of Bond: Prescription Drug Wholesaler Bond

dated effective May 16, 2024
(MONTH-DAY-YEAR)

executed by CITAGENIX REGEN, LLC , as Principal,
(PRINCIPAL)

and by Liberty Mutual Insurance Company , as Surety,

in favor of STATE OF NEVADA, NEVADA STATE BOARD OF PHARMACY
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

Principal Address

FROM: 39555 Orchard Hill Pl, Suite 600, Novi, MI 48375 USA

TO: 51111 Pontiac Trial, Wixom, MI 48393 USA

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective March 24, 2026
(MONTH-DAY-YEAR)

Signed and Sealed March 24, 2026
(MONTH-DAY-YEAR)

CITAGENIX REGEN, LLC
(PRINCIPAL)

By: _____
(PRINCIPAL)

Liberty Mutual Insurance Company
(SURETY)

By: _____ Sandra Diaz
(ATTORNEY-IN-FACT)

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 BOSTON, MASSACHUSETTS

LMS-10443 08/08

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 24th day of March, 2026.

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.

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. 015223890

Application/License No. _____

CITAGENIX REGEN, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 39555 Orchard Hill Place, Suite 600 Novi, MI 48375 (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 May 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.

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 16th day of May, 2024.

APPLICANT/PRINCIPAL
CITAGENIX REGEN, LLC

Authorized Representative

SURETY COMPANY
LIBERTY MUTUAL INSURANCE COMPANY

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Laura von Heynitz

Witness

SIGNED and SEALED in the presence of:

Witness Grace Laterza

Witness Anne Potter

Countersigned by:

Nevada Resident Agent Aklima Noorhassan
Non-Resident Agent NV License No. 3163993

Posted February 20, 2020

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: 8210937- 015009

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, Debra A. Deming, Sandra Diaz, Vilma Gonzalez, Peter Healy, Pablo Garcia Horcajo, Jennifer L. Jakaitis, Francesca Kazmierczak, Aklima Noorhassan, Anne Potter, Frances Rodriguez, Valorie Spates, Susan A. Welsh, Beverly A. Woolford

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 6th day of November, 2023.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 6th day of November, 2023 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 16th day of May, 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.

Liberty Mutual. SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT – DECEMBER 31, 2023

Assets

Cash and Bank Deposits	$1,850,245,073.00
*Bonds – U.S Government	$3,859,565,383.00
*Other Bonds	$21,048,805,773.00
*Stocks	$19,937,271,802.00
Real Estate	$122,228,711.00
Agents' Balances or Uncollected Premiums	$8,208,660,427.00
Accrued Interest and Rents	$186,906,667.00
Other Admitted Assets	$15,677,869,683.63
Total Admitted Assets	**$70,891,553,519.63**

Liabilities

Unearned Premiums	$10,298,963,305.00
Reserve for Claims and Claims Expense	$28,848,537,243.00
Funds Held Under Reinsurance Treaties	$360,714,151.00
Reserve for Dividends to Policyholders	$1,310,198.00
Additional Statutory Reserve	$296,126,000.00
Reserve for Commissions, Taxes and Other Liabilities	$7,622,413,466.63
Total	**$47,428,064,363.63**
Special Surplus Funds	$209,508,757.00
Capital Stock	$10,000,075.00
Paid in Surplus	$13,834,867,488.00
Unassigned Surplus	$9,409,112,836.00
Surplus to Policyholders	$23,463,489,156.00
Total Liabilities and Surplus	**$70,891,553,519.63**

* 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, 2023, 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, 2024.

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

Timothy A. Mikolajewski

Timothy A. Mikolajewski, Assistant Secretary

LMS-1262/LMIC

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 CITAGENIX REGEN, LLC MDEG License # (if applicable) _____

Physical Address 51111 Pontiac Trail

City Wixom State MI Zip 48393

Mailing Address (if different from physical address) N/A

City _____ State _____ Zip _____

Telephone 905-813-8090 Website https://www.citagenix.com/

Licensing Company Email ra-regen@citagenix.com

Section 2: Personal Information

First Melody Middle Lynn Last Stimbert

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITI[redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted]

City Highland State MI Zip [redacted]

Telephone [redacted] Email mstimbert@citagenix.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)	
LOWELL HIGH SCHOOL		09/72-06/76	
Address	City	State	Zip
16200 E AMBER VALLEY DRIVE	WHITTIER	CA	90604
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/20-Present	[redacted]	Highland	MI	[redacted]
From - To (MM/YY – MM/YY)		City	State	
12/93-11/20		Highland	MI	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	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)
CITAGENIX REGEN, LLC			10/16-Present
Business Address	**City**	**State**	**Zip**
51111 Pontiac Trail	Wixom	MI	48393
Phone	**Title**	**Number of Employed Hours**	
1-248-240-0386	General Manager	>15000	
Description of Duties			
Business developer, sales and marketing specialist .			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description 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) Date

I, Melody Stimbert, **certify that as the MDEG Administrator for**

CITAGENIX REGEN, LLC,

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.

Melody Stimbert
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

March 4, 2024
Date

Board Use Only	Date Received: 4/2/24

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 CITAGENIX REGEN, LLC
Pharmacy/Wholesaler License # (if applicable) N/A
Physical Address 51111 Pontiac Trail
City Wixom State MI Zip 48393
Mailing Address (if different from physical address) N/A
City _____ State _____ Zip _____
Telephone 905-813-8090 Website https://www.citagenix.com/
Licensing Company Email ra-regen@citagenix.com

Section 2: Personal Information

First Melody Middle Lynn Last Stimbert
Alias(es, nicknames, name changes, etc.) Melody Lynn Zaugg
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X
Mailing Address [redacted]
City Highland State MI Zip [redacted]
Telephone [redacted] Email mstimbert@citagenix.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)	
LOWELL HIGH SCHOOL		09/72-06/76	
Address	**City**	**State**	**Zip**
16200 E AMBER VALLEY DRIVE	WHITTIER	CA	90604
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/20-Present	[redacted]	Highland	MI	[redacted]
12/93-11/20		Highland	MI	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	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)	
CITAGENIX REGEN, LLC			10/16-Present	
Business Address		**City**	**State**	**Zip**
51111 Pontiac Trail		Wixom	MI	48393
Phone	**Title**		**Number of Employed Hours**	
1-905-813-8090	General Manager		18000	
Description of Duties				
Business developer, sales and marketing specialist.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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)

Date

I, Melody Stimbert, **certify that as the designated representative for**

CITAGENIX REGEN, LLC,

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.

Melody Stimbert

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Mar 4, 2026

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.

Melody Stimbert

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Mar 4, 2026

Date

Please have this section completed in the presence of a Notary Public.

State of Michigan, ss. County of Oakland

I, Melody Stimbert, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

Mar 4, 2026

Date

Subscribed and Sworn to before me this 4th day of March.

Madison Nelson

Notary Public Signature

MADISON NELSON
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF OAKLAND
MY COMMISSION EXPIRES 2/24/2032
Acting in the County of OAKLAND

(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 CITAGENIX REGEN, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 51111 Pontiac Trail

City Wixom State Michigan Zip 48393

Mailing Address (if different from physical address) N/A

City _____ State _____ Zip _____

Telephone 905-813-8090 Website https://www.citagenix.com/

Licensing Company Email ra-regen@citagenix.com

Section 2: Personal Information

First Maik Middle _____ Last Rehfeldt

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Toronto State Ontario Zi[redacted]

Telephon[redacted] Email m.rehfeldt@hansamed.net

Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Toronto – Victoria University		09/83-06/87	
Address	**City**	**State**	**Zip**
73 Queen's Park Crescent	Toronto	Ontario	M5S 1K7
Diploma/Degree obtained, if any			
Bachelor of Arts			

School Name		From - To (MM/YY – MM/YY)	
WG City Nord		09/77-06/81	
Address	**City**	**State**	**Zip**
N/A	N/A		
Diploma/Degree obtained, if any			
Matura			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 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
01/11-present	[redacted]	Toronto	Ontario	[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)	
HANSAMED LIMITED			11/96-Present	
Business Address		**City**	**State**	**Zip**
2830 Argentia Rd., Units 7-9		Mississauga	Ontario	L5N 8G4
Phone	**Title**			
905-813-8090	CEO			
Description of Duties				
CEO of HANSAMED LIMITED				

Business Name			From - To (MM/YY – MM/YY)	
CITAGENIX INC.			11/22-Present	
Business Address		**City**	**State**	**Zip**
4455 A Jean-Noël-Lavoie Suite 275		Laval	Quebec	H7P 4W6
Phone	**Title**			
905-813-8090	CEO			
Description of Duties				
CEO of CITAGENIX INC. CITAGENIX INC. is a subsidiary of HANSAMED LIMITED since Nov-2022.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**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:

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.

Maik Rehfeldt

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/3/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Ontario, Canada (Province), ss. County of Peel (Region)

I, Christopher A. Melville-Gray, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

March 3/2026

Date

Subscribed and Sworn to before me this 3 day of March, 2026

Notary Public Signature

Christopher A. Melville-Gray, Lawyer
Notary Public & Commissioner for Taking Affidavits
in and for the Province of Ontario.
My commission is of unlimited duration.
No legal advice given

Employee List of CITAGENIX REGEN, LLC

Citagenix Regen, LLC

EIN: 98-1739050 *(taxpayer Id number)*
Business address: *51111 Pontiac Trail, Wixom, Michigan 48393, United States*

EMPLOYEE LIST

Name	Title, role	Email Address	Business Address
Maik Rehfeldt	President & Manager	m.rehfeldt@hansamed.net	2830 Argentia Road, Units 7-9, Mississauga, Ontario L5N 8G4, Canada
Michael McMillan	COO	mmcmillan@citagenix.com	2830 Argentia Road, Units 7-9, Mississauga, Ontario L5N 8G4, Canada
Melody Stimbert (Designated Representative)	General Manager	mstimbert@citagenix.com	51111 Pontiac Trail, Wixom, MI 48393 United States
Ashleigh Santana	Warehouse Distribute Team Lead	a.santana@citagenix.com	51111 Pontiac Trail, Wixom, MI 48393 United States
Lisa Campanella	Distribution Associate	l.campanella@citagenix.com	51111 Pontiac Trail, Wixom, MI 48393 United States
Julie Kline	Customer Engagement Specialist (US)	jkline@citagenix.com	51111 Pontiac Trail, Wixom, MI 48393 United States
Adriatik Mete	Manager, Global QMS & Regulatory	a.mete@hansamed.net	2830 Argentia Road, Units 7-9, Mississauga, Ontario L5N 8G4, Canada
Renata Brelik	Director, HR & Finance	r.brelik@hansamed.net	2830 Argentia Road, Units 7-9, Mississauga, Ontario L5N 8G4, Canada
Tatiana Molina	Director, Clinical Science	t.molina@hansamed.net	2830 Argentia Road, Units 7-9, Mississauga, Ontario L5N 8G4, Canada
Benoit Lamontagne	Director, Marketing	blamontagne@citagenix.com	2830 Argentia Road, Units 7-9, Mississauga, Ontario L5N 8G4, Canada
Hae Joeng Woo	Director, e-Commerce	h.woo@hansamed.net	2830 Argentia Road, Units 7-9, Mississauga, Ontario L5N 8G4, Canada
Heather Zhang	QA & RA Specialist	h.zhang@hansamed.net	2830 Argentia Road, Units 7-9, Mississauga, Ontario L5N 8G4, Canada
Daniel Tomkay	QA & RA Specialist	d.tomkay@hansamed.net	2830 Argentia Road, Units 7-9, Mississauga, Ontario L5N 8G4, Canada

4Z

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Glenmark Pharmaceuticals Inc., USA

Physical Address: 619 River Dr, Suite 400-A

City: Elmwood Park State: NJ Zip: 07407

Mailing Address (if different from physical address): 619 River Dr, Suite 400-A

City: Elmwood Park State: New Jersey Zip: 07407

Telephone: (201) 684-8000 Website: https://www.glenmarktherapeutics.com/

Name of Designated Representative (DR): Raja Maddirala

Licensing Company Email: licensing@glenmarkpharma.com DR Email: licensing@glenmarkpharma.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☒ Pharmacies	☒ Dangerous Drugs	☒ Manufacturer
☐ Practitioners	☒ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Pharmacies & 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)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Roger Stamm

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See attached.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Glenmark Holding SA

Corporation/Organization Name: Glenmark Pharmaceuticals Inc., USA

Mailing Address: 619 River Dr, Suite 400-A

City: Elmwood Park State: New Jersey Zip: 07407

Telephone: (201) 684-8000 Email: licensing@glenmarkpharma.com

Contact Person Name: Rajeev Sharma

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.

Glenmark Pharmaceuticals Inc., USA

Facility Name

Rajeev Sharma

Print Name of Authorized Person Submitting Application

Rajeev Sharma.

Original signature of Authorized Person (copies or stamps not accepted)

3.3.26

Date

Board Use Only	Date Received: 3/25/26	Amount: $1000 ck 5438

Maria Herrera

From: Michael Jurkovic <Michael.Jurkovic@twolabs.com>
Sent: Tuesday, March 31, 2026 1:23 PM
To: Maria Herrera
Subject: Re: Nevada Out-of-State Wholesaler Application-Glenmark Pharmaceuticals Inc., USA
Attachments: GPI_DE COGS_2.10.26.pdf

Categories: Gave App to Review, Already Printed

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good afternoon, Maria-

Please see the attached, updated DE Certificate of Good Standing for Glenmark. Please note that Glenmark does not distribute medical devices and therefore is not required to submit the MDEG form. The CA license type is for Drug Distributors and/or Medical Device Distributors. Please let me know if any other information is needed to complete this application.

Thank you,

Michael Jurkovic
Licensing Analyst
TwoLabs
PHARMA SERVICES
6397 Hamilton Woods Blvd. S | Westerville, OH | 43081
mobile [redacted] | fax 866.259.4324

website | email | LinkedIn

Please consider the environment before printing this email.

/ NDC (index.cfm)

National Drug Code Directory

Current through March 06, 2026

You have searched Finished drug products

Search Results: *'glenmark'*

Back to Search Page () | Search Again ()

CSV Excel

Display All **records per page** **Search for text in the table:** pharma

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
abiraterone acetate	68462-135-08	250 mg/1	TABLET	ORAL	ANDA209227	Glenmark Pharmaceuticals Inc., USA	68462-135	abiraterone acetate	ABIRATERONE ACETATE	HUMAN PRESCRIPTION DRUG	10/16/2019	N/A	ANDA	120 TABLET in 1 BOTTLE (68462-135-08)
abiraterone acetate	68462-882-60	500 mg/1	TABLET	ORAL	ANDA209227	Glenmark Pharmaceuticals Inc., USA	68462-882	abiraterone acetate	ABIRATERONE ACETATE	HUMAN PRESCRIPTION DRUG	05/19/2022	N/A	ANDA	60 TABLET in 1 BOTTLE (68462-882-60)
Acamprosate Calcium	68462-435-18	333 mg/1	TABLET, DELAYED RELEASE	ORAL	ANDA202229	Glenmark Pharmaceuticals Inc., USA	68462-435	Acamprosate Calcium	ACAMPROSATE CALCIUM	HUMAN PRESCRIPTION DRUG	07/16/2013	N/A	ANDA	180 TABLET, DELAYED RELEASE in 1 BOTTLE (68462-435-18)
Acamprosate Calcium	68462-435-11	333 mg/1	TABLET, DELAYED RELEASE	ORAL	ANDA202229	Glenmark Pharmaceuticals Inc., USA	68462-435	Acamprosate Calcium	ACAMPROSATE CALCIUM	HUMAN PRESCRIPTION DRUG	07/16/2013	N/A	ANDA	10 BLISTER PACK in 1 CARTON (68462-435-11) / 10 TABLET, DELAYED RELEASE in 1 BLISTER PACK
Acetylcysteine	68462-946-12	200 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA213693	Glenmark Pharmaceuticals Inc., USA	68462-946	Acetylcysteine	ACETYLCYSTEINE	HUMAN PRESCRIPTION DRUG	09/25/2024	N/A	ANDA	4 VIAL, SINGLE-DOSE in 1 CARTON (68462-946-12) / 30 mL in 1 VIAL, SINGLE-DOSE (68462-946-30)
acyclovir	68462-746-35	50 mg/g	OINTMENT	TOPICAL	ANDA205510	Glenmark Pharmaceuticals Inc., USA	68462-746	acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG	07/31/2017	N/A	ANDA	1 TUBE in 1 CARTON (68462-746-35) / 30 g in 1 TUBE
acyclovir	68462-746-17	50 mg/g	OINTMENT	TOPICAL	ANDA205510	Glenmark Pharmaceuticals Inc., USA	68462-746	acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG	07/31/2017	N/A	ANDA	1 TUBE in 1 CARTON (68462-746-17) / 15 g in 1 TUBE
adapalene and benzoyl peroxide	68462-301-47	1 mg/g, 25 mg/g	GEL	TOPICAL	ANDA208108	Glenmark Pharmaceuticals Inc., USA	68462-301	adapalene and benzoyl peroxide	ADAPALENE, BENZOYL PEROXIDE	HUMAN PRESCRIPTION DRUG	11/08/2019	N/A	ANDA	1 BOTTLE, PUMP in 1 CARTON (68462-301-47) / 45 g in 1 BOTTLE, PUMP
adapalene and benzoyl peroxide	68462-301-55	1 mg/g, 25 mg/g	GEL	TOPICAL	ANDA208108	Glenmark Pharmaceuticals Inc., USA	68462-301	adapalene and benzoyl peroxide	ADAPALENE, BENZOYL PEROXIDE	HUMAN PRESCRIPTION DRUG	11/08/2019	N/A	ANDA	45 g in 1 TUBE (68462-301-55)
Alclometasone Dipropionate	68462-299-17	.5 mg/g	OINTMENT	TOPICAL	ANDA079227	Glenmark Pharmaceuticals Inc., USA	68462-299	Alclometasone Dipropionate	ALCLOMETASONE DIPROPIONATE	HUMAN PRESCRIPTION DRUG	07/30/2009	N/A	ANDA	15 g in 1 TUBE (68462-299-17)

1006

Glenmark
A new way for a new world

NV Trading Partners - Glenmark Pharmaceuticals Inc., USA

Customer Name	Address	City	State	Zip
HENRY SCHEIN, INC.	255 VISTA BLVD	Sparks	NV	89434
UPS SUPPLY CHAIN SOLUTIONS-KAIS RENO	12055 SAGE POINT CT. #101	Reno	NV	89506

Glenmark
A new way for a new world

Description of Operations

Glenmark Pharmaceuticals Inc, USA Elmwood Park location is a Virtual Manufacturer of Prescription Drugs and Controlled Substances. Glenmark Pharmaceuticals Inc, USA's sells its own-labeled products (Labeler Code 68462) to Wholesalers, Retail Pharmacies, and Specialty Pharmacies throughout the United States.

Facility location:
Glenmark Pharmaceuticals Inc, USA
619 River Dr, Suite 400-A, Elmwood Park, NJ 07407

Hours of operation are 9am – 5pm Monday through Friday.
This location has 131 employees working full time during normal operational hours.
Facility Square Footage is 30,252sq. ft.

Distribution

Distribution of product is handled out of the Glenmark Pharmaceuticals Inc.'s Pennsylvania facility, who is appropriately licensed to distribute its own-labeled product into your state.

Glenmark Pharmaceuticals Inc, USA
749 South PA Route 100 Suite A
Allentown, PA 18106

Manufacturers

Glenmark Pharmaceuticals Inc, USA's *does not manufacture its own products.*
Glenmark uses the following manufacturers to produce and package finished drug product:

Douglas Manufacturing Limited
Address: Corner Central Park Drive and Te Pai Place, Lincoln, Auckland, New Zealand 0610
FEIN: [redacted]

Glenmark Pharmaceuticals Limited
Address: Plot No. S-7, Colvale-Bardez Industrial Estate, Colvale, Goa, India 403513
FEIN: [redacted]

Glenmark Pharmaceuticals Limited
Address: Plot No. 2, Phase-2, Pharma Zone SEZ Pithampur, Dhar, Madhya Pradesh, India, 454755
FEIN [redacted]

Glenmark Pharmaceuticals Limited
Address: Plot No. B-25, MIDC, Shendra, Aurangabad, Maharashtra, India 431154
FEIN: [redacted]

SamChunDang Pharm Co, Ltd (SCD)
Address: 71 Jeyakgongdan-2Gil; Hyangnam-eup, Hwaseong, Gyeonggi, Gyeonggi, South Koria
FEIN: [redacted]

Caplin Steriles Limited
SURVEY No.895 & 897. Guruvarajakandigai, Sirupuzhalpettai (Post), Thiruvallur (District), Gummidipoondl, Tamil Nadu 601201, India
FEIN: [redacted]

Mankind Pharma Limited
Address: Unit-III, Village Kunja, Rampur Ghat Road, Opp. Dental College, Paonta Sahib, Sirmaur, Himachal Pradesh, India 173025
FEIN: [redacted]

Cyndea Pharma SL
Address: Avenida Agreda (Pol Ind Emiliano Revilla Sanz) 31, Olvega OLVEGA, Soria, Spain 42110
FEIN: [redacted]

Gland Pharma Limited
Address: Plot no: 42-52, 54, 55, 64-68, Sy. No. 166, 171, 172 & 177, Phase III, TSIIC, Pashamylaram Village, Patancheru Mandal, Sangareddy District, Hyderabad, Telangana 502307, India (IND)
FEIN: [redacted]

Glenmark
A new way for a new world

Glenmark Pharmaceuticals Inc., USA

Ownership Information

Parent Company:

Glenmark Holding SA
Chemin de la Combeta 5
CH-2300 La Chaux-de-Fonds, Switzerland
P: +41 (32) 544 94 50

Glenmark Holding SA owns 100% of Glenmark Pharmaceuticals Inc., USA

Company Information

Glenmark Pharmaceuticals Inc., USA
619 River Dr, Suite 400-A
Elmwood Park, NJ 07407
Phone: 201-831-0080
FEIN: [redacted]
State of Formation: DE

Officers

Marc Kikuchi, President and Business Head North America
Business Address: 619 River Dr, Suite 400-A, Elmwood Park, NJ 07407
Business Phone: (201) 684-8000

Rajeev Sharma, Senior Vice President, Finance
Business Address: 619 River Dr, Suite 400-A, Elmwood Park, NJ 07407
Business Phone: (201) 684-8000

Laura Lester, SVP & General Counsel
Business Address: 619 River Dr, Suite 400-A, Elmwood Park, NJ 07407
Business Phone: (201) 684-8000

Designated Representative (not an officer)

Raja Sarath Chandra Maddirala, Executive Director – Finance
Business Address: 619 River Dr, Suite 400-A, Elmwood Park, NJ 07407
Business Phone: 201-684-8000

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GLENMARK PHARMACEUTICALS INC., USA" 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 TENTH DAY OF FEBRUARY, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GLENMARK PHARMACEUTICALS INC., USA" WAS INCORPORATED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203062145

Date: 02-10-26

3600881 8300

SR# 20260524452

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

GLENMARK PHARMACEUTICALS INC., USA
0400025135

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign For-Profit Corporation was registered by this office on March 03, 2003.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

NATIONAL REGISTERED AGENTS, INC.
820 BEAR TAVERN ROAD
WEST TRENTON, NJ 08628

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 14th day of January, 2026

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6172583851

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0023021

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written noticeprior to the change of the address of such new location and the name and address of the individual to be in charge thereof.A fee of $20.00 shall accompanying such notification."

Registered as: ☑ Manufacturer ☑ Distributor which conducts business at the following locations:

4147 GOLDMINE RD MONROE, NC 28110
749 S ROUTE 100 ALLENTOWN, PA 18106
301 ISLAND RD MAHWAH, NJ 07430
619 River Drive, Suite 400-A Elmwood Park, NJ 07407

Reg. No.:
5003119

Glenmark Pharmaceuticals Inc., USA
750 CORPORATE DR
MAHWAH, NJ 07430

ISSUED PURSUANT TO:
N.J.S.A. 24:6B
EXPIRES: January 31, 2027

Establishment Copy

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	09-30-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	08-21-2025

GLENMARK PHARMACEUTICALS INC., USA
749 S ROUTE 100
ALLENTOWN, PA 18106

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
[redacted]	09-30-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	08-21-2025

GLENMARK PHARMACEUTICALS INC., USA
749 S ROUTE 100
ALLENTOWN, PA 18106

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.

Form DEA-223 (9/2016)

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]	09-30-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	08-21-2025

GLENMARK PHARMACEUTICALS INC., USA
749 S ROUTE 100
ALLENTOWN, PA 18106

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:

GENERAL SURETY RIDER

To be attached and form a part of

Bond No.	US00141845SU24A
For	NV 25k Pharmaceutical Wholesaler - 750 Corporate Drive - 749 South PA Route 100 Suite A, Allentown, PA 18106
Dated effective	08/27/2024 (MONTH, DAY, YEAR)
Executed by	Glenmark Pharmaceuticals Inc., USA, as Principal, (PRINCIPAL)
And by	XL Specialty Insurance Company, as Surety, (SURETY)
And in favor of	Nevada State Board of Pharmacy (OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

INFORMATION	FROM	TO
Principal Address	750 Corporate Drive Mahwah, NJ 07430	619 River Drive Elmwood Park, NJ 07407

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective **02/06/2026**

(MONTH, DAY, YEAR)

Signed and Sealed **02/10/2026**

(MONTH, DAY, YEAR)

XL SPECIALTY INSURANCE COMPANY CORPORATE SEAL DELAWARE

Glenmark Pharmaceuticals Inc., USA
PRINCIPAL

BY _____

TITLE

XL Specialty Insurance Company
SURETY

BY _____

Malerie Janet Williams, ATTORNEY-IN-FACT

Docusign Envelope ID: 551811EB-ACB5-4A23-81FB-BE9576338049

Power of Attorney
XL Specialty Insurance Company
Greenwich Insurance Company

THIS IS NOT A BOND NUMBER
LIMITED POWER OF ATTORNEY
XL 1637344

KNOW ALL MEN BY THESE PRESENTS: That XL Specialty Insurance Company, and Greenwich Insurance Company, both Delaware insurance companies with offices located at 505 Eagleview Blvd., Exton, PA 19341, do hereby nominate, constitute, and appoint:

Michelle Anne McMahon, Connor Wolpert, Jonathan Gleason, Doritza Mojica, Chad Johnson, Charles Moran, Kieran Moran, Ashley Alexis, Malerie Janet Williams

each its true and lawful Attorney(s)-in-fact to make, execute, attest, seal and deliver for and on its behalf, as surety, and as its act and deed, where required, any and all bonds and undertakings in the nature thereof, for the penal sum of no one of which is in any event to exceed $150,000,000.00.

Such bonds and undertakings, when duly executed by the aforesaid Attorney (s) - in - Fact shall be binding upon each said Company as fully and to the same extent as if such bonds and undertakings were signed by the President and Secretary of the Company and sealed with its corporate seal.

The Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Board of Directors of each of the Companies on the 18th day of September 2024.

RESOLVED, that Dave Maguire, Lian Phua,Jim Richert and Kevin Mirsch are hereby appointed by the Board as authorized to make, execute, seal and deliver for and on behalf of the Company, any and all bonds, undertakings, contracts or obligations in surety or co-surety with others and that the Secretary or any Assistant Secretary of the Company be and that each of them hereby is authorized to attest the execution of any such bonds, undertakings, contracts or obligations in surety or co-surety and attach thereto the corporate seal of the Company.

RESOLVED, FURTHER, that Dave Maguire, Lian Phua,Jim Richert and Kevin Mirsch each is hereby authorized to execute powers of attorney qualifying the attorney named in the given power of attorney to execute, on behalf of the Company, bonds and undertakings in surety or co-surety with others, and that the Secretary or any Assistant Secretary of the Company be, and that each of them is hereby authorized to attest the execution of any such power of attorney, and to attach thereto the corporate seal of the Company.

RESOLVED, FURTHER, that the signature of such officers named in the preceding resolutions and the corporate seal of the Company may be affixed to such powers of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be thereafter valid and binding upon the Company with respect to any bond, undertaking, contract or obligation in surety or co-surety with others to which it is attached.

IN WITNESS WHEREOF, the XL SPECIALTY INSURANCE COMPANY and GREENWICH INSURANCE COMPANY has caused its corporate seal to be hereunto affixed, and these presents to be signed by its duly authorized officers this December 26th, 2025.

SEAL

XL SPECIALTY INSURANCE COMPANY
GREENWICH INSURANCE COMPANY

by: Kevin M. Mirsch, SECRETARY

STATE OF PENNSYLVANIA
COUNTY OF CHESTER

Attest: David Maguire, ASSISTANT SECRETARY

On this 26th day of December, 2025, before me personally came Kevin Mirsch to me known, who, being duly sworn, did depose and say: that he is Secretary of XL SPECIALTY INSURANCE COMPANY and GREENWICH INSURANCE COMPANY, described in and which executed the above instrument; that he knows the seals of said Companies; that the seals affixed to the aforesaid instrument is such corporate seals and were affixed thereto by order and authority of the Boards of Directors of said Companies; and that he executed the said instrument by like order.

Commonwealth of Pennsylvania - Notary Seal
Rebecca C. Shalhoub, Notary Public
Northampton County
My commission expires April 26, 2028
Commission number 1268765
Member, Pennsylvania Association of Notaries

Rebecca C. Shalhoub, NOTARY PUBLIC

STATE OF PENNSYLVANIA
COUNTY OF CHESTER

I, David Maguire, Assistant Secretary of XL SPECIALTY INSURANCE COMPANY and GREENWICH INSURANCE COMPANY, corporations of the State of Delaware, do hereby certify that the above and forgoing is a full, true and correct copy of a Power of Attorney issued by said Companies, and that I have compared same with the original and that it is a correct transcript therefrom and of the whole of the original and that the said Power of Attorney is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation, at the City of Stamford, this 10th day of February 2026

SEAL

David Maguire, ASSISTANT SECRETARY

This Power of Attorney may not be used to execute any bond with an inception date after 12/25/2027

SB0041

Telephone: + 1 972 701 2502
Website: wtwco.com
E-mail: Rhi.Portillo@wtwco.com

February 10, 2026

Glenmark Pharmaceuticals Inc., USA

Re: **Bond Number: US00141845SU24A**
Obligee: NV 25k Pharmaceutical Wholesaler - 750 Corporate Drive - 749 South PA Route 100 Suite A, Allentown, PA 18106
Commission: 25%

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,

Rhi Portillo

Willis Towers Watson Midwest, Inc.
1120 South Tryon Street, Suite 650
Charlotte, NC 28203

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/04/2025

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
Willis Towers Watson Midwest, Inc.
c/o 26 Century Blvd
P.O. Box 305191
Nashville, TN 372305191 USA

CONTACT NAME: WTW Certificate Center
PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378
E-MAIL ADDRESS: certificates@wtwco.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Atlantic Specialty Insurance Company	27154
INSURER B: Berkley Insurance Company	32603
INSURER C: Illinois Union Insurance Company	27960
INSURER D: Lloyd's Syndicate 1218	C6606
INSURER E:	
INSURER F:	

INSURED
Glenmark Pharmaceuticals Inc., USA
619 River Drive
Suite 400-A
Elmwood Park, NJ 07407

COVERAGES **CERTIFICATE NUMBER:** W40182294 **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:	Y		711-01-62-86-0007	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	$ $ $ $ $ $	1,000,000 1,000,000 15,000 1,000,000 2,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			711-01-62-86-0007	06/30/2025	06/30/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	1,000,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			711-01-62-86-0007	06/30/2025	06/30/2026	EACH OCCURRENCE AGGREGATE	$ $	10,000,000 10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N 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	Crime			BCCR-45003626-28	07/30/2025	07/30/2026	See Below		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

$1,000,000: Employee Theft
$1,000,000: Inside The Premises - Theft Of Money And Securities
$1,000,000: Outside The Premises
$25,000: Deductible
SEE ATTACHED

CERTIFICATE HOLDER

Glenmark Pharmaceuticals Inc., USA
619 River Drive
Suite 400-A
Elmwood Park, NJ 07407

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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The ACORD name and logo are registered marks of ACORD

SR ID: 28369057 BATCH: 4109554

AGENCY CUSTOMER ID: _____

LOC #: _____

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Willis Towers Watson Midwest, Inc.		Glenmark Pharmaceuticals Inc., USA 619 River Drive Suite 400-A Elmwood Park, NJ 07407
POLICY NUMBER See Page 1		
CARRIER See Page 1	NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

SIR applies per policy terms & conditions. Glenmark Pharmaceuticals Inc., USA is included as Additional Insured with respect to the General Liability coverage, as their interests may appear, pursuant to written contract.

INSURER AFFORDING COVERAGE: Illinois Union Insurance Company NAIC#: 27960
POLICY NUMBER: G49350211 001 EFF DATE: 06/30/2025 EXP DATE: 06/30/2026

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Products Liability - Claims Made	Each Claim:	$10,000,000
Retroactive Date: 12/15/2004	Aggregate:	$10,000,000
	Retention:	$1,000,000

INSURER AFFORDING COVERAGE: Lloyd's Syndicate 1218 NAIC#: C6606
POLICY NUMBER: B080130686G25 EFF DATE: 07/01/2025 EXP DATE: 06/30/2026

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Products Liability	Per Occurrence:	$15,000,000
	Aggregate:	$15,000,000
		xs of $10,000,000

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SR ID: 28369057 BATCH: 4109554 CERT: W40182294

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 Glenmark Pharmaceuticals Inc., USA

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 619 River Dr, Suite 400-A

City Elmwood Park State NJ Zip 07407

Mailing Address (if different from physical address) _____

City 619 River Dr, Suite 400-A State New Jersey Zip 07407

Telephone (201) 684-8000 Website https://www.glenmarktherapeutics.com/

Licensing Company Email licensing@glenmarkpharma.com

Section 2: Personal Information

First Raja Middle Sarath Chandra Last Maddirala

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 619 River Dr, Suite 400-A

City Elmwood Park State New Jersey Zip 07407

Telephone (201) 684-8000 Email licensing@glenmarkpharma.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)
Madurai Kamaraj University			07/04-03/07
Address	**City**	**State**	**Zip**
Madurai Kamaraj University, Palkalai Nagar	Madurai - 625 021	Tamil	
Diploma/Degree obtained, if any			
Master of Commerce			

School Name			From - To (MM/YY – MM/YY)
Osmania University			07/01-07/04
Address	**City**	**State**	**Zip**
Administrative Building, Osmania University Campus	Hyderabad-500007	Telanga	
Diploma/Degree obtained, if any			
Bachelor of Commerce			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 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
11/23 - Present	[redacted]	Montville	NJ	[redacted]
From - To (MM/YY – MM/YY)		City	State	
05/19 - 11/23		Moscow		
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	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)
Glenmark Pharmaceuticals Inc, USA			11/23 - Present
Business Address	**City**	**State**	**Zip**
619 River Dr, Suite 400-A	Elmwood Park	NJ	07407
Phone	**Title**	**Number of Employed Hours**	
(201) 684-8000	Executive Director Finance	40	
Description of Duties			
See attached Resume.			

Business Name			From - To (MM/YY – MM/YY)
Glenmark Impex LLC			11/19 - 11/23
Business Address	**City**	**State**	**Zip**
Ul. Letnikovskaya 2, Bldg. 3	Moscow	MOW,	115114
Phone	**Title**	**Number of Employed Hours**	
+1800-309-4001	Senior General Manager - Finance	40	
Description of Duties			
See attached Resume.			

Business Name			From - To (MM/YY – MM/YY)
Dr. Reddy's Laboratories			06/16 - 05/19
Business Address	**City**	**State**	**Zip**
Kunshan Rotam Reddy Pharmaceutical Co. Ltd., No. 2158, Huang	Kunshan Development Zone	Jiangsu	215300
Phone	**Title**	**Number of Employed Hours**	
+860-10-6562-3000	Associate Director - Finance	40	
Description of Duties			
See attached Resume.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

RAJA SARATH CHANDRA
Executive Director – Finance | Global Pharma & Generics | US, Russia/CIS, China, Europe
[redacted]

PROFILE

- Senior finance leader with 20+ years' experience in global pharmaceuticals and IT services, including 18 years in international roles (US, Russia/CIS, China, Ukraine/Belarus, Europe).
- Track record of improving profitability, cash flow and working capital while safeguarding business continuity in highly volatile and sanction-prone markets.
- Deep expertise in corporate finance, subsidiary and JV management, commercial and business partnering, tax & transfer pricing, M&A/integrations, GRC and new business setup; known for building high-performing, cross-cultural finance teams and partnering effectively with Boards and senior leadership.

Key strengths

- Leadership of country and regional finance, P&L and cash flow ownership
- Capital structuring, M&A, alliances and JV governance
- Tax optimisation and management, Transfer pricing
- Development of performance measurement and MIS frameworks
- Board and senior leadership engagement; strategic planning and business reviews
- Hands-on people leadership, team building and cross-cultural collaboration

PROFESSIONAL EXPERIENCE

Glenmark Pharmaceuticals Inc, USA (Nov 2023 – Present)
Executive Director Finance – Finance, North America

- Lead the North America finance function, overseeing accounts payable, receivables and treasury to support a growing US generics business.
- Strengthen cash flow and working capital through disciplined fund management, improved banking terms and tighter credit controls.
- Drive SOP standardisation and process automation across finance, enhancing control, speed of close and audit readiness.
- Optimise the effective tax rate and ensure compliance through proactive tax planning and restructuring of legal entities.
- Oversee business licence filings and renewals for US entities, ensuring full regulatory compliance.
- Evaluate BD and in-licensing opportunities, leading financial modelling, profitability assessment and due diligence.
- Ensure accurate and timely US GAAP and IFRS reporting in partnership with global corporate teams.

Glenmark Impex LLC , Russia & CIS (May 19 to Nov 23)
Senior General Manager - Finance

• Led finance function for Russia and CIS markets, partnering with business leadership to drive growth and profitability.
• Supported entry into new markets and strengthening of the commercial structure across the region.
• Drove cost and margin improvement initiatives, contributing to around 10% improvement in profitability.
• Managed treasury, cash flow and FX exposures, safeguarding business continuity in a highly volatile environment.

• Oversaw tax planning, VAT and transfer pricing, ensuring compliance with local legislation.
• Assessed business development and in-licensing deals, providing financial due diligence and risk assessment.
• Ensured timely, accurate financial and management reporting in line with local GAAP and IFRS.

Dr. Reddy's Laboratories, China (Jun 16 to May 19)
China Joint Venture - ROTAMREDDY & China WOFE
Associate Director - Finance

• Headed country finance for multiple entities in China, including representative office, WFOE and joint venture, covering business of over USD 120m.
• Led setup of a new subsidiary in Wuxi, including financial structuring, systems, controls and regulatory approvals.
• Negotiated with government authorities to secure investment incentives and operational approvals.
• Oversaw JV operations and supply chain from a financial perspective, improving working capital and profitability.
• Worked with supply chain and R&D teams to deliver around USD 5m in annual savings and improved margins on key products.
• Evaluated business development and portfolio opportunities for the JV, leading financial modelling and due diligence of in-licensing deals.
• Ensured compliance with local GAAP, IFRS, tax, VAT and transfer pricing regulations; supported R&D project governance and partner selection.

Dr Reddys Laboratories , Ukraine (Dec 11 to Jun 16)
Associate Director - Finance / Manager - Finance

• Led country finance operations for Ukraine and Belarus, including full subsidiary finance, controllership and compliance.
• Built and stabilised finance processes, controls and reporting frameworks for the Ukraine subsidiary.
• Managed financial reporting under local GAAP and IFRS, and compliance with tax, VAT and transfer pricing.
• Played a key role in realigning the business and protecting liquidity during periods of political instability and currency devaluation.
• Led budgeting and financial planning; ensured OPEX discipline in line with sales trends.
• Introduced a pricing analysis tool to support timely price changes and optimise product margins.
• Strengthened credit control and receivables management to support healthy cash collections.
• Developed segment-wise and brand-wise P&L views to identify weak regions and brands and support resource reallocation.

Infosys BPO Ltd, Bangalore, Czech Republic &Thailand (Dec'07 – Dec'11)
Senior Associate Finance

• Managed finance operations for subsidiaries in Brno (Czech Republic) and Poland, ensuring accurate reporting and compliance.
• Supported integration of a Thailand subsidiary and later led its liquidation as part of business reorganisation.
• Implemented corporate finance policies and systems in overseas entities, including migration to SAP.
• Coordinated statutory audits and local compliance requirements.
• Monitored budgets and profitability of subsidiaries; supported cost reduction initiatives and management reporting.

Dr Reddys Laboratories, Hyderabad (Sep'06 – Dec'07)
Assistant manager

• Prepared financial reports for the Integrated Product Development Organisation (R&D), tracking product costs and budgets.
• Analysed project timelines and prioritised projects based on financial value and budget utilisation.
• Introduced a multi-stage costing and stage-gate framework for products under development, improving portfolio decisions.
• Performed portfolio and profitability analysis, identifying cost improvement opportunities.
• Evaluated business cases for new products, including payback and NPV analysis.
• Supported implementation and stabilisation of SAP for finance processes.

ACADEMIC CREDENTIALS

2006	**Chartered Accountant,** Institute of Chartered Accountants of India
2005	**Cost and Management accountancy,** Institute of Cost and Works accountants of India
2006	Master of Commerce, Madurai Kamaraj university
2004	Bachelor of Commerce (Computers), Osmania university

Other achievements

• Visiting faculty for Hyderabad Chapter of ICAI, ICWAI, Commercial Tax Department, Punyavathi Academy and Mahesh Tutorials, teaching Cost & Management Accountancy and Statistics.
• Secured All-India 19th rank in ICWAI Foundation (2001).
• Served as student member of the Management Committee, Hyderabad Chapter of ICWAI (2005–06).
• Received awards for highest marks in "Valuation Management and Case Study" and "Management Accounting and Decision Making" from Hyderabad Chapter of ICWAI.
• Won several prizes in debating and essay-writing competitions.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description 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:

M Rotay

Original Signature (electronic, copies or stamps not accepted)

3.3.26

Date

I, Raja Maddirala, **certify that as the designated representative for**

Glenmark Pharmaceuticals Inc., USA,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. [initials] I am at least 21 years of age;
3. [initials] 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. [initials] I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. [initials] I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. [initials] 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. [initials] I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Raja Maddirala

Print Name (First, Last)

[signature]

Original Signature (electronic, copies or stamps not accepted)

3.3.26

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.

Raja Maddirala

Print Name (First, Last)

RMADDI

Original Signature (electronic, copies or stamps not accepted)

3.3.26

Date

Please have this section completed in the presence of a Notary Public.

State of NewJersey, ss. County of Bergen

I, RAJA MADDIRALA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

RMADDI

Original Signature

3.3.26

Date

Subscribed and Sworn to before me this 3rd day of March 2026.

Lisa P Pingue

Notary Public Signature

(Seal)

RMADDI

Full Name
John Maney
Paula Evans
Sojan Sridhara
Cecilia Cassella
Hiral Ajvalia
Laura Forino
Nora Ross
Mary Jo Farinella-Evans
Carole Capella
Rajeev Sharma
Osvaldo Placencia
Vlasta Peterova
Hugh McCarthy
Paresh Wagle
George Koch
Barbara DiGiannantonio
Yvonne Pineda
Venkata Pulyapudi
Om Karan Shishodia
May Breedlove
Thomas Callaghan
Laura Lester

Amanda Koch
Edgar Hernandez
Liang Huang
Muhammad Hassan
Barbara Francis-Hylton
Amina Hussain
Angela Wirbiezcas
Matthew Michitsch
Evelyn Nunez
Lisa Pingue
Barbara McHale
Caroline Sun
Suzanne Verdi
Sunanda Sharma
Maria McErleane
George Oliarnyk
Michael Keys
Jessica Thean
Arpita Patel
Victor Porras
Richard Caruso
Reginald Jose
Kartik Gandhi
Harleen Pabla

Pamela Guarderas
James (Jim) Brown
Raja Maddirala
Kevin Siegel
Ameya Wagle
Piotr Pregner
Nicholas Buehler
Brian Masucci
Adam Subervi
Marc Kikuchi
Tracy Emogene
Abhishek Baratam
Paul Plessel
Robert Hander
Sehrish Khan
Samantha Brillantino
Nicole Kvyat
Kathleen McKenna
Amodh Sharma
Consolata Uzzi
Dyuthi Ephrem

4AA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler	* 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: HEC Pharm USA Inc.

Physical Address: 101 Morgan Lane, Suite 305

City: Plainsboro State: NJ Zip: 08536

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: 408-580-6016 Website: _____

Name of Designated Representative (DR): Weiheng Kong

Licensing Company Email: compliance.hecpharm@gmail.com DR Email: compliance.hecpharm@gmail.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
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

Weihang Kong
Original Signature (electronic, copies or stamps not accepted)

04/08/2026
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: Sunshine Lake Pharma Co., Ltd
Address: 1 Northern Industry Road, Northern Indus City: Guangdong, China 52380 State: _____ Zip: _____

Name: Eversana Life Science Services, LLC
Address: 4580 S. Mendenhall Road City: Memphis State: TN Zip: 38141

Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: New Jersey
Parent Company (if any): : Sunshine Lake Pharma Co., Ltd.
Corporation/Organization Name: HEC Pharm USA Inc.
Mailing Address: 101 Morgan Lane, Suite 305
City: Plainsboro State: NJ Zip: 08536
Telephone: 408-580-6016 Email: kongweiheng@hec.cn
Contact Person Name: Weiheng Kong

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.

HEC Pharm USA Inc.

Facility Name

Weiheng Kong

Print Name of Authorized Person Submitting Application

Weiheng Kong

Original signature of Authorized Person (copies or stamps not accepted)

04/08/2026

Date

Board Use Only	Date Received: 04/10/26	Amount: $1000 ck 7818

/ NDC (index.cfm)

National Drug Code Directory

Current through April 01, 2026

You have searched Finished drug products

Search Results: *'72303'*

Back to Search Page () | **Search Again ()**

CSV Excel

Display 50 **records per page**

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
OLANZAPINE	72303-0835-1	2.5 mg/1	TABLET	ORAL	ANDA206238	HEC Pharm USA Inc	72303-0835	Olanzapine	OLANZAPINE	HUMAN PRESCRIPTION DRUG	11/30/2018	N/A	ANDA	30 TABLET in 1 BOTTLE, PLASTIC (72303-0835-1)
OLANZAPINE	72303-0836-1	5 mg/1	TABLET	ORAL	ANDA206238	HEC Pharm USA Inc	72303-0836	Olanzapine	OLANZAPINE	HUMAN PRESCRIPTION DRUG	11/30/2018	N/A	ANDA	30 TABLET in 1 BOTTLE, PLASTIC (72303-0836-1)
OLANZAPINE	72303-0837-1	7.5 mg/1	TABLET	ORAL	ANDA206238	HEC Pharm USA Inc	72303-0837	Olanzapine	OLANZAPINE	HUMAN PRESCRIPTION DRUG	11/30/2018	N/A	ANDA	30 TABLET in 1 BOTTLE, PLASTIC (72303-0837-1)
OLANZAPINE	72303-0838-1	10 mg/1	TABLET	ORAL	ANDA206238	HEC Pharm USA Inc	72303-0838	Olanzapine	OLANZAPINE	HUMAN PRESCRIPTION DRUG	11/30/2018	N/A	ANDA	30 TABLET in 1 BOTTLE, PLASTIC (72303-0838-1)

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
OLANZAPINE	72303-0839-1	15 mg/1	TABLET	ORAL	ANDA206238	HEC Pharm USA Inc	72303-0839	Olanzapine	OLANZAPINE	HUMAN PRESCRIPTION DRUG	11/30/2018	N/A	ANDA	30 TABLET in 1 BOTTLE, PLASTIC (72303-0839-1)
OLANZAPINE	72303-0840-1	20 mg/1	TABLET	ORAL	ANDA206238	HEC Pharm USA Inc	72303-0840	Olanzapine	OLANZAPINE	HUMAN PRESCRIPTION DRUG	11/30/2018	N/A	ANDA	30 TABLET in 1 BOTTLE, PLASTIC (72303-0840-1)
Olanzapine	72303-0841-1	5 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA208146	HEC Pharm USA Inc	72303-0841	Olanzapine	OLANZAPINE	HUMAN PRESCRIPTION DRUG	03/17/2026	N/A	ANDA	30 TABLET, ORALLY DISINTEGRATING in 1 BOTTLE, PLASTIC (72303-0841-1)
Olanzapine	72303-0842-1	10 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA208146	HEC Pharm USA Inc	72303-0842	Olanzapine	OLANZAPINE	HUMAN PRESCRIPTION DRUG	03/17/2026	N/A	ANDA	30 TABLET, ORALLY DISINTEGRATING in 1 BOTTLE, PLASTIC (72303-0842-1)
Olanzapine	72303-0843-1	15 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA208146	HEC Pharm USA Inc	72303-0843	Olanzapine	OLANZAPINE	HUMAN PRESCRIPTION DRUG	03/17/2026	N/A	ANDA	30 TABLET, ORALLY DISINTEGRATING in 1 BOTTLE, PLASTIC (72303-0843-1)
Olanzapine	72303-0844-1	20 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA208146	HEC Pharm USA Inc	72303-0844	Olanzapine	OLANZAPINE	HUMAN PRESCRIPTION DRUG	03/17/2026	N/A	ANDA	30 TABLET, ORALLY DISINTEGRATING in 1 BOTTLE, PLASTIC (72303-0844-1)
Oseltamivir Phosphate	72303-0851-1	6 mg/mL	SUSPENSION	ORAL	ANDA213594	HEC Pharm USA Inc	72303-0851	oseltamivir phosphate	OSELTAMIVIR PHOSPHATE	HUMAN PRESCRIPTION DRUG	03/25/2026	N/A	ANDA	1 BOTTLE, PLASTIC in 1 CARTON (72303-0851-1) / 60 mL in 1 BOTTLE, PLASTIC

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
Sildenafil	72303-0845-1	25 mg/1	TABLET, FILM COATED	ORAL	ANDA213032	HEC Pharm USA Inc	72303-0845	Sildenafil	SILDENAFIL CITRATE	HUMAN PRESCRIPTION DRUG	06/11/2020	N/A	ANDA	30 TABLET, FILM COATED in 1 BOTTLE (72303-0845-1)
Sildenafil	72303-0846-1	50 mg/1	TABLET, FILM COATED	ORAL	ANDA213032	HEC Pharm USA Inc	72303-0846	Sildenafil	SILDENAFIL CITRATE	HUMAN PRESCRIPTION DRUG	06/11/2020	N/A	ANDA	30 TABLET, FILM COATED in 1 BOTTLE (72303-0846-1)
Sildenafil	72303-0847-1	100 mg/1	TABLET, FILM COATED	ORAL	ANDA213032	HEC Pharm USA Inc	72303-0847	Sildenafil	SILDENAFIL CITRATE	HUMAN PRESCRIPTION DRUG	06/11/2020	N/A	ANDA	30 TABLET, FILM COATED in 1 BOTTLE (72303-0847-1)
TADALAFIL	72303-0822-1	2.5 mg/1	TABLET, FILM COATED	ORAL	ANDA211335	HEC Pharm USA Inc	72303-0822	Tadalafil	TADALAFIL	HUMAN PRESCRIPTION DRUG	03/27/2019	N/A	ANDA	30 TABLET, FILM COATED in 1 BOTTLE, PLASTIC (72303-0822-1)
TADALAFIL	72303-0823-1	5 mg/1	TABLET, FILM COATED	ORAL	ANDA211335	HEC Pharm USA Inc	72303-0823	Tadalafil	TADALAFIL	HUMAN PRESCRIPTION DRUG	03/27/2019	N/A	ANDA	30 TABLET, FILM COATED in 1 BOTTLE, PLASTIC (72303-0823-1)
TADALAFIL	72303-0824-1	10 mg/1	TABLET, FILM COATED	ORAL	ANDA211335	HEC Pharm USA Inc	72303-0824	Tadalafil	TADALAFIL	HUMAN PRESCRIPTION DRUG	03/27/2019	N/A	ANDA	30 TABLET, FILM COATED in 1 BOTTLE, PLASTIC (72303-0824-1)
TADALAFIL	72303-0825-1	20 mg/1	TABLET, FILM COATED	ORAL	ANDA211335	HEC Pharm USA Inc	72303-0825	Tadalafil	TADALAFIL	HUMAN PRESCRIPTION DRUG	03/27/2019	N/A	ANDA	30 TABLET, FILM COATED in 1 BOTTLE, PLASTIC (72303-0825-1)

Showing 1 to 18 of 18 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Name	% of ownership	Title/Position	Address	Phone number
Weiheng (Kevin) Kong	0%	CEO	[redacted]	

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

HEC PHARM USA INC.
0101018617

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on November 01, 2011.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

WEIHENG KONG
2 ENFIELD CIRCLE
WEST WINDSOR, NJ 08550

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 27th day of March, 2026

Aaron Binder
State Treasurer

Certificate Number : 6175204529

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0026163

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written noticeprior to the change of the address of such new location and the name and address of the individual to be in charge thereof.A fee of $20.00 shall accompanying such notification."

Registered as: ☑ Manufacturer ☐ Distributor which conducts business at the following locations:

Reg. No.:
5006835

HEC PHARM USA INC
101 MORGAN LN STE 305
PLAINSBORO, NJ 08536

ISSUED PURSUANT TO:
N.J.S.A. 24:6B
EXPIRES: January 31, 2027

Establishment Copy

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. SU 7125120-0000

Application/License No. _____

HEC Pharm USA Inc. , doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
101 Morgan Lane, PLAINSBORO TOWNSHIP NJ 08536 , as
Address of Applicant/Principal
PRINCIPAL, and Arch Insurance Company , a
Surety Company
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 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 03/18/2026 .
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 18th day of March, 2026.

APPLICANT/PRINCIPAL
HEC Pharm USA Inc.

Weihong Pan
Authorized Representative

SURETY COMPANY
Arch Insurance Company

Surety Company's Representative

Christopher Kolger, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Aaron Steffey

Witness Konae Mignott

Countersigned by:

Nevada Resident Agent

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated. Not valid for Note, Loan, Letter of Credit, Currency Rate, Interest Rate or Residential Value Guarantees.

POWER OF ATTORNEY

Know All Persons By These Presents:
That the Arch Insurance Company, a corporation organized and existing under the laws of the State of Missouri, having its principal administrative office in Jersey City, New Jersey (hereinafter referred to as the "Company") does hereby appoint:

Aaron Steffey and Christopher Kolger of Houston, TX (EACH)

its true and lawful Attorney(s)in-Fact, to make, execute, seal, and deliver from the date of issuance of this power for and on its behalf as surety, and as its act and deed. Any and all bonds, undertakings, recognizances and other surety obligations, in the penal sum not exceeding One Million Dollars ($1,000,000.00).
This authority does not permit the same obligation to be split into two or more bonds In order to bring each such bond within the dollar limit of authority as set forth herein.

The execution of such bonds, undertakings, recognizances and other surety obligations in pursuance of these presents shall be as binding upon the said Company as fully and amply to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its principal administrative office in Jersey City, New Jersey.

This Power of Attorney is executed by authority of resolutions adopted by unanimous consent of the Board of Directors of the Company on August 31, 2022, true and accurate copies of which are hereinafter set forth and are hereby certified to by the undersigned Secretary as being in full force and effect:
"**VOTED**, That the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, or the Secretary shall have the power and authority to appoint agents and attorneys-in fact, and to authorize them subject to the limitations set forth in their respective powers of attorney, to execute on behalf of the Company, and attach the seal of the Company thereto, bonds, undertakings, recognizances and other surety obligations obligatory in the nature thereof, and any such officers of the Company may appoint agents for acceptance of process."

This Power of Attorney is signed, sealed and certified by facsimile under and by authority of the following resolution adopted by the unanimous consent of the Board of Directors of the Company on August 31, 2022:

VOTED, That the signature of the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, and the signature of the Secretary, the seal of the Company, and certifications by the Secretary, may be affixed by facsimile on any power of attorney or bond executed pursuant to the resolution adopted by the Board of Directors on August 31, 2022, and any such power so executed, sealed and certified with respect to any bond or undertaking to which it is attached, shall continue to be valid and binding upon the Company. **In Testimony Whereof**, the Company has caused this instrument to be signed and its corporate seal to be affixed by their authorized officers, this **21st day of November, 2025**

Attested and Certified

Regan A. Shulman, Secretary

Arch Insurance Company — CORPORATE SEAL 1971 — Missouri

Arch Insurance Company

Stephen C. Ruschak, Executive Vice President

STATE OF PENNSYLVANIA SS
COUNTY OF PHILADELPHIA SS

I, **Michele Tripodi**, a Notary Public, do hereby certify that Regan A. Shulman and Stephen C. Ruschak personally known to me to be the same persons whose names are respectively as Secretary and Executive Vice President of the Arch Insurance Company, a Corporation organized and existing under the laws of the State of Missouri, subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that they being thereunto duly authorized signed, sealed with the corporate seal and delivered the said instrument as the free and voluntary act of said corporation and as their own free and voluntary acts for the uses and purposes therein set forth.

Commonwealth of Pennsylvania - Notary Seal
Michele Tripodi, Notary Public
Philadelphia County
My commission expires July 31, 2029
Commission number 1168622

Michele Tripodi, Notary Public
My commission expires 07/31/2029

CERTIFICATION

I, **Regan A. Shulman**, Secretary of the Arch Insurance Company, do hereby certify that the attached **Power of Attorney dated November 21, 2025** on behalf of the person(s) as listed above is a true and correct copy and that the same has been in full force and effect since the date thereof and is in full force and effect on the date of this certificate; and I do further certify that the said Stephen C. Ruschak, who executed the Power of Attorney as Executive Vice President, was on the date of execution of the attached Power of Attorney the duly elected Executive Vice President of the Arch Insurance Company.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the Arch Insurance Company on this 18th day of March, 2026

Regan A. Shulman, Secretary

This Power of Attorney limits the acts of those named therein to the bonds and undertakings specifically named therein and they have no authority to bind the Company except in the manner and to the extent herein stated.

PLEASE SEND ALL CLAIM INQUIRIES RELATING TO THIS BOND TO THE FOLLOWING ADDRESS:
Arch Insurance Company Claims Department
Surety Claims
P.O. Box 542033
Omaha, NE 68154
suretyclaims@archinsurance.com

Arch Insurance Company — CORPORATE SEAL 1971 — Missouri

To verify the authenticity of this Power of Attorney, please contact Arch Insurance Company at SuretyAuthentic@archinsurance.com
Please refer to the above named Attorney-in-Fact and the details of the bond to which the power is attached.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler HEC Pharm USA Inc

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 101 Morgan Lane, Suite 305

City Plainsboro State NJ Zip 08536

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 408-580-6016 Website _____

Licensing Company Email compliance.hecpharm@gmail.com

Section 2: Personal Information

First Weiheng Middle _____ Last Kong

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITI [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 101 Morgan Lane, Suite 305

City Plainsboro State NJ Zip 08536

Telephone 408-580-6016 Email compliance.hecpharm@gmail.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Western Oregon State University		2005-2009	
Address	**City**	**State**	**Zip**
345 Monmouth Ave N	Monmouth	OR	97361
Diploma/Degree obtained, if any			
Master's Degree			

School Name		From - To (MM/YY – MM/YY)	
Taiyuan Technology University		2001-2005	
Address	**City**	**State**	**Zip**
Yingze Rd	Shangxi China		
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
No.5 High School		1999-2001	
Address	**City**	**State**	**Zip**
Chuntian Rd	Liaoning China		
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
06/19 to Present	[redacted]	West Winsdor	NJ	[redacted]
06/15 to 06/19	[redacted]	West Winsdor	NJ	[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)	
HEC Pharm USA Inc.			10/2010 - Present	
Business Address		**City**	**State**	**Zip**
101 Morgan Lane, Suite 305		Plainsboro	NJ	08536
Phone	**Title**		**Number of Employed Hours**	
408-580-6016	CEO		28,800+ Hours	
Description of Duties				
Please see attached				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

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.

Weiheng (Kevin) Kong
101 Morgan Ln, Plainsboro, NJ 08536
[redacted]

SENIOR LEADER – GENERIC/BIOSIMILAR PHARMACEUTICAL INDUSTRY

Strategic expertise and entrepreneurialism in leading the business development, infrastructure formation, commercialization, and growth of global generic Rx manufacturer seeking to expand competitiveness in the US and Canada.

Accomplished senior executive and lead builder of new and existing revenue platforms with 15 years of success in the value creation process for public and private generic pharmaceutical companies and multinational film and foil providers. Successful creating and building business and organizations – commercializing products, developing product pipelines, building global supply chains, and formulating business development strategies – delivering and sustaining aggressive growth goals to meet/exceed shareholder expectations. My passion for driving customer-centric business growth in complex markets is combined with integrity and resiliency, as well as superior Board presentation, finance, team management skills, and in-depth knowledge of the generic and bio-pharmaceutical industry and its sales channels. Expertise in:

- NA Business Development
- Product Pipeline Selection
- NA Supply Chains
- Generic Rx Commercialization
- Biosimilar Commercialization
- Aggressive, Profitable Sales Gr
- New Business Development
- Commercial Team Builder
- Licensing Deal Negotiations
- Direct P&L Control / M&As
- Turnaround Management
- Board Communication
- Market Opportunity Identification
- Organization Building
- Talent Management
- Market Penetration
- International Operating Experience
- Strategy Design and Execution
- Revenue Models / IP Strategies
- Capital Formation / Re-Financing
- Vendor Management
- Product Launches
- Product Management
- Business Development

SELECTED ACCOMPLISHMENTS

- Founded HEC Pharm USA Inc in 2011, a U.S. subsidiary of a multinational Chinese pharmaceutical manufacturer specializing in generic and specialty pharmaceutical products.
- Commercialized generic Rx and built friction and scales and marketing infrastructure in CEO roles with HEC Pharm USA Inc from the ground up, including regulatory, operations, supply chain, and sales & marketing capabilities.
- Negotiated and captured the largest-ever licensing deal in HEC company history on biosimilar product.
- Negotiated and captured total 15 Generic RX licensing deals and successfully launched in US, significantly expanding the U.S. portfolio.
- Drove business development, sales, and marketing activities in HEC Pharm USA Inc. Managed and increased business growth from 0 to $10M annually, overseeing all commercial functions including product strategy, pricing, and channel development.
- Built global supply chains and logistics networks in support of expansion efforts. Extensive international travel throughout Asia, EU and US.
- Established client partnerships with all top-tier U.S. retail and wholesale distributors and national healthcare accounts including CVS, Walgreen, Rite Aid, Wal-Mart, Kroger, McKesson, AmerisourceBergen, and Cardinal Health.

PROFESSIONAL EXPERIENCE

HEC PHARM USA INC **2011 TO PRESENT**
President/CEO

Report directly to the global board and executive leadership in China. Responsible for building and leading all aspects of HEC Pharm's U.S. operations from inception into a sustainable, cash-flow positive commercial entity serving multiple market channels.

- **Executive Leadership & Strategic Growth:** Spearheaded long-term strategic planning and led HEC Pharm USA's market entry, regulatory alignment, and commercial expansion. Maintained profitability and positive cash flow for over 15 consecutive years.
- **Commercial Infrastructure Establishment:** Built the U.S. business from the ground up, including commercial systems, SOPs, and cross-functional collaborations.
- **Organizational Management:** Recruited and built the U.S. senior leadership team across Operations, Sales, Supply Chain, and Regulatory Affairs. Created a performance-driven, cross-cultural team aligned with corporate growth goals.
- **Sales & Marketing Activities:** Directed all U.S. sales and marketing strategies, focusing on retail, institutional, and specialty segments. Oversaw the development and execution of trade show participation, and product positioning.
- **Business Development & Partnerships:** Identifying, negotiating, and executing strategic licensing and co-development partnerships with U.S. distributors and co-marketing partners, to boost product market penetration, significantly expanding HEC Pharm USA's pipeline.
- **Regulatory Operations:** Oversaw regulatory submissions, supply chain integration with global manufacturing sites, and the design of financial and profitable systems. Established a fully compliant commercial entity aligned with U.S. regulatory and market 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				

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

Weihang Kong
Original Signature (electronic, copies or stamps not accepted)

04/08/2026
Date

I, Weiheng Kong, **certify that as the designated representative for**

HEC Pharm USA Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. WK I am at least 21 years of age;
3. WK 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. WK I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. WK I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. WK 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. WK I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Weiheng Kong

Print Name (First, Last)

Weiheng Kong

Original Signature (electronic, copies or stamps not accepted)

04/08/2026

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.

Weiheng Kong

Print Name (First, Last)

Weiheng Kong — 09/08/2026

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Middlesex

I, Zeyu Yuan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Zeyu Yuan — 4/8/26

Original Signature — **Date**

Subscribed and Sworn to before me this 8 day of April.

Zeyu Yuan

Notary Public Signature

ZEYU YUAN
Commission # 50239105
Notary Public, State of New Jersey
My Commission Expires
October 29, 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 HEC Pharm USA Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 101 Morgan Lane, Suite 305

City Plainsboro State NJ Zip 08536

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 408-580-6016 Website _____

Licensing Company Email compliance.hecpharm@gmail.com

Section 2: Personal Information

First Weiheng Middle _____ Last Kong

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 101 Morgan Lane, Suite 305

City Plainsboro State NJ Zip 08536

Telephone 408-580-6016 Email compliance.hecpharm@gmail.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Western Oregon State University			2005-2009
Address	**City**	**State**	**Zip**
345 Monmouth Ave N	Monmouth	OR	97361
Diploma/Degree obtained, if any			
Master's Degree			

School Name			From - To (MM/YY – MM/YY)
Taiyuan Technology University			2001-2005
Address	**City**	**State**	**Zip**
Yingze Rd	Shangxi China		
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name			From - To (MM/YY – MM/YY)
No.5 High School			1999-2001
Address	**City**	**State**	**Zip**
Chuntian Rd	Liaoning China		
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
06/19 to Present	[redacted]	West Winsdor	NJ	[redacted]
06/15 to 06/19	[redacted]	West Winsdor	NJ	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
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)
HEC Pharm USA Inc.			10/2010 - Present
Business Address	**City**	**State**	**Zip**
101 Morgan Lane, Suite 305	Plainsboro	NJ	08536
Phone	**Title**		
408-580-6016	CEO		
Description of Duties			
Please see attached			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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:

Weiheng Kong
Original Signature (electronic, copies or stamps not accepted)

04/08/2026
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.

Weiheng Kong

Print Name (First, Last)

Weiheng Leong

Original Signature (electronic, copies or stamps not accepted)

04/08/2026

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of middlesex

I, Zeyu Yuan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Zeyu Yuan

Original Signature

4/8/26

Date

Subscribed and Sworn to before me this 8 day of April.

Zeyu Yuan

Notary Public Signature

ZEYU YUAN
Commission # 50239105
Notary Public, State of New Jersey
My Commission Expires
October 29, 2030
(Seal)

Name	Position	Email	Join Date
Weiheng Kong	CEO & President	kongweiheng@hec.cn	10/1/2011
Qianhan Yan	Regulatory Specialist	yanqianhan@hec.cn	10/1/2017
David Moulton	VP, Sales and Commercial Operations	davidmoulton@hec.cn	11/5/2025
Weigang Wang	Business Development Director	wangweigang@hec.cn	2025/10
Liyang Li	Business Development Specialist	liliyang@hec.cn	9/6/2024
Jinghua Jin	Marketing Analyst	jinjinghua@hec.cn	3/1/2024

4BB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: ICU Medical Sales, Inc.

Physical Address: 5700 W 23rd Ave.

City: Gary State: IN Zip: 46406

Mailing Address (if different from physical address): 600 N. Field Drive, Attn: Licensing

City: Lake Forest State: IL Zip: 60045

Telephone: (219) 989-9150 Website: www.icumed.com

Name of Designated Representative (DR): Jackie Gerner

Licensing Company Email: wesley.davis@icumed.com DR Email: jackie.gerner@icumed.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: Custom Tracheostomy Tubes	☐ 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:

Wesley Davis
Original Signature (electronic, copies or stamps not accepted)

10/09/2024
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: **The site does not distribute pharmaceutical products**

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

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): ICU Medical, Inc.

Corporation/Organization Name: ICU Medical Sales, Inc.

Mailing Address: 600 N. Field Drive, Attn: Licensing

City: Lake Forest State: IL Zip: 60045

Telephon[redacted] Email: wesley.davis@icumed.com

Contact Person Name: Wesley Davis

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.

ICU Medical Sales, Inc.

Facility Name

Wesley Davis

Print Name of Authorized Person Submitting Application

Wesley C. Davis

Original signature of Authorized Person (copies or stamps not accepted)

10/09/2024

Date

Board Use Only	Date Received: 10/24/24	Amount: $1000-C

POWER OF ATTORNEY
STATE CONTROLLED SUBSTANCE REGISTRATIONS
STATE WHOLESALE DISTRIBUTOR LICENSING/PERMIT APPLICATIONS
DRUG ENFORCEMENT ADMINISTRATION REGISTRATION APPLICATIONS AND RENEWALS

Name of Registrant: ICU Medical Sales, Inc.

Known all by these presents that ICU Medical Sales, Inc., a corporation organized and existing under the laws of Delaware, and with offices at 951 Calle Amanecer, San Clemente, CA 92673 (the "Corporation") do hereby, constitute and appoint Wesley Davis as its true and lawful attorney-in-fact, in its name, place, and stead, to do the following acts and things related to the pharmaceutical and consumer health distribution facilities of the Corporation and its divisions:

1. In accordance with the regulations of the Drug Enforcement Administration , and state controlled substance regulations, to execute and verify the controlled substance distribution, import and export applications and renewals and all future amendments, as are necessary to permit the Corporation lawfully to distribute, import and export drug products regulated as controlled substances from its distribution sites, until this Power of Attorney is revoked. The Attorney-in-Fact understands that a copy of this Power of Attorney must accompany the state controlled substance application or Drug Enforcement Administration renewals.

2. In accordance with each State's administrative code to execute and verify the wholesale distributor licensing/permit applications and renewals and all future amendments, as are necessary to permit the Corporation lawfully to distribute pharmaceutical and consumer health products from its distribution sites, until this Power of Attorney is revoked. The Attorney-in-Fact understands that a copy of this Power of Attorney must accompany the state wholesale distributor licensing/permit application.

ICU Medical Sales, Inc.

Signature: Brian M. Bonnell
Brian Bonnell, CFO

Date: March 18, 2020

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)
) ss
COUNTY OF ORANGE)

Subscribed and sworn to (or affirmed) before me on this 18th day of March 2020, by Brian Bonnell, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Seal:

EVERHARDA H. LINSEN
Notary Public - California
Orange County
Commission # 2320852
My Comm. Expires Feb 8, 2024

Notary Public, State of California

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
SMITHS MEDICAL ASD, INC.
Business Trade Names:
(1) ICU Medical Sales, Inc. (2) ICU Medical, Inc.

5700 W 23rd Ave
Gary, IN 46406
Registration Number: [redacted]
FEI Number*: [redacted]
Status: Active
Date Of Registration Status: 2024

Owner/Operator:
ICU Medical, Inc.[6]
951 Calle Amanecer
San Clemente, CA US 92673
Owner/Operator Number: 8020727[7]

Official Correspondent:
Michelle Doherty
951 Calle Amanecer
San Clemente, CA 92673
Phone: 949-3706562

Verified 10/20/15 M.H

* 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=8020727&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=8020727&OwnerOperator

Page Last Updated: 04/01/2024

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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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5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=8020727&OwnerOperator

ICU Medical Sales, Inc.

FEIN: 06-1211921

Incorporated in the State of Delaware on 7/16/2011

ICU Medical, Inc. - Parent Company

Address: 951 Calle Amanecer, San Clemente, CA 92673

Ownership: 100%

Brian Bonnell- CEO, President, Secretary, Treasurer

Business Address: 951 Calle Amanecer, San Clemente, CA 92673

Business Phone: [redacted]

Blake VanderGeest- Controller

Business Address: 600 N. Field Drive, Lake Forest, IL 60045

Business Phone: [redacted]

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ICU MEDICAL SALES, 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 EIGHTH DAY OF JANUARY, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ICU MEDICAL SALES, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF JULY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

3414573 8300

SR# 20260074142

Authentication: 202759735

Date: 01-08-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

icumedical
human connections

ICU Medical Sales, Inc.
951 Calle Amanecer
San Clemente, California 92673
T 1 (800) 824-7890
www.icumed.com

Home State License

The Gary, Indiana facility is located in a state that does not require a license to distribute medical devices. Because Indiana does not require a license to distribute medical devices, a copy of the resident state license is not included. The Gary, Indiana facility is, however, regulated by the US Food and Drug Administration ('FDA').

Who Needs a Wholesale Drug Distributor License

For more information regarding the statutes and rules regulating wholesale drug distributors, please review them below.

For legal interpretations, please refer to your legal counsel; the Board office does not interpret the rules and regulations.

IC 25-26-14 (http://www.in.gov/legislative/ic/code/title25/ar26/ch14.html): Wholesale Legend Drug Distributors
856 IAC 3 (http://www.in.gov/legislative/iac/T08560/A00030.PDF?): Wholesale Legend Drugs

Any individual, partnership, limited liability company, corporation or business firm located in or outside Indiana and is physically distributing legend drugs or passing title into or within the state of Indiana is required to hold an Indiana wholesale drug distributor license as well as have obtained the Verified Accredited Wholesale Distributors (VAWD) accreditation.

Indiana law requires wholesale drug distributors of legend drugs to obtain and maintain VAWD accreditation from the National Association of Boards of Pharmacy (NABP). For more information regarding VAWD, including the accreditation process, VAWD application form, and instructions, please visit NABP's website at http://www.nabp.net/programs/accreditation/vawd/ (http://www.nabp.net/programs/accreditation/vawd/).

Exceptions to Licensure

The following entities are not required to obtain licensure, VAWD, or comply with the requirements of IC 25-26-14:

1. FDA approved manufacturers (*who distribute their own manufactured products);*
2. medical gas manufacturers or distributors that manufacture or distribute medical gases only; and
3. veterinary supply distributors that distribute legend drugs that are FDA approved for *animal use only.*

Wholesale Drug Distributor Defined

"Wholesale drug distributor" means a person engaged in wholesale drug distribution of legend drugs, including:

1. manufacturers
2. repackers;
3. own-label distributors;
4. jobbers;
5. brokers;
6. warehouses, including manufacturers' and distributors' warehouses, chain drug warehouses, and wholesale drug warehouses;
7. independent wholesale drug traders;
8. retail and hospital pharmacies that conduct wholesale distributions; and
9. reverse distributors.

This term does not include a common carrier or person hired solely to transport prescription drugs.

Legend Drug Defined

"Legend drug" means a drug that is subject to 21 USC 353(b)(1) (http://law.justia.com/us/codes/title21/21usc353.html) or is listed in the Prescription Drug Product List published in the US Department of Health and Human Services Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. 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 USC 811 (http://www.deadiversion.usdoj.gov/21cfr/21usc/812.htm) through 812 (http://www.deadiversion.usdoj.gov/21cfr/21usc/812.htm). *The term does not include a device or a device component, part, or accessory.*

Wholesale Distribution Defined

"Wholesale distribution" means to distribute legend drugs to persons other than a consumer or patient.

The term does not include:

1. a sale or transfer between a division, a subsidiary, a parent, an affiliated, or a related company under the common ownership and control of a corporate entity;
2. the purchase or acquisition by a hospital or other health care entity that is a member of a group purchasing organization of a drug for the hospital's or health care entity's own use from the group

purchasing organization or from other hospitals or health care entities that are members of the organization;

3. the sale of a drug by a charitable organization described in Section 501(c)(3) of the Internal Revenue Code, to a nonprofit affiliate of the organization to the extent otherwise permitted by law;
4. the sale of a drug among hospitals or other health care entities that are under common control;
5. the sale of a drug for emergency medical reasons, including transfers of legend drugs by a retail pharmacy to another retail pharmacy to alleviate a temporary shortage, if the gross dollar value of the transfers does not exceed five percent (5%) of the total legend drug sales revenue of either the transferor or transferee pharmacy during any twelve (12) consecutive month period;
6. the sale of a drug or the dispensing of a drug pursuant to a prescription;
7. the distribution of drug samples by manufacturers' representatives or distributors' representatives;
8. the sale of blood and blood components intended for transfusion;
9. the sale of a drug by a retail pharmacy to a practitioner (as defined in IC 25-26-13-2) for office use, if the gross dollar value of the transfers does not exceed five percent (5%) of the retail pharmacy's total legend drug sales during any twelve (12) consecutive months;
10. the sale of a drug by a retail pharmacy that is ending its business and liquidating its inventory to another retail pharmacy;
11. drug returns by a hospital, health care entity, or charitable institution conducted under 21 CFR 203.23;
12. the sale of minimal quantities of drugs by retail pharmacies to licensed practitioners for office use;
13. the distribution of prescription drugs by the original manufacturer of the finished form of the prescription drug or the distribution of the co-licensed products by a partner of the original manufacturer of the finished form of the prescription drug; or
14. drug returns that meet criteria established by rules adopted by the board.

Questions

If you have additional questions, please e-mail our office at pla4@pla.IN.gov (mailto:pla4@pla.IN.gov).

Online Services

- Renew or Update Any License (/pla/license/renew-license-andor-update-address-and-contact-info)
- Track Your Application (/pla/license/track-your-application)
- Search and Verify License (/pla/license/free-search-and-verify)
- Digital Certification of License (/pla/license/digital-certification)
- Order or Print a License (/pla/license/order-license-card)
- License Watch (/pla/license/license-watch)
- Download License Files (/pla/license/download-license-files)

- Disciplinary Actions / License Litigation (/pla/license/license-litigation)
- INspect PDMP (/pla/inspect)
- Forms.IN.gov (/pla/forms-in-gov)
- Rules.IN.gov (/pla/rulesingov)
- More IN.gov Online Services (http://www.in.gov/services.htm)
- IN.gov Subscriber Center (http://www.in.gov/subscriber_center.htm)

I Want To

- Renew my license. (/pla/license/renew-license-andor-update-address-and-contact-info)
- Digitally certify my license. (/pla/license/digital-certification)
- Change my address on my license. (/pla/license/renew-license-andor-update-address-and-contact-info)
- Verify a license. (/pla/license/free-search-and-verify)
- Find the disciplinary information on a license that has or has had action taken against his/her license. (/pla/license/license-litigation)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/31/2025

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
500 N Brand Blvd Ste 100
Glendale CA 91203
License#: 0D69293

CONTACT NAME: Judith Luu
PHONE (A/C, No, Ext): 818-539-1372 **FAX (A/C, No):**
E-MAIL ADDRESS: judith_luu@ajg.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Travelers Property Casualty Company of America	25674
INSURER B : Illinois Union Insurance Company	27960
INSURER C : The Travelers Indemnity Company of CT	25682
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ICU Medical Sales, Inc.
5200 Uper Metro Pl Suite 200
Dublin, OH 43017
ICUMEDI-01

COVERAGES **CERTIFICATE NUMBER:** 288829281 **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:			H-660-3C399230-TIL-25	11/1/2025	11/1/2026	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 $ Excluded $
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			8103Y915341-25-I2-G	11/1/2025	11/1/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Comp \ Coll	$ 1,000,000 $ $ $ $ 1,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			CUP-0L264286-25-I2	11/1/2025	11/1/2026	EACH OCCURRENCE AGGREGATE $	$ 10,000,000 $ 10,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		UB5P085303-25-I2-G	11/1/2025	11/1/2026	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	Products Liability Retroactive Date: 7/16/87			G71197578 008	11/1/2025	11/1/2026	Each Occurrence Annual 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)
Products: $250,000 per occurrence/$1,250,000 aggregate deductible – ICU Medical, Retroactive Date: 07/16/1987, Hospira Retroactive Date: 04/30/2004.
Products: $1,000,000 each occurrence/ $3,000,000 aggregate for legacy Smiths Medical, Retroactive Date: 04/26/1986

Evidence Only:

The above mentioned policies include the following as covered locations.
9124 Polk Lane, Suite 101 Olive Branch, MS 38654
6250 Shier Rings Rd, Dublin, OH
See Attached...

CERTIFICATE HOLDER

Evidence Only
United States

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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AGENCY CUSTOMER ID: ICUMEDI-01

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Arthur J. Gallagher Risk Management Services, LLC	ICU Medical Sales, Inc. 5200 Uper Metro Pl Suite 200 Dublin, OH 43017
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

5700 W 23rd Ave Gary, IN
2901 N. Houston School Rd. Lancaster, TX 75314
4455 Atherton Drive Salt Lake City UT 84123
920 Eighth Ave East King of Prussia, PA 19406
13939 Borate St Santa Fe Springs, CA 90670

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GENERAL SURETY RIDER

To be attached and form a part of

Bond No.	107049195
For	Pharmaceutical Wholesaler Surety Bond for Salt Lake City UT, Santa Fe Springs CA, King of Prussia PA, Dublin OH, Olive Branch MS, Keene NH, and Gary, IN
Dated effective	02/27/2020 (MONTH, DAY, YEAR)
Executed by	ICU Medical Sales, Inc., as Principal, (PRINCIPAL)
And by	Travelers Casualty and Surety Company of America, as Surety, (SURETY)
And in favor of	Nevada State Board of Pharmacy (OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

INFORMATION	FROM	TO
Principal Address	4455 Atherton Drive, Salt Lake City, UT 13939 Borate St., Santa Fe Springs, CA 90670 920 Eighth Avenue East, King of Prussia, PA 19406 6250 Shier Rings Road, Dublin OH, 43016 9124 Polk Lane Suite 101, Olive Branch MS, 38654 10 Bowman Drive, Keene, NH 03431	4455 Atherton Drive, Salt Lake City, UT 13939 Borate St., Santa Fe Springs, CA 90670 920 Eighth Avenue East, King of Prussia, PA 19406 6250 Shier Rings Road, Dublin OH, 43016 9124 Polk Lane Suite 101, Olive Branch MS, 38654 10 Bowman Drive, Keene, NH 03431 **5700 W 23rd Ave, Gary, IN 46406**

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective **07/25/2025**
(MONTH, DAY, YEAR)

Signed and Sealed **07/30/2025**
(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America
SURETY

BY Brittany Kavan
Brittany Kavan, ATTORNEY-IN-FACT

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Contra Costa)

On July 30, 2025 before me, K. Zerounian, Notary Public
(insert name and title of the officer)

personally appeared Brittany Kavan,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

K. ZEROUNIAN
Notary Public - California
San Francisco County
Commission # 2364320
My Comm. Expires Jul 5, 2025

Signature _____ **(Seal)**

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **BRITTANY KAVAN** of **SAN FRANCISCO**, **California**, 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 **30th** 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

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 ICU Medical Sales, Inc. MDEG License # (if applicable) MW00801

Physical Address 5700 West 23rd Avenue

City Gary State IN Zip 46406

Mailing Address (if different from physical address) 600 N. Field Drive, Attn: Licensing

City Lake Forest State IL Zip 60045

Telephone (219) 989-9150 Website www.icumed.com

Licensing Company Email wesley.davis@icumed.com

Section 2: Personal Information

First Jackie Middle Lynn Last Gerner

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City Crown Point State IN Zip [redacted]

Telephone (219) 989-9150 Email jackie.gerner@icumed.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)	
Ball State University		08/86-05/90	
Address	City: Muncie	State: IN	Zip
Diploma/Degree obtained, if any: Bachelor of Science in Accounting			

School Name		From - To (MM/YY – MM/YY)	
Lowell High School		08/82-06/86	
Address	City: Lowell	State: IN	Zip
Diploma/Degree obtained, if any: High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/16-Present	[redacted]	Crown Point	IN	[redacted]
09/99-12/16		Crown Point	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
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)	
ICU Medical Sales, Inc.			08/24 - Present	
Business Address		City	State	Zip
5700 W 23rd Avenue		Gary	IN	46406
Phone	Title		Number of Employed Hours	
219-989-9150	Controller		1,600	
Description of Duties				
Member of site management team and responsible for product costing, financial results, forecasting and inventory managerment				

Business Name			From - To (MM/YY – MM/YY)	
Smiths Medical ASD, Inc.			11/98-07/24	
Business Address		City	State	Zip
5700 W 23rd Avenue		Gary	IN	46406
Phone	Title		Number of Employed Hours	
219-989-9150	Controller		52,000	
Description of Duties				
Member of site management team and responsible for product costing, financial results, forecasting and inventory managerment				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original signature (electronic, copies or stamps not accepted)

04-SEP-2024
Date

I, Jackie Gerner, **certify that as the MDEG Administrator for** ICU Medical Sales, Inc. located in Gary, Indiana,

that I (initial that you have read and meet the following requirements):

1. JG Have a high school diploma or its equivalent;
2. JG 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. JG 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. JG 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.

Jackie Gerner
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04-SEP-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 ICU Medical Sales, Inc.

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 5700 W 23rd Ave.

City Gary State IN Zip 46406

Mailing Address (if different from physical address) 600 N. Field Drive, Attn: Licensing

City Lake Forest State IL Zip 60045

Telephone (219) 989-9150 Website www.icumed.com

Licensing Company Email wesley.davis@icumed.com

Section 2: Personal Information

First Jackie Middle Lynn Last Gerner

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Addres[redacted]

City Crown Point State I N Zip [redacted]

Telephone (219) 989-9150 Email jackie.gerner@icumed.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)	
Ball State University		08/86-05/90	
Address	City	State	Zip
	Muncie	IN	
Diploma/Degree obtained, if any			
Bachelor of Science in Accounting			

School Name		From - To (MM/YY – MM/YY)	
Lowell High School		08/82-06/86	
Address	City	State	Zip
	Lowell	IN	
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
12/16 - Present	[redacted]	Crown Point	IN	[redacted]
09/99-12/16		Crown Point	IN	

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)	
ICU Medical Sales, Inc.			08/24-Present	
Business Address		**City**	**State**	**Zip**
5700 W 23rd Avenue		Gary	IN	46406
Phone	**Title**		**Number of Employed Hours**	
219-989-9150	Controller		~~380~~ 1,600	
Description of Duties				
Member of site management team and responsible for product costing, financial results, forecasting and inventory management.				

Business Name			From - To (MM/YY – MM/YY)	
Smiths Medical ASD, Inc.			11/98-07/24	
Business Address		**City**	**State**	**Zip**
5700 W 23rd Avenue		Gary	IN	46406
Phone	**Title**		**Number of Employed Hours**	
219-989-9150	Controller		52,000	
Description of Duties				
Member of site management team and responsible for product costing, financial results, forecasting and inventory management.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to 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)

08-OCT-2024
Date

I, Jackie Gerner, **certify that as the designated representative for**

ICU Medical Sales, Inc. located in Gary, Indiana,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JG I am at least 21 years of age;
3. JG 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. JG I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JG I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JG 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. JG I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jackie Gerner
Print Name (First, Last)

Jackie Gerner
Original Signature (electronic, copies or stamps not accepted)

08-OCT-2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jackie Gerner
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08-OCT-2024
Date

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Lake

I, Jackie Gerner, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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-OCT-2024
Date

Subscribed and Sworn to before me this 8th day of October 2024.

Notary Public Signature

HELEN LATRICE JOHONSON
Notary Public, State of Indiana
Lake County
Commission Number NP0752099
My Commission Expires
October 09, 2031

(Seal)

Updated: 09/02/2024

Location Code	Employee Number	Paternal/Last Name	First Name	Assignment Status	Person Type
GA-IN	[redacted]	Peters	Jeffrey	Active - Payroll Eligible	Employee
GA-IN		Castellano	Marie	Active - Payroll Eligible	Employee
GA-IN		Tharp	Katrina	Active - Payroll Eligible	Employee
GA-IN		Booth	Patricia	Active - Payroll Eligible	Employee
GA-IN		Strickland	Karen	Active - Payroll Eligible	Employee
GA-IN		Higgins	Tina	Active - Payroll Eligible	Employee
GA-IN		Isom	Susie	Active - Payroll Eligible	Employee
GA-IN		Negroni	Lesa	Active - Payroll Eligible	Employee
GA-IN		Lofton	Bradley	Active - Payroll Eligible	Employee
GA-IN		Kilgore	Norma	Active - Payroll Eligible	Employee
GA-IN		Montgomery	Joannie	Active - Payroll Eligible	Employee
GA-IN		Ristevski	Violeta	Active - Payroll Eligible	Employee
GA-IN		O'Connor	Ann	Active - Payroll Eligible	Employee
GA-IN		Moton	Walter	Active - Payroll Eligible	Employee
GA-IN		Evans	Susan	Active - Payroll Eligible	Employee
GA-IN		Valois	James	Active - Payroll Eligible	Employee
GA-IN		Jones	Patricia	Suspended - Payroll Eligible	Employee
GA-IN		Sosa	Cynthia	Active - Payroll Eligible	Employee
GA-IN		Meckaroski	Jovanka	Active - Payroll Eligible	Employee
GA-IN		Karamacoska	Lojza	Active - Payroll Eligible	Employee
GA-IN		Claypool	Emeko	Active - Payroll Eligible	Employee
GA-IN		Jewett	Christina	Active - Payroll Eligible	Employee
GA-IN		Miller	Kimberly	Active - Payroll Eligible	Employee
GA-IN		Sanchez	Longina	Active - Payroll Eligible	Employee
GA-IN		Barnes	Anna	Active - Payroll Eligible	Employee
GA-IN		Turner	Twiana	Active - Payroll Eligible	Employee
GA-IN		Jernigan	Tonda	Active - Payroll Eligible	Employee
GA-IN		Drones	Nichelle	Active - Payroll Eligible	Employee
GA-IN		Torres	John	Active - Payroll Eligible	Employee
GA-IN		Guzina	Jasmina	Active - Payroll Eligible	Employee
GA-IN		Marinaro	Robert	Active - Payroll Eligible	Employee

GA-IN	[redacted]	Gerner	Jackie	Active - Payroll Eligible	Employee
GA-IN		Damjanovic	Dragan	Active - Payroll Eligible	Employee
GA-IN		Tucker	Michael	Active - Payroll Eligible	Employee
GA-IN		Markovic	Marija	Active - Payroll Eligible	Employee
GA-IN		Powell	Esther	Active - Payroll Eligible	Employee
GA-IN		Mayhew	Lois	Active - Payroll Eligible	Employee
GA-IN		Vasquez	Aquilina	Active - Payroll Eligible	Employee
GA-IN		Smith	Sandra	Active - Payroll Eligible	Employee
GA-IN		Bergsneider	Irene	Active - Payroll Eligible	Employee
GA-IN		Arroyo	Lorena	Active - Payroll Eligible	Employee
GA-IN		Toth	Melissa	Active - Payroll Eligible	Employee
GA-IN		Mileusnic	Jasna	Active - Payroll Eligible	Employee
GA-IN		Bradaric	Silva	Active - Payroll Eligible	Employee
GA-IN		Molnar	Zelimir	Active - Payroll Eligible	Employee
GA-IN		Janjus	Branka	Active - Payroll Eligible	Employee
GA-IN		Konjevic	Nada	Active - Payroll Eligible	Employee
GA-IN		Minic	Anka	Suspended - Payroll Eligible	Employee
GA-IN		Srbinoski	Darko	Active - Payroll Eligible	Employee
GA-IN		Wetnight	Lucinda	Active - Payroll Eligible	Employee
GA-IN		Vidovic	Drenka	Active - Payroll Eligible	Employee
GA-IN		Gonzalez	Madeline	Active - Payroll Eligible	Employee
GA-IN		Parker	Leshaunda	Active - Payroll Eligible	Employee
GA-IN		Henderson	Rashonda	Active - Payroll Eligible	Employee
GA-IN		Mish	Victor	Active - Payroll Eligible	Employee
GA-IN		Guzman-Salto	Evelyn	Active - Payroll Eligible	Employee
GA-IN		Barragan	Ilda	Active - Payroll Eligible	Employee
GA-IN		Andric	Mladenka	Active - Payroll Eligible	Employee
GA-IN		Kokorus	Milijana	Active - Payroll Eligible	Employee
GA-IN		Johnson	Oretha	Active - Payroll Eligible	Employee
GA-IN		Mccoy	Janellen	Active - Payroll Eligible	Employee
GA-IN		Balac	Slavica	Active - Payroll Eligible	Employee
GA-IN		Edwards	Michael	Active - Payroll Eligible	Employee
GA-IN		Love Sr.	Deonte	Active - Payroll Eligible	Employee

GA-IN	[redacted]	Holt	Jacqui	Active - Payroll Eligible	Employee
GA-IN		Dubec	Jennifer	Active - Payroll Eligible	Employee
GA-IN		Valois	Mindy	Active - Payroll Eligible	Employee
GA-IN		Robinson	Tracy	Active - Payroll Eligible	Employee
GA-IN		Dukleski	Mitana	Active - Payroll Eligible	Employee
GA-IN		Stingley	Latonya	Active - Payroll Eligible	Employee
GA-IN		Rajacic	Ivan	Active - Payroll Eligible	Employee
GA-IN		Brankovic	Jelena	Active - Payroll Eligible	Employee
GA-IN		Adams	Cynthia	Active - Payroll Eligible	Employee
GA-IN		Henderson	Victallio	Active - Payroll Eligible	Employee
GA-IN		Kotys	Brenda	Active - Payroll Eligible	Employee
GA-IN		Parker	Kimberly	Active - Payroll Eligible	Employee
GA-IN		Bryant	Dewitt	Active - Payroll Eligible	Employee
GA-IN		Varnado	Latrice	Active - Payroll Eligible	Employee
GA-IN		Barbour	Derrick	Active - Payroll Eligible	Employee
GA-IN		Naylor	Nakia	Active - Payroll Eligible	Employee
GA-IN		Jeronimo	Rosalva	Active - Payroll Eligible	Employee
GA-IN		Dukic	Zeljka	Active - Payroll Eligible	Employee
GA-IN		Karamacoski	Violeta	Active - Payroll Eligible	Employee
GA-IN		Guzman	Esmeralda	Active - Payroll Eligible	Employee
GA-IN		Kotys	Stefanie	Active - Payroll Eligible	Employee
GA-IN		Hernandez	Joaquin	Active - Payroll Eligible	Employee
GA-IN		McGee	Maquita	Active - Payroll Eligible	Employee
GA-IN		Dunlap	Layla	Active - Payroll Eligible	Employee
GA-IN		Sanchez Alvarado	Samuel Abraham	Active - Payroll Eligible	Employee
GA-IN		Josevska	Silvija	Active - Payroll Eligible	Employee
GA-IN		Singleton	Katrenia	Active - Payroll Eligible	Employee
GA-IN		Prentoska	Snezana	Active - No Payroll	Temporary Worker

4CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: ICU Medical Sales, Inc.

Physical Address: 2625 Main Street

City: Highland State: IN Zip: 46322

Mailing Address (if different from physical address): 600 N. Field Drive, Attn: Licensing

City: Lake Forest State: IL Zip: 60045

Telephone: (219) 989-9150 Website: www.icumed.com

Name of Designated Representative (DR): Janellen McCoy

Licensing Company Email: wesley.davis@icumed.com DR Email: janellen.mccoy@icumed.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: Custom Tracheostomy Tubes	☐ 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: **The site does not distribute pharmaceutical products**

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

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): ICU Medical, Inc.

Corporation/Organization Name: ICU Medical Sales, Inc.

Mailing Address: 600 N. Field Drive, Attn: Licensing

City: Lake Forest State: IL Zip: 60045

Telephone: (224) 706-2728 Email: wesley.davis@icumed.com

Contact Person Name: Wesley Davis

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.

ICU Medical Sales, Inc.

Facility Name

Wesley Davis

Print Name of Authorized Person Submitting Application

Wesley Davis

Original signature of Authorized Person (copies or stamps not accepted)

02/09/2026

Date

Board Use Only	Date Received: 3/5/26	Amount: $[illegible]

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
ICU Medical, Inc.
2625 Main St
Highland, IN 46322
Status: Active; Awaiting Assignment Of Registration Number
Date Of Registration Status: 2026

Owner/Operator:
ICU Medical, Inc.[6]
951 Calle Amanecer
San Clemente, CA US 92673
Owner/Operator Number: 8020727[7]

Official Correspondent:
Michelle Doherty
951 Calle Amanecer
San Clemente, CA 92673
Phone: 949-3706562

Verified M.H 3/10/26

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
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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=8020727&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&RegNum=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=8020727&OwnerOperator

Page Last Updated: 03/02/2026

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Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsc | 日本語 | فارسی | English

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive Vulnerability Disclosure Policy

U.S. Department of **Health & Human Services**

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4. https://www.fda.gov/Medical-Devices
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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&RegNum=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=8020727&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&RegNum=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=8020727&OwnerOperator

From: reglist@cdrh.fda.gov <reglist@cdrh.fda.gov>
Sent: Wednesday, February 25, 2026 6:31 AM
To: Michelle Doherty <michelle.doherty@icumed.com>
Subject: Notification of New Device Establishment Registration

CAUTION: This message has originated from an EXTERNAL SOURCE. Please use proper judgment and caution when opening attachments, clicking links, or responding to this email.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration
Center for Devices and Radiological Health
10903 New Hampshire Ave., WO66 Room 1423
Silver Spring, Maryland 20993-0002

February 25, 2026

Name of Official Correspondent MICHELLE DOHERTY
Address of Official Correspondent [redacted]

Owner Operator Number 8020727

Dear Sir or Madam,

We have received your registration and listing information for the following medical device establishment

Establishment Name ICU MEDICAL, INC.
Establishment Address 2625 MAIN ST
HIGHLAND, INDIANA 46322
UNITED STATES

The information submitted has been processed and entered into the FDA Registration and Device Listing Database. Your device establishment is now considered registered. You will be notified of your official registration number within 90 days.

Once you receive a registration number, you are required to re-register on an annual basis from October through December. Failure to re-register every year will invalidate your registration and result in your device establishment and listing information being removed from the FDA Medical Device Registration and Listing Web site.

For inquiries about the status of your registration or assignment of your registration number, please contact the Registration and Listing Program Office at reglist@cdrh.fda.gov or calling (301) 796-7400.

If you have any questions regarding FDA policy related to the Registration and Listing program, please contact the Registration and Listing staff at device.reg@fda.hhs.gov or calling (301) 796-7400.

Corporate Officer Information

ICU Medical Sales, Inc.

FEIN: [redacted]

Incorporated in the State of Delaware on 7/16/2011

ICU Medical, Inc. - Parent Company

Address: 951 Calle Amanecer, San Clemente, CA 92673

Ownership: 100%

Brian Bonnell- CEO, President, Secretary, Treasurer

Business Address: 951 Calle Amanecer, San Clemente, CA 92673

Business Phone: [redacted]

Blake VanderGeest- Controller

Business Address: 600 N. Field Drive, Lake Forest, IL 60045

Business Phone: [redacted]

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ICU MEDICAL SALES, 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 EIGHTH DAY OF JANUARY, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ICU MEDICAL SALES, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF JULY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

3414573 8300

SR# 20260074142

Authentication: 202759735

Date: 01-08-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

icumedical
human connections

ICU Medical Sales, Inc.
951 Calle Amanecer
San Clemente, California 92673
T: 1 (800) 824-7890
www.icumed.com

Home State License

The Highland, Indiana facility is in a state that does not require a license to distribute medical devices. Because Indiana does not require a license to distribute medical devices, a copy of the resident state license is not included. The Highland, Indiana facility is, however, regulated by the US Food and Drug Administration (FDA').

Who Needs a Wholesale Drug Distributor License

For more information regarding the statutes and rules regulating wholesale drug distributors, please review them below.

For legal interpretations, please refer to your legal counsel; the Board office does not interpret the rules and regulations.

IC 25-26-14 (http://www.in.gov/legislative/ic/code/title25/ar26/ch14.html): Wholesale Legend Drug Distributors
856 IAC 3 (http://www.in.gov/legislative/iac/T08560/A00030.PDF?): Wholesale Legend Drugs

Any individual, partnership, limited liability company, corporation or business firm located in or outside Indiana and is physically distributing legend drugs or passing title into or within the state of Indiana is required to hold an Indiana wholesale drug distributor license as well as have obtained the Verified Accredited Wholesale Distributors (VAWD) accreditation.

Indiana law requires wholesale drug distributors of legend drugs to obtain and maintain VAWD accreditation from the National Association of Boards of Pharmacy (NABP). For more information regarding VAWD, including the accreditation process, VAWD application form, and instructions, please visit NABP's website at http://www.nabp.net/programs/accreditation/vawd/ (http://www.nabp.net/programs/accreditation/vawd/).

Exceptions to Licensure

The following entities are not required to obtain licensure, VAWD, or comply with the requirements of IC 25-26-14:

1. FDA approved manufacturers (*who distribute their own manufactured products);*
2. medical gas manufacturers or distributors that manufacture or distribute medical gases only; and
3. veterinary supply distributors that distribute legend drugs that are FDA approved for *animal use only*.

Wholesale Drug Distributor Defined

"Wholesale drug distributor" means a person engaged in wholesale drug distribution of legend drugs, including:

1. manufacturers
2. repackers;
3. own-label distributors;
4. jobbers;
5. brokers;
6. warehouses, including manufacturers' and distributors' warehouses, chain drug warehouses, and wholesale drug warehouses;
7. independent wholesale drug traders;
8. retail and hospital pharmacies that conduct wholesale distributions; and
9. reverse distributors.

This term does not include a common carrier or person hired solely to transport prescription drugs.

Legend Drug Defined

"Legend drug" means a drug that is subject to 21 USC 353(b)(1) (http://law.justia.com/us/codes/title21/21usc353.html) or is listed in the Prescription Drug Product List published in the US Department of Health and Human Services Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. 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 USC 811 (http://www.deadiversion.usdoj.gov/21cfr/21usc/812.htm) through 812 (http://www.deadiversion.usdoj.gov/21cfr/21usc/812.htm). *The term does not include a device or a device component, part, or accessory.*

Wholesale Distribution Defined

"Wholesale distribution" means to distribute legend drugs to persons other than a consumer or patient.

The term does not include:

1. a sale or transfer between a division, a subsidiary, a parent, an affiliated, or a related company under the common ownership and control of a corporate entity;
2. the purchase or acquisition by a hospital or other health care entity that is a member of a group purchasing organization of a drug for the hospital's or health care entity's own use from the group

purchasing organization or from other hospitals or health care entities that are members of the organization;

3. the sale of a drug by a charitable organization described in Section 501(c)(3) of the Internal Revenue Code, to a nonprofit affiliate of the organization to the extent otherwise permitted by law;
4. the sale of a drug among hospitals or other health care entities that are under common control;
5. the sale of a drug for emergency medical reasons, including transfers of legend drugs by a retail pharmacy to another retail pharmacy to alleviate a temporary shortage, if the gross dollar value of the transfers does not exceed five percent (5%) of the total legend drug sales revenue of either the transferor or transferee pharmacy during any twelve (12) consecutive month period;
6. the sale of a drug or the dispensing of a drug pursuant to a prescription;
7. the distribution of drug samples by manufacturers' representatives or distributors' representatives;
8. the sale of blood and blood components intended for transfusion;
9. the sale of a drug by a retail pharmacy to a practitioner (as defined in IC 25-26-13-2) for office use, if the gross dollar value of the transfers does not exceed five percent (5%) of the retail pharmacy's total legend drug sales during any twelve (12) consecutive months;
10. the sale of a drug by a retail pharmacy that is ending its business and liquidating its inventory to another retail pharmacy;
11. drug returns by a hospital, health care entity, or charitable institution conducted under 21 CFR 203.23;
12. the sale of minimal quantities of drugs by retail pharmacies to licensed practitioners for office use;
13. the distribution of prescription drugs by the original manufacturer of the finished form of the prescription drug or the distribution of the co-licensed products by a partner of the original manufacturer of the finished form of the prescription drug; or
14. drug returns that meet criteria established by rules adopted by the board.

Questions

If you have additional questions, please e-mail our office at pla4@pla.IN.gov (mailto:pla4@pla.IN.gov).

Online Services

- Renew or Update Any License (/pla/license/renew-license-andor-update-address-and-contact-info)
- Track Your Application (/pla/license/track-your-application)
- Search and Verify License (/pla/license/free-search-and-verify)
- Digital Certification of License (/pla/license/digital-certification)
- Order or Print a License (/pla/license/order-license-card)
- License Watch (/pla/license/license-watch)
- Download License Files (/pla/license/download-license-files)

- Disciplinary Actions / License Litigation (/pla/license/license-litigation)
- INspect PDMP (/pla/inspect)
- Forms.IN.gov (/pla/forms-in-gov)
- Rules.IN.gov (/pla/rulesingov)
- More IN.gov Online Services (http://www.in.gov/services.htm)
- IN.gov Subscriber Center (http://www.in.gov/subscriber_center.htm)

I Want To

- Renew my license. (/pla/license/renew-license-andor-update-address-and-contact-info)
- Digitally certify my license. (/pla/license/digital-certification)
- Change my address on my license. (/pla/license/renew-license-andor-update-address-and-contact-info)
- Verify a license. (/pla/license/free-search-and-verify)
- Find the disciplinary information on a license that has or has had action taken against his/her license. (/pla/license/license-litigation)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/9/2026

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
500 N Brand Blvd Ste 100
Glendale CA 91203
License#: 0D69293

CONTACT NAME: Judith Luu
PHONE (A/C, No, Ext): 818-539-1372 **FAX (A/C, No):**
E-MAIL ADDRESS: judith_luu@ajg.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Travelers Property Casualty Company of America	25674
INSURER B : Illinois Union Insurance Company	27960
INSURER C : The Travelers Indemnity Company of CT	25682
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ICU Medical Sales, Inc.
5200 Uper Metro Pl Suite 200
Dublin, OH 43017
ICUMEDI-01

COVERAGES **CERTIFICATE NUMBER:** 554319364 **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			H-660-3C399230-TIL-25	11/1/2025	11/1/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ Excluded
	OTHER:							$
C	AUTOMOBILE LIABILITY			8103Y815341-25-I2-G	11/1/2025	11/1/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	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)	$
							Comp \ Coll	$ 1,000
A	X UMBRELLA LIAB X OCCUR			CUP-0L264286-25-I2	11/1/2025	11/1/2026	EACH OCCURRENCE	$ 10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 10,000,000
	DED RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			UB5P085303-25-I2-G	11/1/2025	11/1/2026	X PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
B	Products Liability Retroactive Date: 7/16/87			G71197578 008	11/1/2025	11/1/2026	Each Occurrence / Annual 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)
Products: $250,000 per occurrence/$1,250,000 aggregate deductible – ICU Medical, Retroactive Date: 07/16/1987, Hospira Retroactive Date: 04/30/2004.
Products: $1,000,000 each occurrence/ $3,000,000 aggregate for legacy Smiths Medical, Retroactive Date: 04/26/1986

Evidence Only:

The above mentioned policies include the following as covered locations.
9124 Polk Lane, Suite 101 Olive Branch, MS 38654
6250 Shier Rings Rd, Dublin, OH
See Attached...

CERTIFICATE HOLDER

Evidence Only
United States

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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AGENCY CUSTOMER ID: ICUMEDI-01

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Arthur J. Gallagher Risk Management Services, LLC	ICU Medical Sales, Inc. 5200 Uper Metro Pl Suite 200 Dublin, OH 43017
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

5700 W 23rd Ave Gary, IN
2901 N. Houston School Rd. Lancaster, TX 75314
4455 Atherton Drive Salt Lake City UT 84123
920 Eighth Ave East King of Prussia, PA 19406
13939 Borate St Santa Fe Springs, CA 90670
2625 Main Street Highland, IN 46322

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GENERAL SURETY RIDER

To be attached and form a part of

Bond No.	107049195
For	Pharmaceutical Wholesaler Surety Bond for Salt Lake City UT, Santa Fe Springs CA, King of Prussia PA, Dublin OH, Olive Branch MS, Keene NH, and Gary, IN
Dated effective	02/27/2020 (MONTH, DAY, YEAR)
Executed by	ICU Medical Sales, Inc., as Principal, (PRINCIPAL)
And by	Travelers Casualty and Surety Company of America, as Surety, (SURETY)
And in favor of	Nevada State Board of Pharmacy (OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

INFORMATION	FROM	TO
Principal Address	4455 Atherton Drive, Salt Lake City, UT 13939 Borate St., Santa Fe Springs, CA 90670	4455 Atherton Drive, Salt Lake City, UT 13939 Borate St., Santa Fe Springs, CA 90670
	920 Eighth Avenue East, King of Prussia, PA 19406	920 Eighth Avenue East, King of Prussia, PA 19406
	6250 Shier Rings Road, Dublin OH, 43016	6250 Shier Rings Road, Dublin OH, 43016
	9124 Polk Lane Suite 101, Olive Branch MS, 38654	9124 Polk Lane Suite 101, Olive Branch MS, 38654
	10 Bowman Drive, Keene, NH 03431	10 Bowman Drive, Keene, NH 03431
	5700 W 23rd Ave, Gary, IN 46406	5700 W 23rd Ave, Gary, IN 46406
		2625 Main Street, Highland, IN 46322

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective **02/03/2026**
(MONTH, DAY, YEAR)

Signed and Sealed **02/04/2026**
(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America
SURETY

BY Brittany Kavan
Brittany Kavan, ATTORNEY-IN-FACT

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Contra Costa)

On February 4, 2026 before me, Misty R. Hemje, Notary Public
(insert name and title of the officer)

personally appeared Brittany Kavan,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

MISTY R. HEMJE
Notary Public - California
Contra Costa County
Commission # 2473593
My Comm. Expires Dec 21, 2027

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 **BRITTANY KAVAN** of **SAN FRANCISCO**, **California**, 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 **4th** day of **February**, **2026**

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

POWER OF ATTORNEY
STATE CONTROLLED SUBSTANCE REGISTRATIONS
STATE WHOLESALE DISTRIBUTOR LICENSING/PERMIT APPLICATIONS
DRUG ENFORCEMENT ADMINISTRATION REGISTRATION APPLICATIONS AND RENEWALS

Name of Registrant: ICU Medical Sales, Inc.

Known all by these presents that ICU Medical Sales, Inc., a corporation organized and existing under the laws of Delaware, and with offices at 951 Calle Amanecer, San Clemente, CA 92673 (the "Corporation") do hereby, constitute and appoint Wesley Davis as its true and lawful attorney-in-fact, in its name, place, and stead, to do the following acts and things related to the pharmaceutical and consumer health distribution facilities of the Corporation and its divisions:

1. In accordance with the regulations of the Drug Enforcement Administration , and state controlled substance regulations, to execute and verify the controlled substance distribution, import and export applications and renewals and all future amendments, as are necessary to permit the Corporation lawfully to distribute, import and export drug products regulated as controlled substances from its distribution sites, until this Power of Attorney is revoked. The Attorney-in-Fact understands that a copy of this Power of Attorney must accompany the state controlled substance application or Drug Enforcement Administration renewals.

2. In accordance with each State's administrative code to execute and verify the wholesale distributor licensing/permit applications and renewals and all future amendments, as are necessary to permit the Corporation lawfully to distribute pharmaceutical and consumer health products from its distribution sites, until this Power of Attorney is revoked. The Attorney-in-Fact understands that a copy of this Power of Attorney must accompany the state wholesale distributor licensing/permit application.

ICU Medical Sales, Inc.

Signature: Brian M. Bonnell
Brian Bonnell, CFO

Date: March 18, 2020

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)
) ss
COUNTY OF ORANGE)

Subscribed and sworn to (or affirmed) before me on this 18th day of March 2020, by Brian Bonnell, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Seal:

EVERHARDA H. LINSEN
Notary Public - California
Orange County
Commission # 2320852
My Comm. Expires Feb 8, 2024

Notary Public, State of California

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 ICU Medical Sales, Inc MDEG License # (if applicable) N/A

Physical Address 2625 Main Street

City Highland State IN Zip 46322

Mailing Address (if different from physical address) 600 N. Field Drive, Attn: Licensing

City Lake Forest State IL Zip 60045

Telephone (219) 989-9150 Website www.icumed.com

Licensing Company Email wesley.davis@icumed.com

Section 2: Personal Information

First Janellen Middle Last McCoy

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITI[redacted] Sex ☐ M ☑ F ☐ X

Mailing Addres[redacted]

City Morocco State IN Zip [redacted]

Telephone (219) 989-9150 #Ext 330 Email janellen.mccoy@icumed.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)	
Keller Graduate School of Management		05/2001 - 05/2004	
Address	**City**	**State**	**Zip**
1051 Perimeter Dr	Schaumburg	IL	60173
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Purdue University		08/83 - 05/89	
Address	**City**	**State**	**Zip**
2200 169th St	Hammond	IN	46323
Diploma/Degree obtained, if any			
BS in Industrial Engineering; BS in Supervision			

School Name		From - To (MM/YY – MM/YY)	
Hammond High		09/79 - 05/83	
Address	**City**	**State**	**Zip**
5926 Calumet Ave	Hammond	IN	46320
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/06 - Present	[redacted]	Morocco	IN	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	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)	
ICU Medical			01/01/22 - Present	
Business Address		**City**	**State**	**Zip**
5700 W 23rd Ave		Gary	IN	46406
Phone	**Title**		**Number of Employed Hours**	
219-989-9150 Ext 330	Quality Manager		40+	
Description of Duties				
Assure compliance of company operations to all applicable laws, regulations and standards, good business practices and company documented procedures. Investigate and provide responses for internal and external complaints.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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) Date

I, Janellen Mccoy, **certify that as the MDEG Administrator for**

ICU Medical Sales, Inc. - 2625 Main Street, Highland, IN 46322,

that I (initial that you have read and meet the following requirements):

1. JMC Have a high school diploma or its equivalent;
2. JMC 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. JMC 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. JMC 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.

Janellen McCoy
Print Name (First, Last)

JMcCoy
Original Signature (electronic, copies or stamps not accepted)

03-02-2026
Date

Board Use Only	Date Received: 3/5/26

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 ICU Medical Sales, Inc.
Pharmacy/Wholesaler License # (if applicable) N/A
Physical Address 2625 Main Street
City Highland State IN Zip 46322
Mailing Address (if different from physical address) 600. N Field Drive, Attn: Licensing
City Lake Forest State IL Zip 60045
Telephone (219) 989-9150 Website www.icumed.com
Licensing Company Email wesley.davis@icumed.com

Section 2: Personal Information

First Janellen Middle Kudla Last McCoy
Alias(es, nicknames, name changes, etc.) Janellen Kudla
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X
Mailing Addres [redacted]
City Morocco State IN Zip [redacted]
Telephone (219) 989-9150 #Ext 330 Email janellen.mccoy@icumed.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)	
Keller Graduate School of Management		05/2001 - 05/2004	
Address	City	State	Zip
1051 Perimeter Dr	Schaumburg	IL	60173
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Purdue University		08/83 - 05/89	
Address	City	State	Zip
2200 169th St	Hammond	IN	46323
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Hammond High		09/79 - 05/83	
Address	City	State	Zip
5926 Calumet Ave	Hammond	In	46320
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 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
04/06 - Present	[redacted]	Morocco	IN	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	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)	
ICU Medical			01/01/2022 - Present	
Business Address		**City**	**State**	**Zip**
5700 W 23rd Ave		Gary	IN	46406
Phone	**Title**		**Number of Employed Hours**	
219-989-9150 Ext 330	Quality Manager		53	
Description of Duties				
Assure compliance of company operations to all applicable laws, regulations and standards, good business practices and company documented procedures. Investigate and provide responses for internal and external complaints.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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)

Date

I, Janellen Mccoy, **certify that as the designated representative for**

ICU Medical Sales, Inc. - 2625 Main Street, Highland, IN 46322,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JMC I am at least 21 years of age;
3. JMC 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. JMC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JMC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JMC 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. JMC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Janellen McCoy

Print Name (First, Last)

JMCCoy

Original Signature (electronic, copies or stamps not accepted)

03-02-2026

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.

Janellen McCoy

Print Name (First, Last)

JMcCoy

Original Signature (electronic, copies or stamps not accepted)

03-02-2026

Date

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Lake

I, Janellen McCoy, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

JMcCoy

Original Signature

03-02-2026

Date

Subscribed and Sworn to before me this 2 day of March 2026.

Anna Zofia Dominguez

Notary Public Signature

ANNA ZOFIA DOMINGUEZ
NOTARY PUBLIC
SEAL
LAKE COUNTY, STATE OF INDIANA
MY COMMISSION EXPIRES FEBRUARY 27, 2032
COMMISSION NUMBER NP0754862

Updated: 02/05/2026

Location Code	Employee Number	Paternal/Last Name	First Name	Assignment Status	Person Type
GA-IN	[redacted]	Peters	Jeffrey	Active - Payroll Eligible	Employee
GA-IN		Tharp	Katrina	Active - Payroll Eligible	Employee
GA-IN		Booth	Patricia	Active - Payroll Eligible	Employee
GA-IN		Higgins	Tina	Active - Payroll Eligible	Employee
GA-IN		Isom	Susie	Active - Payroll Eligible	Employee
GA-IN		Negroni	Lesa	Active - Payroll Eligible	Employee
GA-IN		Lofton	Bradley	Active - Payroll Eligible	Employee
GA-IN		Kilgore	Norma	Active - Payroll Eligible	Employee
GA-IN		O'Connor	Ann	Active - Payroll Eligible	Employee
GA-IN		Valois	James	Active - Payroll Eligible	Employee
GA-IN		Sosa	Cynthia	Active - Payroll Eligible	Employee
GA-IN		Meckaroski	Jovanka	Active - Payroll Eligible	Employee
GA-IN		Jewett	Christina	Active - Payroll Eligible	Employee
GA-IN		Miller	Kimberly	Active - Payroll Eligible	Employee
GA-IN		Sanchez	Longina	Active - Payroll Eligible	Employee
GA-IN		Turner	Twiana	Active - Payroll Eligible	Employee
GA-IN		Guzina	Jasmina	Active - Payroll Eligible	Employee
GA-IN		Marinaro	Robert	Active - Payroll Eligible	Employee
GA-IN		Gerner	Jackie	Active - Payroll Eligible	Employee
GA-IN		Damjanovic	Dragan	Active - Payroll Eligible	Employee
GA-IN		Markovic	Marija	Active - Payroll Eligible	Employee
GA-IN		Powell	Esther	Active - Payroll Eligible	Employee
GA-IN		Arroyo	Lorena	Active - Payroll Eligible	Employee
GA-IN		Toth	Melissa	Active - Payroll Eligible	Employee
GA-IN		Bradaric	Silva	Active - Payroll Eligible	Employee
GA-IN		Molnar	Zelimir	Active - Payroll Eligible	Employee
GA-IN		Minic	Anka	Active - Payroll Eligible	Employee
GA-IN		Srbinoski	Darko	Active - Payroll Eligible	Employee
GA-IN		Wetnight	Lucinda	Active - Payroll Eligible	Employee
GA-IN		Parker	Leshaunda	Active - Payroll Eligible	Employee
GA-IN		Henderson	Rashonda	Active - Payroll Eligible	Employee

GA-IN	[redacted]	Guzman-Salto	Evelyn	Active - Payroll Eligible	Employee
GA-IN		Barragan	Ilda	Active - Payroll Eligible	Employee
GA-IN		Kokorus	Milijana	Active - Payroll Eligible	Employee
GA-IN		Mccoy	Janellen	Active - Payroll Eligible	Employee
GA-IN		Balac	Slavica	Active - Payroll Eligible	Employee
GA-IN		Love Sr.	Deonte	Active - Payroll Eligible	Employee
GA-IN		Dukleski	Mitana	Active - Payroll Eligible	Employee
GA-IN		Brankovic	Jelena	Active - Payroll Eligible	Employee
GA-IN		Kotys	Brenda	Active - Payroll Eligible	Employee
GA-IN		Parker	Kimberly	Active - Payroll Eligible	Employee
GA-IN		Varnado	Latrice	Active - Payroll Eligible	Employee
GA-IN		Naylor	Nakia	Active - Payroll Eligible	Employee
GA-IN		Karamacoski	Violeta	Active - Payroll Eligible	Employee
GA-IN		Hernandez	Joaquin	Active - Payroll Eligible	Employee
GA-IN		Dunlap	Layla	Active - Payroll Eligible	Employee
GA-IN		Josevska	Silvija	Active - Payroll Eligible	Employee
GA-IN		Singleton	Katrenia	Active - Payroll Eligible	Employee
GA-IN		Prentoska	Snezana	Active - Payroll Eligible	Employee

4DD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler	* 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: NDC Homecare, LLC

Physical Address: 8840 Orchard Tree Lane

City: Towson State: MD Zip: 21286

Mailing Address (if different from physical address): 402 Bna Dr, Ste 500

City: Nashville State: TN Zip: 37217

Telephone: 615-366-3230 Website: www.preferredMedical.com

Name of Designated Representative (DR): Christopher Graham

Licensing Company Email: _____ DR Email: _____

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
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

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
Address: One Baxter Pkwy City: Deerfield State: IL Zip: 60025
Name: Cardinal Health
Address: 200 McKnight City: Jacksonville State: TX Zip: 75786
Name: Nestle
Address: 1007 US Hwy 202/206 City: Bridgewater State: NJ Zip: 08807
Name: National Distribution + Contracting, Inc.
Address: 402 Bna Drive, Ste 500 City: Nashville State: TN Zip: 37217

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): National Distribution + Contracting, Inc.
Corporation/Organization Name: NDC Homecare, LLC
Mailing Address: 402 Bna Dr., Ste 500
City: Nashville State: TN Zip: 37217
Telephone: 615-366-3230 Email: Compliance@ndc-inc.com
Contact Person Name: Djana Milliken

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/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.

NDC Homecare, LLC

Facility Name

Tammy Beasley

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

3/27/25

Date

Board Use Only	Date Received: 3/3/25	Amount: $1000.00

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
NDC Homecare LLC Dba Preferred Medical
8840 Orchard Tree Ln
Towson, MD 21286
Registration Number*: [redacted]
FEI Number*: [redacted]
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2026

Owner/Operator:
NDC Homecare LLC[6]
402 BNA Drive Ste 500
Nashville, TN US 37217
Owner/Operator Number: 10028221[7]

Official Correspondent:
Tammy Beasley
402 BNA Drive Ste 500
Nashville, TN 37217
Phone: 615-3009051

* 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=10028221&OwnerOperatc
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10028221&OwnerOperatc

Page Last Updated: 01/12/2026

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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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start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10028221&OwnerOperatc

Business
National Distribution & Contracting Inc./NDC Homecare LLC
402 BNA Drive Suite 500
Nashville TN 37217
And all locations

Officers
Jack Thomas Stephens III – CEO/President
[redacted]

Larry Tate CFO/Treasurer
[redacted]

Tammy Beasley – Compliance Manager/Asst.Secretary
[redacted]

State of incorporation Delaware

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NDC HOMECARE, 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 SIXTH DAY OF FEBRUARY, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NDC HOMECARE, LLC" WAS FORMED ON THE SECOND DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6333287 8300

SR# 20260475395

Authentication: 203027594

Date: 02-06-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

DISTRIBUTOR REGISTRATION

188805

STATE OF MARYLAND
DEPARTMENT OF HEALTH

Maryland Board of Pharmacy

4201 Patterson Avenue
Baltimore, Maryland 21215

Ndc Homecare, LLC
8840 Orchard Tree Lane
Towson MD 21286

THE MARYLAND STATE BOARD OF PHARMACY CERTIFIES THAT
Ndc Homecare, Llc
IS A REGISTERED Active
Distributor (exp.: 05/31/2027)

In accordance with the Health Occupations Article of the Annotated Code of Maryland

LIC. REG. PERM. NO.	EXPIRATION DATE
D07335	05/31/2027

SIGNATURE OF BEARER

1886805

188805

State of Maryland

DEPARTMENT OF HEALTH

THE MARYLAND STATE BOARD OF PHARMACY
CERTIFIES THAT Ndc Homecare, Llc
IS A REGISTERED Active
Distributor (exp.: 05/31/2027)

SIGNATURE OF BEARER

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. REG. PERM. NO.	EXPIRATION DATE
D07335	05/31/2027

SECRETARY MDH

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

Distributor Change of Information

A Distributor must report changes in their names, addresses, place of employment or other contact information in order to receive renewal notices, newsletters and other important information. A copy of a legal document, such as a Marriage Certificate, must accompany name changes.

To report changes, submit a completed Change of Information form. The form may be downloaded from the Board's website at http://dhmh.maryland.gov/pharmacy/Pages/ChangeRequest.aspx, or contact the Board to have the form sent to you.

Return the completed form by mail, fax or email to:

Maryland Board of Pharmacy
P.O. Box 2051
Baltimore, Maryland 21203-2051
Toll Free: (800)-542-4964 Fax: (410) 358-6207
Email: dhmh.mdbop@maryland.gov

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/03/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh Risk & Insurance Services CA License #0437153 633 W. Fifth Street, Suite 1200 Los Angeles, CA 90071 CN132167684-NDC-CAS2-24-25	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED NDC Homecare, LLC 402 BNA Drive, Suite 500 Nashville, TN 37217	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** N/A — N/A **INSURER B :** N/A — N/A **INSURER C :** Medmarc Casualty Insurance Co. — 22241 **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** LOS-002568292-05 **REVISION NUMBER:** 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE	$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
							PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	☐ **UMBRELLA LIAB** ☐ OCCUR ☐ **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below						☐ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Products / Completed Operations Liability			24TN380004	09/30/2024	09/30/2025	Each Occ. / Aggregate: Each Person Med. Expense:	$5,000,000 $10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

EVIDENCE OF INSURANCE to be added:8840 Orchard Tree Lane Towson MD 21286

CERTIFICATE HOLDER

NDC Homecare, LLC
402 BNA Dr. Ste 500
Nashville, TN 37217

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 Risk & Insurance Services

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"Effective 11/13/2024 this bond replaces Travelers Casualty and Surety Company of America Bond #107293788"

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. 800183614

Application/License No. _____

NDC Homecare, LLC dba Clinical Resources Incorporated (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 8840 Orchard Tree Lane, Towson, MD 21286 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty 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 605 Highway 169 North, Suite 800, Plymouth, MN 55441 (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 13, 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 1st day of November, 20 24.

APPLICANT/PRINCIPAL

COMPANY NDC Homecare, LLC
dba Clinical Resources Incorporated

Authorized Representative

SURETY

Atlantic Specialty Insurance Company

Surety Company's Representative

Kathy R. Mair, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Mechelle Larkin

Witness Sally Maliska

Countersigned by:

N/A

Nevada Resident Agent

Posted February 20, 2020

intact INSURANCE

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: **Brenda Wong, Kathy R. Mair, Marie Claire Trinidad, Martha Gonzales, Mechelle Larkin, My Hua, Sokha Evans, Tenzer V. Cunningham**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this first day of January, 2023.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Sarah A. Kolar, Vice President and General Counsel

STATE OF MINNESOTA
HENNEPIN COUNTY

On this first day of January, 2023, before me personally came Sarah A. Kolar, Vice President and General Counsel of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and she acknowledged the execution of the same, and being by me duly sworn, that she is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON D. NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2030

_____
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 1st day of November, 2024

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

_____
Kara L.B. Barrow, Secretary

This Power of Attorney expires
January 31, 2030

Please direct bond verifications to [redacted]

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

y

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG NDC Homecare, LLC MDEG License # (if applicable) _____

Physical Address 8840 Orchard Tree Lane

City Towson State MD Zip 21286

Mailing Address (if different from physical address) 402 Bna Drive, Ste 500

City Nashville State TN Zip 37217

Telephone 615-366-3230 Website www.preferredmedical.com

Licensing Company Email Compliance@ndc-inc.com

Section 2: Personal Information

First Christopher Middle Thomas Last Graham

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Phoenix State MD Zip [redacted]

Telephone 615-366-3230 Email cgraham@preferredMedical.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 Maryland - College Park		09/00 - 06/04	
Address	City	State	Zip
7901 Regents Dr	College Park	MD	20742
Diploma/Degree obtained, if any			
Bach of Landscape Architecture			

School Name		From - To (MM/YY – MM/YY)	
Community College of Baltimore County		09/99 - 06/00	
Address	City	State	Zip
7201 Rossville Blvd	Baltimore	MD	21237
Diploma/Degree obtained, if any			
General Studies			

School Name		From - To (MM/YY – MM/YY)	
Dulaney High School		09/95 - 06/99	
Address	City	State	Zip
255 Padonia Rd	Timonium	MD	21093
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
08/16 - Present	[redacted]	Phoenix	MD	[redacted]
07/03 - 08/16	[redacted]	Baltimore	MD	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	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)
NDC HomeCare, LLC		01/20 - Present
Business Address	**City**	**State / Zip**
8840 Orchard Tree Ln	Towson	MD 21286
Phone	**Title**	**Number of Employed Hours**
410.982.7030	Sales	48,800
Description of Duties		
Selling Medical Supplies		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description 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 th s 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
6/29/01	12/21/01	MD	Bel Air	Harford County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
OR0002822 4		District Court For Harford County		
Reason/Charge				
Possession (Marijuana)/Paraphernalia				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
State of MD vs Christopher T Graham				
Name of Business/Industry/Entity				

Provide explanation below:

I was 20 years old + had very poor judgement. I was found not guilty for the possession charge + a stet doc for the paraphernalia charge

On 6/17/24, the charges were pardoned by the Gouvnor

Original Signature (electronic, copies or stamps not accepted)

7/18/25
Date

3.24.25

On 6.29.2001, I was arrested and charged with Possession of Marijuana and Possession of Paraphernalia. I received PBJ for the Possession of Marijuana charge and a stet for the Possession of Paraphernalia charge. On 6.17.24, the Possession of Marijuana charge was pardoned. Attached is the case detail.

Maryland Judiciary Case Search

Case Detail

Case Information

Court System: **District Court For Harford County - Criminal**
Location: **Harford**
Case Number: **0R00028224**
Title: **The State of Maryland vs GRAHAM, CHRISTOPHER THOMAS**
Case Type: **Criminal - SOC - Application**
Filing Date: **06/29/2001**
Case Status: **Closed**
Tracking Number(s): **016025101610**

Other Reference Numbers

Central Complaint Number:: **01-71959**

Defendant Information

Defendant

Name: **GRAHAM, CHRISTOPHER THOMAS**
Race: [redacted]
HairColo
DOB:
Address:
City:

Attorney(s) for the Defendant

Name: **FANSHAW, GEORGE W**
Appearance Date: **07/13/2001**
Address Line 1: **Fanshaw & Goodman PA**
Address Line 2: **20 East Timonium Road**
Address Line 3: **Suite 110**
City: **TIMONIUM** State: **MD** Zip Code: **21093**

Involved Parties Information

Plaintiff

Name: **State of Maryland**

Officer - Arresting/Complainant

Name: **MITCHELL, KHALID**
AgencyName: **HARFORD COUNTY SHERIFF'S OFFICE**
Address: **45 S. MAIN STREET**
City: **BEL AIR** State: **MD** Zip Code: **21014**

Charge and Disposition Information

Charge No: **1** CJIS Code: **1-0573** Statute Code: **27.287.(a)**
Charge Description: **CDS: POSSESSION-MARIHUANA** Charge Class: **Misdemeanor**
Probable Cause: YES
Offense Date From: **06/29/2001** To:
Agency Name: **HARFORD COUNTY SHERIFF'S OFFICE** Officer ID: **0562**
Disposition
Plea: **Not Guilty** Plea Date: **12/21/2001** Judge: **Cooper, Mimi**

Disposition: **Probation Before Judgment - 641** Disposition Date: **12/21/2001** Judge: **MI1CO**
Sentence
Judge: **Cooper, Mimi**
Converted Disposition:
1. **FINE_AMOUNT: 1000.00 COST_AMOUNT: 20.00 CICF_AMOUNT: 35.00 SUSP_FINE: 900.00**

Charge No: **2** CJIS Code: **5-3550** Statute Code: **27.287A.(c)**
Charge Description: **CDS:POSS PARAPHERNALIA** Charge Class: **Misdemeanor**
Probable Cause: YES
Offense Date From: **06/29/2001** To:
Agency Name: **HARFORD COUNTY SHERIFF'S OFFICE** Officer ID: **0562**
Disposition
Plea: **Other Plea** Plea Date: **12/21/2001** Judge: **Cooper, Mimi**
Disposition: **Stet** Disposition Date: **12/21/2001** Judge: **MI1CO**

Bond Setting Information

Bail Date: **06/29/2001**
Bail Setting Type: **Release on Recognizance**
Bail Amount: **$0.00**
Judge:

Document Information

File Date: **06/29/2001**
Document Name: **Document Issued**

File Date: **06/29/2001**
Document Name: **Initial Appearance**

File Date: **12/21/2001**
Document Name: **SUPERVISION REFERRAL**

File Date: **04/23/2003**
Document Name: **Motion/Request**

File Date: **08/05/2020**
Document Name: **Request for Copies**

File Date: **06/17/2024**
Document Name: **Misdemeanor Cannabis Possession Charge(s) Pardoned by Gov.**

This is an electronic case record. Full case information cannot be made available either because of legal restrictions on access to case records found in Maryland Rules, or because of the practical difficulties inherent in reducing a case record into an electronic format.

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Service Desk: (410) 260-1114

Maryland Judiciary Case Search

Case Detail

Case Information

Court System: **District Court For Harford County - Criminal**
Location: **Harford**
Case Number: **0R00028224**
Title: **The State of Maryland vs GRAHAM, CHRISTOPHER THOMAS**
Case Type: **Criminal - SOC - Application**
Filing Date: **06/29/2001**
Case Status: **Closed**
Tracking Number(s): **016025101610**

Other Reference Numbers

Central Complaint Number:: **01-71959**

Defendant Information

Defendant

Name: [redacted]
Race:
HairCo
DOB:
Addres
City:

Attorney(s) for the Defendant

Name: **FANSHAW, GEORGE W**
Appearance Date: **07/13/2001**
Address Line 1: **Fanshaw & Goodman PA**
Address Line 2: **20 East Timonium Road**
Address Line 3: **Suite 110**
City: **TIMONIUM** State: **MD** Zip Code: **21093**

Involved Parties Information

Plaintiff

Name: **State of Maryland**

Officer - Arresting/Complainant

Name: **MITCHELL, KHALID**
AgencyName: **HARFORD COUNTY SHERIFF'S OFFICE**
Address: **45 S. MAIN STREET**
City: **BEL AIR** State: **MD** Zip Code: **21014**

Charge and Disposition Information

Charge No: **1** CJIS Code: **1-0573** Statute Code: **27.287.(a)**
Charge Description: **CDS: POSSESSION-MARIHUANA** Charge Class: **Misdemeanor**
Probable Cause: **YES**
Offense Date From: **06/29/2001** To:
Agency Name: **HARFORD COUNTY SHERIFF'S OFFICE** Officer ID: **0562**
Disposition
Plea: **Not Guilty** Plea Date: **12/21/2001** Judge: **Cooper, Mimi**
Disposition: **Probation Before Judgment - 641** Disposition Date: **12/21/2001** Judge: **MI1CO**
Sentence
Judge: **Cooper, Mimi**
Converted Disposition:
1. **FINE_AMOUNT: 1000.00 COST_AMOUNT: 20.00 CICF_AMOUNT: 35.00 SUSP_FINE: 900.00**

Charge No: **2** CJIS Code: **5-3550** Statute Code: **27.287A.(c)**
Charge Description: **CDS:POSS PARAPHERNALIA** Charge Class: **Misdemeanor**
Probable Cause: **YES**
Offense Date From: **06/29/2001** To:
Agency Name: **HARFORD COUNTY SHERIFF'S OFFICE** Officer ID: **0562**
Disposition
Plea: **Other Plea** Plea Date: **12/21/2001** Judge: **Cooper, Mimi**
Disposition: **Stet** Disposition Date: **12/21/2001** Judge: **MI1CO**

Bond Setting Information

Bail Date: **06/29/2001**
Bail Setting Type: **Release on Recognizance**
Bail Amount: **$0.00**
Judge:

Document Information

File Date: **06/29/2001**
Document Name: **Document Issued**

File Date: **06/29/2001**
Document Name: **Initial Appearance**

File Date: **12/21/2001**
Document Name: **SUPERVISION REFERRAL**

File Date: **04/23/2003**
Document Name: **Motion/Request**

File Date: **08/05/2020**
Document Name: **Request for Copies**

File Date: **06/17/2024**
Document Name: **Misdemeanor Cannabis Possession Charge(s) Pardoned by Gov.**

This is an electronic case record. Full case information cannot be made available either because of legal restrictions on access to case records found in Maryland Rules, or because of the practical difficulties inherent in reducing a case record into an electronic format.

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Service Desk: (410) 260-1114

Probation period: 12.21.2001 - 4.23.2003
Probation Officer: George Hamilton
Probation Office: 4990 Rhode Island Ave # 101, Hyattsville, MD 20781

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description 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.

I, CHRISTOPHER THOMAS GRAHAM, certify that as the MDEG Administrator for NDC HomeCare LLC,

that I (initial that you have read and meet the following requirements):

1. CTG Have a high school diploma or its equivalent;
2. CTG 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. CTG 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. CTG 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.

CHRISTOPHER GRAHAM
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/9/25
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 NDC HomeCare

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 8840 Orchard Tree Ln

City Towson State MD Zip 21286

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Christopher Middle Thomas Last Graham

Alias(es, nicknames, name changes, etc.) Chris

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Phoenix State MD Zip [redacted]

Telephone [redacted] Email CGraham@PreferredMedical.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 Maryland - College Park		09/00 - 05/2004	
Address	**City**	**State**	**Zip**
1101 Admin Bldg. - 7901 Regents Dr	College Park	MD	20742
Diploma/Degree obtained, if any			
Bach of Landscape Architecture			

School Name		From - To (MM/YY – MM/YY)	
Community College of Baltimore County		09/99 - 05/2000	
Address	**City**	**State**	**Zip**
7201 Rossville Blvd	Baltimore	MD	21237
Diploma/Degree obtained, if any			
General Ed			

School Name		From - To (MM/YY – MM/YY)	
Dulaney High School		09/96 - 05/99	
Address	**City**	**State**	**Zip**
255 Padonia Rd	Timonium	MD	21093
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/16 - Present	[redacted]	Phoenix	MD	[redacted]
07/08 - 07/16	[redacted]	Baltimore	MD	[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)
NDC HomeCare DBA Prefipped Medical			06/22 - Present
Business Address	**City**	**State**	**Zip**
8840 Orchard Tree Ln	Towson	MD	21286
Phone	**Title**	**Number of Employed Hours**	
410.982.7030	Account Executive	5,120	
Description of Duties			
• Sales of Infusion Supplies • Working w/Biomed Team to Establish Par Stock Levels			

Business Name			From - To (MM/YY – MM/YY)
Wolf Medical			01/20 - 06/22
Business Address	**City**	**State**	**Zip**
8840 Orchard Tree Ln	Towson	MD	21286
Phone	**Title**	**Number of Employed Hours**	
410.982.7030	Dir of Sales, Biomed	2,880	
Description of Duties			
• Sales of Infusion Supplies • Managed Biomed Team			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description 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?		
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, CHRISTOPHER THOMAS GRAHAM, certify that as the designated representative for

NDC HOMECARE DBA PREFERRED MEDICA,

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.

CHRISTOPHER GRAHAM

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/20/25

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.

CHRISTOPHER GRAHAM

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/20/25

Date

Please have this section completed in the presence of a Notary Public.

State of MARYLAND, ss. County of BALTIMORE

I, CHRISTOPHER GRAHAM, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/24/25

Date

Subscribed and Sworn to before me this 24th day of FEB - 2025

Notary Public Signature

(Seal)

RAKESH PATEL
Notary Public of the State of Maryland
Harford County
My Commission Expires March 26, 2028

Chris Graham - Account Manager

Mike Saffron - Biomed

Marcus Boone - Biomed

Jason Groff - Biomed

Henry Folmer - Shipping/Receiving

MARYLAND
Department of Health
Larry J. Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Dennis R. Schrader, Secretary

MARYLAND BOARD OF PHARMACY
4201 Patterson Avenue, Baltimore, Maryland 21215-2299
Jennifer Hardesty, Board President, Deena Speights-Napata, Executive Director

PHARMACY OPENING INSPECTION FORM

Maryland Pharmacy Permit Number	:	D07335
Inspection Date	:	06/20/2023
Corporate Pharmacy Name	:	NDC Homecare, LLC
Pharmacy Name-Doing Business as (d/b/a) or Trade Name	:	
Street Address	:	8840 Orchard Tree Lane, Towson, MD, 21286
Business Telephone Number	:	410-666-7867
Business Fax Number	:	None
Arrival Time	:	11:30
Departure Time	:	12:19
Name of Inspector	:	Amanda Vollmerhausen

1. PHYSICAL REQUIREMENTS AND EQUIPMENT

○Yes ○No ◉N/A	The pharmacy has a Class A prescription balance and weights, or a prescription balance with equivalent or superior sensitivity. COMAR 10.34.07.01A
○Yes ○No ◉N/A	The pharmacy has a refrigerator(s), solely for the storage of drugs requiring refrigeration, with a thermometer or a temperature monitoring device. COMAR 10.34.07.01B
○Yes ○No ◉N/A	The pharmacy has additional equipment to enable it to prepare and dispense prescriptions properly consistent with its scope of practice. COMAR 10.34.07.02
○Yes ○No ◉N/A	The pharmacy has hot and cold running water.
◉Yes ○No ○N/A	The pharmacy has a library of current reference sources consistent with its scope of practice that is accessible to all appropriate personnel. COMAR 10.34.07.03
◉Yes ○No ○N/A	The pharmacy has online resources. HO §12-403(b)(15)
◉Yes ○No ○N/A	The pharmacy possesses the current edition of The Maryland Pharmacy Laws and Regulations. HO §12-403(b)(10)(ii)

2. SECURITY COMAR 10.34.05

○Yes ◉No	The pharmacy is designed to prevent unauthorized entry when the prescription area is closed during any period that the rest of the establishment is open. (If yes, briefly describe how access is restricted.) COMAR 10.34.05.02A (5)

ADT Alarm Company is used.
Door Sensors / Motion Detector

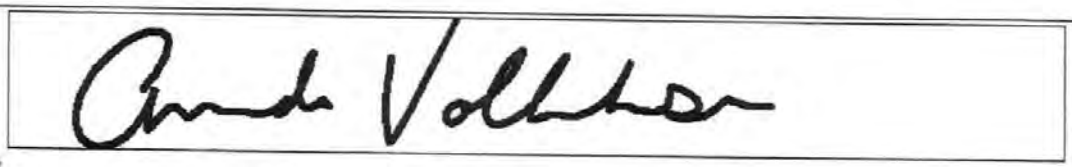
◉Yes ○No	The pharmacy and/or pharmacy department has a security system. COMAR 10.34.05.02A (2)

Opening Inspection:
- ◉Pass
- ○Fail
- ○Pending for Review

INSPECTOR'S COMMENTS:

Reviewed entire inspection report with Designated Representative Chris Graham. Note this inspection is to complete the change of ownership from NDC Homecare, LLC dba Clinical Resources Inc (D06700) to NDC Homecare, LLC that occurred on 12/31/2022. Alarm system was re-tested on 06/13/2023 by google video conference due to alarm company not receiving the signal during the previous test on 05/30/2023. These matters maybe forwarded to the board for review.

See attached Opening Inspection from 05/30/2023.

Inspector Signature:		
Pharmacist Name (Print):	0 Designated Representative: Chris Graham	Date: 06/20/2023
Received a copy of this inspection report:		

Supporting Documents.
D07335_06202023_720_NDC Homecare LLC_Alarm activity report.xls
D07335_06202023_720_NDC Homecare LLC_Alarm Monitoring Certificate.pdf
D07335_06202023_720_NDC Homecare LLC_CHOW application.pdf
D07335_06202023_720_NDC Homecare LLC_CHOW-Opening-page1_05-30-2023.pdf
D07335_06202023_720_NDC Homecare LLC_CHOW-Opening-page2_05-30-2023.pdf
D07335_06202023_720_NDC Homecare_email with alarm report.pdf

4EE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☒ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 00508	☐ 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: Otsuka ICU Medical LLC

Physical Address: 3900 Howard Lane

City: Austin State: TX Zip: 78728

Mailing Address (if different from physical address): 600 N. Field Dr, Attn: Licensing

City: Lake Forest State: IL Zip: 60045

Telephone: (512) 255-2000 Website: www.otsukaicumed.com

Name of Designated Representative (DR): Pablo Jimenez

Licensing Company Email: wesley.davis@icumed.com DR Email: pablo.jimenez@icumed.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: IV solutions (normal saline, mannitol, lactated ringers, etc.)	☐ 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 # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Wesley Davis
Original Signature (electronic, copies or stamps not accepted)

05/29/2025
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: _____

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): Otsuka Pharmaceutical factory America, Inc- 60%, ICU Medical, Inc-39%, ICU Medical Sales, Inc-1%

Corporation/Organization Name: Otsuka ICU Medical LLC

Mailing Address: 600 N. Field Dr, Attn: Licensing

City: Lake Forest State: IL Zip: 60045

Telephone [redacted] Email: wesley.davis@icumed.com

Contact Person Name: Wesley Davis

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)**	✓	✓	✓	✓
• [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.

Otsuka ICU Medical LLC

Facility Name

Wesley Davis

Print Name of Authorized Person Submitting Application

Wesley Davis

Original signature of Authorized Person (copies or stamps not accepted)

05/29/2025

Date

Board Use Only	Date Received: _____	Amount: _____

POWER OF ATTORNEY
STATE MANUFACTURER AND WHOLESALE DISTRIBUTOR
LICENSING/PERMIT APPLICATIONS AND RENEWALS

Name of Registrant: Otsuka ICU Medical LLC

Known all by these presents that Otsuka ICU Medical LLC, a limited liability company organized and existing under the laws of Delaware, and with offices at 3900 W Howard Ln, Austin, TX 78728 (the "Company") do hereby, constitute and appoint Wesley Davis as its true and lawful attorney-in-fact, in its name, place, and stead, to do the following acts and things related to the pharmaceutical and consumer health manufacturing and distribution facilities of the Company and its divisions:

1. In accordance with the regulations of the Drug Enforcement Administration, and state controlled substance regulations, to execute and verify the controlled substance distribution, import and export applications and renewals and all future amendments, as are necessary to permit the Company lawfully to distribute, import and export drug products regulated as controlled substances from its manufacturing and distribution sites, until this Power of Attorney is revoked. The Attorney-in-Fact understands that a copy of this Power of Attorney must accompany the state controlled substance application or Drug Enforcement Administration renewals.

2. In accordance with each State's administrative code to execute and verify the manufacturing and wholesale distributor licensing/permit applications and renewals and all future amendments, as are necessary to permit the Company lawfully to manufacture and distribute pharmaceutical and consumer health products from its facility and distribution sites, until this Power of Attorney is revoked. The Attorney-in-Fact understands that a copy of this Power of Attorney must accompany the state manufacturer and/or wholesale distributor licensing/permit application.

Otsuka ICU Medical LLC

Signature: L D Nguyen
Nicole Nguyen, CEO

Date: May 9, 2025

STATE OF TEXAS)
) ss
COUNTY OF TRAVIS)

Subscribed and sworn to (or affirmed) before me on this 13 day of May 2025, by Nicole Nguyen, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Seal:

ALMA ROSA PHYSCO
Notary Public, State of Texas
Comm. Expires 03-22-2026
Notary ID 133659557

Alma Rosa Physco
Notary Public, State of Texas

Drug Establishments Current Registration Site

New Search (index.cfm)

Search Results for **Otsuka ICU Medical LLC**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Otsuka ICU Medical LLC	1628454	117395980	ANALYSIS; LABEL; MANUFACTURE; PACK; REPACK;	3900 Howard Ln, Austin, Texas (TX) 78728, United States (USA)	12/31/2026

Showing 1 to 1 of 1 entries
Previous1Next
Data Current through: Thursday, Apr 16, 2026

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Otsuka ICU Medical LLC

FEIN: 33-3040385

Incorporated in the State of Delaware on January 22, 2025

Otsuka Pharmaceutical Factory America, Inc. - Parent Company

Address: 212 Carmel Sky St., Las Vegas, NV 89138

Ownership: 60%

ICU Medical, Inc. - Parent Company

Address: 951 Calle Amanecer, San Clemente, CA 92673

Ownership: 39%

ICU Medical Sales, Inc. - Parent Company

Address: 951 Calle Amanecer, San Clemente, CA 92673

Ownership: 1%

Loann Nicole Nguyen, CFO

Business Address: 3900 Howard Lane Austin, TX 78728

Business Phone: [redacted]

Miguel Pena, COO

Business Address: 3900 Howard Lane Austin, TX 78728

Business Phone: [redacted]

OFFICER'S CERTIFICATE
OF
OTSUKA ICU MEDICAL LLC

The undersigned hereby certifies that she is the duly appointed, qualified, and acting Chief Financial Officer of Otsuka ICU Medical LLC, a Delaware limited liability company (the "Company").

The undersigned further certifies that the following is a true and correct extract from the Unit Registrar of the Company as of May 13, 2025:

Name	Percentage Interest
Otsuka Pharmaceutical Factory America, Inc.	60%
ICU Medical, Inc.	39%
ICU Medical Sales, Inc.	1%

IN WITNESS WHEREOF, the undersigned, as the Chief Financial Officer of the Company, acting in her capacity as the Chief Financial Officer for the Company, has executed this Officer's Certificate on behalf of the Company as of May 13, 2025.

LNNguyen

Name: Nicole Nguyen
Title: Chief Financial Officer

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ICU MEDICAL SALES, 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 EIGHTH DAY OF JANUARY, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ICU MEDICAL SALES, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF JULY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

3414573 8300

SR# 20260074142

Authentication: 202759735

Date: 01-08-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

- Please contact Drugs and Food Safety Licensing Branch at (512) 834-6727 immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **https://www.dshs.texas.gov/drug-manufacturers-distributors/applications-forms-drug-manufacturers-distributor**
- Please submit written notice if you close or sell your business. You can email us at drugs-foodsafety@dshs.texas.gov.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drugs and Food Safety Licensing Branch at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

OTSUKA ICU MEDICAL LLC ATTN LICENSING
600 N FIELD DR
LAKE FOREST IL 60045

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

OTSUKA ICU MEDICAL LLC

3900 HOWARD LN
AUSTIN, TX 78728

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

PRESCRIPTION DRUG MANUFACTURER

License # 1004139
Expires: May 18, 2027

NON-TRANSFERABLE

Commissioner

519944

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Consumer Protection Division
PO Box 149347, Austin, TX 78714
(512) 834-6660

Name	ICU MEDICAL SALES INC ICU MEDICAL	License Type	Prescription Drugs
Address	3900 HOWARD LN AUSTIN TX 78728	License Number	1002135
Inspection Type	Monitoring/Compliance	Inspection Number	246393
Inspector	MARKWARDT, JASON T	Inspection Date	02/11/2025

NOTICE OF INSPECTIONAL OBSERVATIONS

This notice is to acknowledge that the Texas Department of State Health Services (DSHS) conducted an inspection of your business on the date listed above. The information that has been gathered is subject to further department review and you may receive additional correspondence as a result.

There is no deficiency/violation cited or noted within the scope of this inspection/visit.

Inspector:

MARKWARDT, JASON T

Date: 02/11/2025

Firm Representative:

Stuart Green

Date: 02/11/2025

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 108191205

Application/License No. _____

Otsuka ICU Medical LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 3900 Howard Ln., Austin, TX 78728 (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 401 Lennon Lane, 2nd Floor, Walnut Creek, CA 94598 (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 May 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.

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 4th day of June, 2025.

APPLICANT/PRINCIPAL

Otsuka ICU Medical LLC

Authorized Representative

SURETY COMPANY

Travelers Casually and Surety Company of America

Surety Company's Representative

Brittany Kavan, 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

Brittany Kavan, Nevada Non-Resident Producer
License No: 3378021
Expiration Date: 09/30/2027

Posted February 20, 2020

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Contra Costa)

On June 4, 2025 before me, Misty R. Hemje, Notary Public
(insert name and title of the officer)

personally appeared Brittany Kavan,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

MISTY R. HEMJE
Notary Public - California
Contra Costa County
Commission # 2473593
My Comm. Expires Dec 21, 2027

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 **BRITTANY KAVAN** of **SAN FRANCISCO**, **California**, 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 **4th** day of **June**, **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 ICU Medical Sales, Inc.

Pharmacy/Wholesaler License # (if applicable) WH00508

Physical Address 3900 Howard Lane

City Austin State TX Zip 78728

Mailing Address (if different from physical address) 600 N. Field Drive, Attn: Licensing

City Lake Forest State IL Zip 60045

Telephone 512-255-2000 Website www.otsukaicumed.com

Licensing Company Email wesley.davis@icumed.com

Section 2: Personal Information

First Pablo Middle _____ Last Jimenez

Alias(es, nicknames, name changes, etc.) n//a

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 3900 Howard Ln

City Austin State TX Zip 78728

Telephone [redacted] Email pablo.jimenez@icumed.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)	
Universidad Interamericana de Costa Rica		01/99 - 05/00	
Address	City	State	Zip
	Heredia, Costa Rica		
Diploma/Degree obtained, if any			
Master's in Industrial and Manufacturing Systems			

School Name		From - To (MM/YY – MM/YY)	
Louisiana State University		08/95 - 05/97	
Address	City	State	Zip
Patrick F. Taylor Hall	Baton Rouge	LA	70803
Diploma/Degree obtained, if any			
Post-graduate			

School Name		From - To (MM/YY – MM/YY)	
Universidad Fidelitas		02/92 - 05/95	
Address	City	State	Zip
	San Jose, Costa Rica		
Diploma/Degree obtained, if any			
B.S. Industrial Engineering			

School Name		From - To (MM/YY – MM/YY)	
Saint Francis High School		02/86 - 12/90	
Address	City	State	Zip
	Moravia, Costa Rica		
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 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
02/18 - present	[redacted]	Round Rock	TX	[redacted]
06/15 - 01/18	[redacted]	Round Rock	TX	[redacted]

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)	
Otsuka ICU Medical LLC.			05/25 - Present	
Business Address		**City**	**State**	**Zip**
3900 Howard Ln		Austin	TX	78728
Phone	**Title**		**Number of Employed Hours**	
512-244-8780	Materials Director		2,000	
Description of Duties				
Lead the Purchasing, planning, warehouse, and distribution group for one of the largest I.V. bag fabrication and bag filling manufacturing plant in the Pharmaceutical US network.				

Business Name			From - To (MM/YY – MM/YY)	
ICU Medical Inc.			07/17 - 04/25	
Business Address		**City**	**State**	**Zip**
3900 Howard Ln		Austin	TX	78728
Phone	**Title**		**Number of Employed Hours**	
512-244-8780	Materials Director		14,160	
Description of Duties				
Lead the Purchasing, planning, warehouse, and distribution group for one of the largest I.V. bag fabrication and bag filling manufacturing plant in the Pharmaceutical US network.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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 B: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Pablo Jimenez, **certify that as the designated representative for**

Otsuka ICU Medical LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. PJ I am at least 21 years of age;
3. PJ 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. PJ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. PJ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. PJ 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. PJ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Pablo Jimenez

Print Name (First, Last)

Pablo Jiménez C.

Original Signature (electronic, copies or stamps not accepted)

03/27/2026

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.

Pablo Jimenez

Print Name (First, Last)

Pablo Jimenez C.

Original Signature (electronic, copies or stamps not accepted)

03/27/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Travis

I, Pablo Jimenez, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Pablo Jimenez C.

Original Signature

03/27/2026

Date

Subscribed and Sworn to before me this 27 day of March, 2026.

Alma Physco

Notary Public Signature

ALMA PHYSCO
Notary Public, State of Texas
Comm. Expires 03-22-2030
Notary ID 133659557

(Seal)

Full Name
Abagodu, Zamizam
Abane, Briane
Abate, Keith
Abayon, Russell
Abbas, Shaan
Abdou, Ahmed
Abebe, Gete
Abebe, Hirut
Abebe, Meseret
Abedi, Saman
Abera, Mahlet
Abera, Tesfaye
Abiche, Getu
Abina, Guy Gregoire
Abraha, Solomon
Abrams, David
Abrams, Ethan
Abrams, Jeremy
Abrau, Hananeel
Acharya, Debindra
Acosta, Dante
Acosta, Ronnie
Acquah, William
Adame, Jay
Adame, Kristin
Adams, Richard
Adams, Velvie
Adane, Tilahun
Addison, Gloria
Adera, Tigist
Adimas, Yeshalem
Adjei, Edward
Adjei, Hanna
Admass, Bemnet
Admassie, Senait
Adomako-Adjei, Candy
Adomako-Adjei, Seth
Adun, Faith
Afari, Benjamin
Afenaw, Yared
Afenkhena, Solomon
Afsah, Saazina
Aguayo, Christopher

Aguilar, Hilario
Aguilar, Oscar
Aguillon, John
Aguirre Jr., Luis
Agundis, Bernardo
Ahmed, Abduljelil
Ahmed, Hikma
Ahmed, Rabab
Akalu, Ruth
Akinbode, Olabisi
Alaniz, Jesse
Alaniz, Sabina
Alaro, Eyasu
Alazzawi, Doaa
Alba, Laura
Alderete, Benny
Aleman, Gary
Alemayehu, Mengistu
Alemu, Hulemenaye
Alexander, Duane
Alexander, Jacob
Alexander, Richard
Alfaro III, Alfredo
Alford, David
Allen, Aaliyah
Allen, Robert
Allen, Travontai
Allison, Stacy
Almond, Christopher
Alvarado , Juan
Alvarado, Ernest
Alvarez, Francisco
Alvarez, Guadalupe
Alvarez, Juan
Alvarez, Maricela
Amador, Osman
Amanfo, Richard
Amare, Tizita
Amaya, Juan
Ambaw, Hewan
Amimer, Nora
Amons, Kisha
Amu, William
Anderson, Adona

Anderson, Eric
Anderson, Joshua
Anderson, Lb
Andrade, Eric
Andrews, James
Andrews, James
Anival, Jose
Annen, Robert
Anokye, Akwasi
Ansah-Nyampong, Sampson
Antony, Abinay
Antony, Cyriac
Antoshkina, Elizaveta
Anwar, Ahmad
Aouje, Ahmad
Aranda, Christopher
Araujo, Ivandro
Arbas, Abdi
Archuleta, Ruben
Areru, Yamanuelwork
Arevalo, Hector
Argueta, Erick
Arko, Justice
Arko, Ophelia
Arldt, Mark
Armendariz Garcia, Pedro
Armenta, Yolanda
Armstrong, David
Armstrong, Ollie
Arredondo, George
Arredondo-Valero, Jesus
Arriaga, Jacob
Arshad, Arsalan
Aryal, Deepa
Asamoah, Osei
Asante, Fred
Asemare, Alemwork
Ashagre, Assefa
Ashley-Cooper, Jahiem
Ashmore, Christian
Asif, Muhammad Waqas
Asuah-Poku, James
Atkins, Jared
Attah, Oliver

Austin, Byron
Avalos, Claudia
Avalos, Richard
Avalos, Rudy
Avila, Edson
Avila, Felipe
Avila, Javier
Aviles Mancha, Francisco
Avlayee, Christine
Ayala Chapa, Freddy
Ayala, Walter
Ayalew, Betelham
Ayano, Helen
Ayenew, Mihretab
Ayers, Alfred
Ayers, Pamela
Ayodoro, Mario
Aziz, Hafsa
Baca, Steven
Bacon, Emily
Bailey, James
Bailey, Karl
Baker, Adam
Baker, Andrew
Baker, Cameron
Baker, Danielle
Baker, Jeffrey
Baker, Kasi
Baker, Shawn
Balcha, Assegedech
Ballesteros, Carolina
Banahee, Elijah
Banda, Gilberto
Banda, Ian
Bandt, Harlan
Baniya, Sanchita
Banks, Brian
Barriga Barriga, Liliana
Barron, Juan
Barry, Kevin
Barthe, Curtis
Bartlett, Brandon
Basey, Kenneth
Basnet, Hema

Basnet, Singha
Bastola, Ishwor
Bauer, Michael
Bauman, Vivi
Bautista, Eddy
Bay, John
Baylor, Jayden
Bazan, Vikki
Becerril, Luis
Bedassa, Habtu
Bega Jr, Justo
Behrendt, Dwight
Bejiga, Kemeria
Bekele, Elsa
Belay, Hana
Belay, Negus
Belete, Eseyte
Bell, Sheila
Bellfield, Sandra
Benitez, Nestor
Benning, Derick
Benton, Analou
Berglund, Penny
Berlizov, Igor
Bernero, David
Berrios Sanchez, Sharisa
Betak, Edward
Betsuan, Tedla
Bezabhe, Markos
Bezabhe, Yeheyis
Bhandari Poudel, Shanti
Bhandari, Raj
Bhattarai Poudel, Nilam
Bikila, Marta
Birhanu, Getachew
Biru, Ermiyas
Bischoff, Ashley
Bishop, Silas
Bishop, Terry
Blackmon, Yolanda
Blaha, Renee
Blake, Leroy
Blandin, Dolores
Blaylark, De'Shawna

Blenden, Ronald
Bocz, Michaela
Bocz, Toni
Boen, Robert
Bogale, Netsanet
Bogati, Shasmita
Bohanan, Bryan
Bohne, Bryan
Bolden, Larry
Bomer, Brigitte
Bond, Timothy
Bonilla, Blanca
Boozer Jr, Floyd
Borel, Garrison
Borel, Kevin
Borges Benitez, Dayana
Boring, Charles
Borrero, Rosmery
Bostick, Trevon
Bosworth, Stuart
Bouphavong, Ping
Bouth, Bonette
Boutin, Colleen
Bracamontez, Martin
Braithwaite, Darryl
Branch, Rosalind
Brauckman, Randall
Bravo, Austin
Bravo, Justin
Breceda, Daniel
Brent, Frederick
Breslin Jr, Jacweir
Brewer, Roger
Briandt, Christian
Bridgers, James
Brifo, Ernest
Brinkley, Thomas
Briones, Andrew
Briseno, Joyce
Brite, Castoria
Broadway, Paul
Brooks, Evelyn
Brooks, Hiram
Brooks, John

Brooks, Marissa
Browder-Long, Jess
Brown, Adam
Brown, Erika
Brown, Jennifer
Brown, Lakea
Brown, Maxwell
Brown, May Joe
Brown, Reginald
Brown, Shannon
Brownlow, Darrion
Brownlow, Veronica
Bruce, Matthew
Bryant, Azure
Buchanan, Christopher
Buhr, Anika
Bui, Truong
Bunton, Karly
Burke, Stanley
Burks, Trineka
Burns, Sidney
Butler, James
Button, Gavin
Byrd, Riley
Byrne, Thomas
Caal, Manuel
Cabilatazan, Charlie
Cabilatazan, Emilyn
Cabrera, Feliberto
Cadenas, Yimmi
Caesar, Jermaine
Cai, An
Caldera, Jesus
Calhoun, James
Calvo, Will
Campos, Jonathan
Cannon, Ash'ton
Cantero, Raul
Cantrell, Elizabeth
Cantu, Mario
Cantue, Estelle
Cantue, Irving
Cantwell, Cody
Cao, Yisi

Capolo, Frederico
Caraveo, Paloma
Carballo-Angel, Elizabeth
Card, Mark
Cardenas, Maria
Cardiel, Alejandro
Cardiel, Sharon
Cardona, Alejandro
Cardona, Roberto
Cardwell, Brazos
Cargill, Thomas
Cariveau, Jacquelyn
Carlo, Loralie
Carothers, Zion
Carpenter, Lesa
Carranza, Jose
Carreno, Trenten
Carrillo, Felix
Carrizalez, Angelica
Carroll, Ryan
Carter, Jamal
Carter, Tamesha
Casazza, Brett
Casimier, Terrence
Castanala, Jaminto
Castelan, Guadalupe
Castellanos, Andrea
Castillo, Martin
Castillo, Mary
Castleberry, Raymond
Castro Cruz, Andrea
Castro, Ashley
Castro, Christopher
Castro, David
Castro, Eric
Catalano, James
Cauvel, Sarah
Ceballos Jr., Richard
Ceballos, Mark
Cedillo, Sofia
Cervantes, Augustine
Cesario, Jairo
Chacon, Rebekah
Chadalavada, Naga Navya

Chan, Wylie
Chapagain, Ganesh
Chapman, Christopher
Charity, Samuel
Charleston, Alette
Chau, Binh
Chau, Dinh-Diamond
Chau, Jacqueline
Chau, Xuong
Chavez, Jose
Chavez, Lydia
Che, Sunny
Chehab, Merwan
Chemaly, Danielle
Cherinet, Biruk
Cherinet, Cherinet
Chervenka, Glenn
Childers, Beth
Childres, John
Chilton, Christopher
Christian, Alissa
Christopher, Shelby
Cinama, Marceline
Clark, Isaac
Clark, Paul
Clark, Shage
Clarke, Adrian
Clemenshaw, Jared
Clement, Chad
Coates, David
Cobb, Keyanna
Coberley, Kanon
Coc, Lester
Coker, Dainan
Collins, Alexander
Collins, Corey
Collins, Edwinna
Collins, Lauren
Coneje, Emilio
Conejo, Javier
Connell, Stephanie
Conteh, Kandeh
Contreras Gavarrete, Leandra
Contreras, Alexander

Contreras, Angel
Contreras, Teresita
Cook, Nicholas
Coolman, John
Cooper, Charles
Cooper, Jimmie
Cooper, Richard
Cooper, Stephen
Copes, Donald
Coraggio, Douglas
Corbett, Cameron
Cordova-Smith, Maria Valeria
Cornelius, Patrick
Cornell, Scott
Corona, Karen
Coronado, Mildreth
Cortez, Nicolas
Corvea, Katia
Cotten, Justin
Couch, Harry
Couch, Preston
Cousin, Melonie
Cox, Philip
Craig, Johnny
Cramer, Jason
Crathers, Keena
Crawford, Danny
Crenshaw, Brajhon
Crenshaw, Earl
Crenshaw, Jakeem
Criswell, Keyanti
Cross, Joey
Crow, Caden
Crow, Thomas
Cruz, Christian
Cruz, Mya
Cruz, Pedro
Cruzado, Carlos
Cumberledge, David
Cunningham, Jimmie
Curley, Lamarcus
Current, Sam
Curry, Belia
Curry, George

Curry, Ramona
Curtis, Wayne
Czyz, Matt
Dadjro, Elie
Dahal, Modanath
Dail, Nicholas
Dalee, Asaffaa
Damle, Prajakta
Damte, Yifru
Dang, Cam
Dang, Minh
Dang, Nghi Xuan
Daniel, Edward
Dao, Chac
Dao, Loc
Dargachew, Muna
Davenport, Jarrett
Davidson, Michael
Davidson, Misty
Davila, Amanda
Davila-Campos, Julio
Davis, Amala
Davis, Chad
Davis, Courtney
Davis, Jeremy
Davis, Jonathan
Davis, Josh
Davis, Shrieka
Dawson, Courtney
Dawson, La Ray
Day, Deanna
Day, Neil
Day, Neil
Dayag, Pepito
De La Rosa, David
De La Rosa, Dianna
De La Torre, Orlando
Deanda, Francisco
Dear, Danny
Dedji, Kobaye
Degu, Almaz
Degu, Hellen
Degu, Mihret
Degu, Seifu

Degusew, Kidist
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Deleeuw, Rebekah
DeLeeuw, Savannah
Deleon, Demetria
Deleon, Maria
Delgado, Jonathan
Delgado, Jose
Delgado, Monica
Deluna, Danny
Demissie, Dereje
Demming, Zamario
Denbel, Biruk
Denning, Desire
Dennison, Brian
Derar, Yeshiwork
Derochie, Bryan
Desalvo, Ryan
Desta, Hana
Detjen, Jon
Detjen, Michael
Deveise, Wayne
Devore, Cameron
Dewberry, Deaunyae
Diaconescu, Cristina
Diakite Epse Kouakou, Nankan
Diaz Becerra, Yuniel
Diaz Vega, Marco
Diaz, Adrienne
Diaz, Lewis
Diaz-Delafuente, Vanessa
Dikandja, Shomba
Dillon, Rysaiah
Dinet, Amiah
Dinh, Luong
Dinh, Vanna
Dircio, Joshua
Dixon, Austin
Dixson, Michele
Djiba, Mbagnick
Do, Ethan
Do, Gary
Do, Ngoan

Doan, Phong Huy
Dockery, Marquise
Doctolero, Demarc Roel
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Dominguez, Rigoberto
Dominic, Salamma
Donapati, Geetha
Donoghue, Ben
Dozier, Eric
Dozier, James
Draehn, Kevin
Duckworth, Joseph
Dudley, Dietrich
Dulal, Madan
Dumitrescu, Harald
Duncan, Deonte
Dunn, Jasper
Dunn, Roy
Duong, Betty
Duong, Thuong
Duplechin, Elliott
Duran, Eduardo
Duran, Jose
Duran, Sergio
Durante, Frank
Duressa, Naol
Duvall, Gregory
Duvall, Paul
Dyer, Matthew
Easley, Regina
Easter, Deareious
Eckert, Daniel
Economos, Nicholas
Ecuben, Faith Diana
Edwards, Clayton
Edwards, Glen
Eguzozie, Kennedy
Elala, Yewbdar
Elert, James
Elizondo, Ramiro
Embra, Charles
Embra, My-Linh

Enriquez, Ramon
Erena, Darmyelesh
Erpassa, Tagay
Escamilla, Michael
Escamilla-Renaud, Kristel
Escobedo, Eliazar
Escoto, Nicholas
Eshetu, Joseph
Esparza Jr., Oscar
Espinos, Melissa
Espinoza, Isaul
Espinoza, Ivan
Espinoza, Jorge
Essell, Phillip
Esteves Sanches, Miguel
Esteves, Christina
Estrada, Analdelys
Estrada, David
Etroo, Jacob
Eulenfeld, Tera
Evangelista, Harold
Ewazali, Kareema
Ewest, Andrew
Ewing, Edwin
Ezewu, Clement
Fabien, Mackenson
Fajardo Perez, Maidaly
Fantu, Tewodros
Farah, Abdi
Farrell, Joshua
Faust, Kayla
Faz, Rigoberto
Felan, James
Fenley, John
Fernandez Segura, Joseph
Fernandez, Anthony
Fernandez, Carlos
Fernandez, Miriela
Ferraz, Kathleen
Ferris, Charles
Fesseha Asres, Yonas
Fields, Daniel
Figueroa, Jose
Finto, Matthew

Fitta, Asfan
Fitzgerald, Antonio
Fleming, Frederick
Florczak, Kaya
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Flores, Alina
Flores, Gabriel
Flores, Ignacio
Flores, Joe
Flores, John
Flores, Julio
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Flores, Ricardo
Flores, Trinidad
Flott, Marcus
Fluckiger, Kelly
Foley, Patrick
Foley, Tom
Fonseca, Darlenys
Ford, Charles
Foreman, Jeffrey
Forester, Len
Fortune, Kevin
Fowler, Charlotte
Fowles, Richard
Fraga, Javier
Franco, David
Franks, Steven
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Frederick, Ramona
Freeman, Andrew
Friesel, Anita
Friesel, Tim
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Fuentes, Isaias
Fuentes, Jorge
Fugua, Geoffrey
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Fulfer, Chance
Fulford, Edward
Fulgencio Jr, Juan
Fulgencio, Daniel
Fulgencio, David
Fulgencio, Miguel

Funk, Mark
Furey, Kevin
Furlong, O-Sun
Gaba, Connor
Gaba, Victor
Gabino, Ronny
Gabriel Aceituno Salgado, Angel
Gacilos, Nathaniel
Gaines, Pamela
Gainey, Michael
Galvan, Joaquin
Gamade, Bashatu
Gamez, Francisco
Gamez, Justin
Gandt, Stewart
Gapinski, Christian
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Garcia Morales, Aranza
Garcia Puente, Alejandro
Garcia Sr, Ronnie
Garcia, Adrian
Garcia, Andres
Garcia, Arnaldo
Garcia, Claudia
Garcia, Donaldo
Garcia, Edwin
Garcia, George
Garcia, Hector
Garcia, Joe
Garcia, Joe
Garcia, Jonathan
Garcia, Jose
Garcia, Maricela
Garcia, Natalie
Garcia, Nielsen Rojas
Garcia, Pete
Garcia, Phillip
Garcia, Wilmer
Garcia, Yessenia
Gardner, Trevia
Garrett, Bernard
Garrett, Jason
Garrido, Arnulfo

Garyet, Subina
Garza, Brenda
Garza, Monica
Gase, Peter
Gault, Linda
Gauna, Melody
Gautam, Pradeep
Gautam, Samikshya
Gautam, Sonu
Gaytan, Eduardo
Geberehiwot, Debabu
Geberehiwot, Helen
Gebeyehu, Mesfin
Gebisa, Tsion
Gebre, Aster
Gebre, Emebet
Gebremedhin, Tigisti
Gebremeskel, Zenaw
Gebreyesus, Akelat
Gegeziabhare, Helen
Geletu, Etenesh
Geletu, Saba
George, Michelle
George, Shawn
Gerensi, Ynicya
Getachew, Mulualem
Getachew, Yemisirach
Getahun, Getachew
Getaneh, Abrham
Getz, Carrie
Ghalib, Abubeker
Ghosh, Praveen
Giamona, John
Gibson, Daniel
Gibson, Darrell
Gibson, John
Gick, Jeff
Gilchrist, Matthew
Giller, Roger
Gillespie, Anthony
Gillespie, Christopher
Gillespie, Joshua
Gilmore, Edgar
Gines, Ashley

Girma, Helen
Glass, George
Gobeze, Sewnet
Godbey, Rodney
Gomez, Danilo
Gomez, Heraus
Gomez, Maria
Gomez, Michael
Gomez, Ruben
Gonefa, Sara
Gonfa, Yoseph
Gonzaba, Louis
Gonzales, Joseph
Gonzales, Nicolas
Gonzalez Urbina, Adolfo
Gonzalez, Adalberto
Gonzalez, Adriana
Gonzalez, David
Gonzalez, Edward
Gonzalez, Edwin
Gonzalez, Enrique
Gonzalez, Jesse
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Gonzalez, Joe
Gonzalez, Jose
Gonzalez, Joseph
Gonzalez, Miguel
Gonzalez, Rigoberto
Gonzalez, Rosa
Gonzalez, Salvador
Gonzalez, Vincent
Gorman, Michelle
Gouhari, Zarmina
Govellan, Juan
Graham, Don
Graham, Jonathon
Grand, Dean
Grant, Breon
Graves, James
Gray, Austin
Gray, Darrius
Gray, Sean
Greathouse, Todd
Green, Shannon

Green, Sharon
Green, Stuart
Gregerson, Dan
Gregg, Andrea
Gregoire, Fredrick
Grice, Isaiah
Griffin, Donovan
Grigas, Alysse
Griggs, George
Guajardo, Abel
Guajardo, Joel
Guajardo, Jose
Guajardo, Lauren
Guajardo, Nathan
Guajardo, Rick
Gudat, Hiedee
Gudat, Keith
Guerra, Nancy
Guerrero, Carlos
Guerrero, Fernando
Guerrero, Hilario
Guerrero, Lisa
Guerrero, Rudy
Guice, Raymond
Guidry, Nelson
Guim, Javier
Gurung, Robin
Guteirrez, Angel
Guthrie, Daniel
Gutierrez, Alexandre
Gutierrez, Banifacio
Gutierrez, Nathan
Gutmann, Candida
Guzman, Gilbert
Guzman, Jonathan
Gwyan, Edward
Haase, Josie
Habberfield, Richard
Habbit, Norma
Habtesilassie, Temesgen
Hadaway, Charles
Haile, Merid
Haile, Semret
Hailemichael, Temesghen

Haileselasie, Dereje
Hailu, Elsabet
Hailu, Hirut
Hailu, Yodit
Hale, Nathan
Haley Jr, Alvin
Hamaker, Kent
Hamilton, Andrew
Hamilton, David
Hamkar, Ghazi
Hamon, Nikolas
Hampton, Donta
Hanack, Colton
Handy, Cory
Handy, Jonathan
Hans, Terry
Haque, Md
Hardeman, Damien
Hargett, David
Harlan, Alecsander
Harper, Gavin
Harrell, Ricky
Harris, Avery
Harris, Samuel
Harris, Wanda
Harrison, Trace
Hart, Alfred
Hartstein, Kennon
Harun, Khalida Binte
Hawkins, Arturo
Haydon, James
Hayes, Cecil
Hayes, Pamela
Haynes, Frederick
Haywood, Shamron
Haywood, Wade
Head, Kenny
Heck, Chad
Heck, Chance
Heck, Zane
Heckman, Michael
Hedges, Dale
Heerensperger, Mark
Helmes, Glenn

Henderson, Monica
Hendricks, Jermaine
Henen, John
Hennig, Shelby
Herman, Mike
Hernandez Chim, Daniel
Hernandez, Alfredo
Hernandez, Amelia
Hernandez, Angel
Hernandez, Chrissa
Hernandez, Connie
Hernandez, Eduardo
Hernandez, Felipe
Hernandez, George
Hernandez, Isaac
Hernandez, Juan
Hernandez, Juan
Hernandez, Juanita
Hernandez, Oscar
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Hernandez, Pablo
Hernandez, Pedro
Hernandez, Robert
Hernandez, Ruben
Hernandez-Cortez, Fernando
Hernandez-Cortez, Odon
Herrera, Adolfo
Herrera, Carol
Herrera, Janice
Herrera, Manuel
Herrera, Raquel
Hertenstein, Scott
Hicks, Adrian
Hicks, Justin
Hill, Davis
Hill, Jerald
Hill, Johnnie
Himariam, Lidiya
Hinson, Andrew
Ho, Jimmy
Ho, Thai
Hoage, Luke
Hoang, Giang
Hoang, Tien

Hogan, Melvin
Hogue, James
Holder, Walter
Holmes, Kathleen
Holstein, Bige
Horn, Ronnie
Horton, Jerome
Horton, Merci
Horvath, Jennifer
Houghton II, Calvin
Houston, Debra
Houston, Steven
Howard, Anthony
Howell, Mosses
Howell, Stephen
Howes, Patti
Hu, Yuting
Hubbard, Anthony
Hubbard, Rodney
Hudson, Stan
Huerta, Dennise
Huerta, Sergio
Huff, Chernell
Huff, Kevin
Huffcut, Jonathan
Hugo, Chuck Alen
Hunt, Cherrell
Hurtado, David
Hutchason, Nicholas
Hutcheson, Brandon
Huynh, Annie
Huynh, Hang
Huynh, Thang
Huynh, Thanh
Huynh, Thanh Tuyen
Huynh, Them
Huynh, Vinh
Hyatt, Rodney
Hydery, Tatheer
Ibarra, Priscilla
Ibrahim, MacLean
Igbo, Emeka
Igwe, Ezekiel
Impens, Lisa

Inglis, Carrie
Inman, Kevin
Irakoze, Diane
Irwin, Leslye
Islam, Md
Izaguirre, Elmer
Jackon, Taylor
Jackson, Anthony
Jackson, Chris
Jackson, Domenique
Jackson, James
Jackson, Joshua
Jackson, Michael
Jackson, Nicole
Jackson, Tiffany
Jackson, Vicki
Jaeger, Bryce
Jaimes, Apolonia
Jaimes, Dolores
Jaimes, Jaime
Jaimes, Servando
Jalaliani, Mahyar
Jalizadeh-Moein, Sayyed Amir
James, Donald
James, Frankie
James, Joseph
James, Virginia
Jaramillo, Matthew
Jaramillo, Rachel
Jasek, Travis
Jasienowski, Wayne
Javieno, Nathaly
Jayaprakasam, Augustin
Jefferson, Gerren
Jenberie, Adamtachew
Jenkins, Andrea
Jenkins, David
Jenkins, Jay
Jennings, Wesley
Jeronimo, Liliana
Jezisek, Scott
Jiang, Amanda
Jimenez Corrales, Pablo
Jimenez, Eric

Jimenez, Gisel
Jimenez, Ivette
Jimenez, John
Jimenez, Reynier
Jiru, Dawit
Jiru, Gashaw
Johns, Angelique
Johnson II, James
Johnson, Carlton
Johnson, Donald
Johnson, Eric
Johnson, Kenneth
Johnson, Khadijah
Johnson, Lee
Johnson, Lovell
Johnson, Nicholas
Johnson, Quantrell
Johnson, Rashaun
Johnson, Terence
Johnson, Tyler
Jones, Allen
Jones, Austin
Jones, Charles
Jones, Curtis
Jones, Darren
Jones, Matthew
Jones, Scott
Jones, Shareka
Jones, Shaun
Joseph, Anna
Joseph, Sherrod
Juarez, Francisco
Juarez, Gustavo
Juarez, Julissa
Juarez, Xavier
Jubelag, Rhona Joy
July, De'Airio
Kabore, Alimatou
Kade, Gregory
Kallepalli, Venkata
Kamil, Arsalan
Kandpal, Aviral
Kaphle, Bidhya
Karam, Elie

Karcher, Tim
Kareem, Jamal
Karki, Benju
Karse Meyer, Kirk
Kasonga, Karim
Kassa, Hanna
Kassa, Mulugeta
Kassaye, Gidey
Katzer, Aaron
Kaufman, Warren
Keating, Whalen
Kebede, Dawit
Kebede, Degefu
Kebede, Sirage
Kee, Joshua
Keen, Naisola
Kegel, Rowena
Keller, Chad
Kelley, Barbara
Kelly-Williams-Henderson, Wanda
Kennon, Carlton
Kenso, Merkeb
Keodara, Vansavat
Kern, Terrance
Kerr, Lori
Kesseme, Wubashet
Ketema, Riese
Ketema, Workye
Khadka, Jooni
Khairi, Hadia
Kharel, Bijay
Khurram, Asma
Kieu, Khoi
Kieu, Phong
Kilburn, Robert
Kim, Yun
Kincaide, Kelin
King Jr, James
King, James
King, Jerod
Kirby, Camellia
Kirgan, Chase
Kirk, Emilie
Kissi, George

Klekotta, William
Klesel, Melissa
Klotz, Tyler
Knackstedt, Michael
Knoop, Randy
Kobayashi, Nicholas
Kochan Byrd, Akayla
Koehler, Brandy
Koerber, Kaci
Komi, Fatimata
Kosh, Kirk
Kostroun Iii, August
Kowo Takap, Henri
Kramer, Brian
Kramer, Peter
Krehn, Stephen
Krongauz, Vadim
Krueger, Clifton
Kruse, Frances
Kuagbela, Wisdom
Kumar, Kalyani
Kunwar, Pooja
Kur, Hannah
Kwarteng, Evans
Kwarteng, Kate
La, Kenny
La, Tuan
Laas, Lloyd
Laas, Soraida
Labouve, Booker
LaBouve, Eva
Lacurom, Cariza
Lafond, Jenny
Lahitte Crohare, Eleonore
Lai, Chi
Lai, Chuong
Lai, Minh
Lai, Thanh
Lam, An
Lam, Le
Lam, Tu
Lane, Ezra
Lang, Aimee
Lange, Cody

Lange, Jacob
Laosebikan, Ola
Lappe, Rick
Lara, Joel
Lara, Vanessa
Larremore, William
Latham-Whitehead, Kimberly
Latif, Fehmida
Lawson, Charles
Laya, Renan
Le, A.
Le, Canh Bau
Le, Canh Phuong
Le, Hieu
Le, Michael
Le, Minh
Le, Nam
Le, Nghi
Le, Ngo
Le, Nham
Le, Rich
Le, Ta
Le, Vinh
Ledesma, Angel
Lee, Donta
Lee, Savannah
Lee, Sharmaine
Lee, Wood
Leeper, Ricardo
Lehmkuhl, Nicholas
Lekki, James
Lemma, Abeba
Lemons, Robert
Letner, Lucas
Lewandowski, Jenna
Lewison, Kent
Leyva, Daniel
Licon, Michael
Lidge, Xavier
Liebfried, Jennifer
Limerick, Michael
Limon, Robert
Limuel, Demorris
Lippold, Aaron

Liston, David
Liuzzi, Kevin
Llorente, Jaime
Lockhart, James
Lockhart, Robert
Lockley, Hazel
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Long Soldier, Kieli
Longoria, Anthony
Longoria, Tony
Lopez Jr, Felipe
Lopez, Adrian
Lopez, Cassidy
Lopez, Denison
Lopez, Ezequiel
Lopez, Gilbert
Lopez, Homero
Lopez, Jaime
Lopez, James
Lopez, Javier
Lopez, Jorge
Lopez, Linda
Lopez, Mark
Lopez, Rafael
Lopez, Ramona
Lopez, Sammy
Lopez, Stephen
Lopez, Yvonne
Loughman, Richard
Lucas, David
Lugo, Miguel
Lujan, Fabian
Luna, Alma
Luna, Christopher
Luna, Domingo
Luna, Edward
Luna, Rosa
Luong, Phong
Lutz, Jeremy
Luu, Chinh
Luu, Phong
Luu, Qui
Luu, Thao
Luza, Eric

Ly, Ha
Ly, Loc
Ly, Long
Lyons, Luther
Mabson, Victoria
Machado, Rafael
Macias, Servando
Mackey, Odell
Mackirdy, Shelby
Madison, Whitney
Magana, Ana
Magana, Kimberly
Magana, Sandra
Mahoney, Hayden
Mairena , Jonathan Tejada
Maisonet, Christian
Maja, Amarech
Maknojiya, Saif
Malanaphy, Madison
Malone, Terrell
Maloney, Jordan
Malott, Robin
Malunga, Austin
Malunga, Tawanda
Malveaux, Trevon
Mammadli, Elchin
Mancera, Francisco
Mangu, James
Manilla, Jason
Mann, Zachariah
Maquin, Hector
Marin, Jennifer
Marin, John
Marion, Kyree
Mark, Roland
Markwardt, Janette
Marmolejo, Victoria
Marquez, Jonah
Marquez, Juan
Marrast, Leron
Marsden, George
Marshall, Renita
Marshall, Stanley
Martin, Isidro

Martin, Josh
Martin, Josh
Martin, Nelson
Martin, Tobijah
Martine, Beth
Martinez, Alfonso
Martinez, Angel
Martinez, Antonio
Martinez, Carlos
Martinez, Emmanuel
Martinez, Eric
Martinez, Freddie
Martinez, Gabriel
Martinez, Hugo
Martinez, Janice
Martinez, Jessica
Martinez, Jorge
Martinez, Jose
Martinez, Leslie
Martinez, Luis
Martinez, Marcelo
Martinez, Marcial
Martinez, Mark
Martinez, Monica
Martinez, Nancy
Martinez, Noel
Martinez, Oscar
Martinez, Ramon
Martinez, Reymundo Zepeda
Martinez, Ricardo
Martinez, Teddy
Marvin, Milton
Mason, John Paul
Mason, Trevor
Masterson, Nick
Mata Diaz, Sergio
Mata-Ramirez, Joshua
Mateka, Angelo
Mathena, Drew
Mathena, Travis
Mathew, Aby
Mathew, Jaison
Mathews, David
Mathieson, David

Matip, Marie
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Mau, Kaneka
Maxey, Joe
Mayes, Leroy
Mayfield, Glenn
Mayfield, Jamia
Mazoch, Colton
Mazzeo, Nicholas
Mbaku, Synforan
Mboga, Josephat
Mburu, Irene
McAuliffe, David
McClellan, Jackie
McClellan, Salvacion
Mcclendon, Earnestine
McClintock, Dustin
McCollum, Jacob
McConkey, Caleb
Mcconnell, Brett
McCorquodale, Jacob
Mccoy, Kristofer
Mccoy, Serenity
Mcdonaldson, Gary
McDuff, Heather
Mcduffy, Damien
McEntyre, Quentin
Mcfarling, Robert
McGhee, Egypt
McGinty, Brentley
Mchenry, Azenegash
Mckissick, Keith
McMarion, Elijah
McMillan, Liezel
McMillion, Matthew
McMurtry, Ralph Reid
Mead, Michael
Mediano, Sandra
Medina, Benjamin
Medina, Elias
Medina, Heron
Medina, Jose
Medina, Maria
Medrano, Mayot

Meh, Day
Mehlenbacher, Matthew
MEHMOOD, RIZWAN
Meister, Shane
Mekebib, Sara
Mekonnen, Mekedas
Mekonnen, Meseret
Melaku, Fekremariam
Melendez, Dalton
Melesse, Melesse
Melgar, Rosa
Melgar, Virginia
Memic, Emsa
Menberu, Yeshi
Menchaca, Leonel
Menchaca, Olga
Menchaca, Raul
Mencia, Cesar
Mendez, Victor
Mendoza, Juan
Mendoza, Maria
Mendoza, Reynaldo
Mendoza, Robert
Mengistu, Dihre
Menjivar, Hugo
Merry, Joshua
Messex, Dennis
Meyer, Madeline
Meza, Brandon
Michaele, Aron
Michel Pizarro, Jose
Michel, Samuel
Michie, Richard
Mikulec, John
Miller, Aaron
Miller, Jim
Miller, Justin
Miller, Roy
Mills, Mercy
Miranda, Ofelia
Mitchell, Ben
Mitchell, Edward
Mitchell, Lisa
Moczygemba, Kim

Moffatt, Kristopher
Moges, Hillina
Moges, Yonas
Mohad, Said
Mohammed, Jemma
Mohr, Theodore
Moindi, Mazden
Mojica, Thania
Molero, Alonso
Moniot, Nicholas
Monroy, Oscar
Montelongo, Giselle
Montemayor, Maria
Montez, John
Montoya, Hugo
Moody, Tracy
Moore, Darius
Moore, Kuper
Moore, Michael
Moore, Victor
Mora, Adolfo
Mora, Jose
Morales Olmos, Monserrat
Morales, Eliseo
Moran, Andrea
Moran, Christian
Morelos, Rosalio
Moreno, Jose
Moreno, Leonardo
Moreno, Marcelo Olvera
Morgan, Benjiman
Morgan, Justin
Morgan, Robert
Morgan, Rosemary
Morgan, Tanis
Morris, Michael
Moseley, Hyon
Moseng, Riley
Mosley, Jeremy
Mossie, Yirgie
Moyers, Jeffery
Moyers, Michael
Mpawenayo, Cedrick
Mporana, Nkurunziza

Mulcaire, Euthelie
Mulualem, Adane
Mung, Dong
Munoz, Alice
Munoz, Ivan
Munoz, Julio
Munoz, Rafael
Murali, Aravinth
Murillo, Jeff
Murphy, Judson
Mussa, Ezedin
Nadirova, Inessa
Nadon, Tyler
Nagar, Upesh
Najem, Sam
Nakou, Jessougo
Nanfak, Marie
Naschke, Ian
Nassir, Mehbuba
Nations, Patrick
Nava, Gumaro
Nava, Jesus
Navarro, Jazmin
Ndashimye, Serge
Nealy, Ny'Auzjia
Nedumthakady, Dominic
Neel, Lynette
Neimeyer, Martina
Newton, Keith
Ng, Steven
Ngo, Khanh
Nguyen, Anh
Nguyen, Britney
Nguyen, Carol
Nguyen, Daniel
Nguyen, Diana
Nguyen, Don
Nguyen, Hai
Nguyen, Hung
Nguyen, Kim
Nguyen, Le Uyen
Nguyen, Lien
Nguyen, Loann
Nguyen, Nhi

Nguyen, Sophie
Nguyen, Tam
Nguyen, Tao
Nguyen, Thanh
Nguyen, Thu-Minh
Nguyen, Thuong
Nguyen, Tram
Nguyen, Trung
Nguyen, Tuyetnga Thi
Niederhofer, Tonia
Nieves, John
Nikuze, Joselyne
Nirea, Rishan
Nixon, Jason
Njemanze, Barbara
Nnabuo Eguzozie, Emmanuela
Nonenmacher, Michael
Norris, Richard
Nuqui, Irene
Nuru, Kedija
Nybro, Carl
Oakland, Jonathan
Obinna, Andrew
Oboakoh, Derek
Ocampo, Jose Alfredo
Ochoa Jr, Arthur
Ochoa, Arthur
Ochoa, Francisco
Oduye, Olusegun
Ofori-Nkwagyie, Mavis
Ogden, Nathan
O'Henry, Troy
Okopinski, Lauren
Okoye, Raymond
Olechoski, Christopher
Olivares, Martin
Oliver, Matthew
Oliver, Raymond
Oliver, Stephen
Olszewski, Madeline
Olvera, Jose
Ongotambaleba Myanck, Augustine
Onweni, Joseph
Onyeonoro, Chukwuemeka

Opara, Charles
Ornelas, Agustin
Ornelas, Alfredo
Ornelas, Andres
Orozco, Jose
Ortega, Alex
Ortega, Ben
Ortiz, Audreyana
Ortiz, Estella
Ortiz, Jon
Ortiz, Luis
Ortiz, Luis
Ortiz, Michael
Ortiz, Rossanna
Orton, Monica
Ory, William
Osborn, Kenneth
Osborne, Martin
Osigwe, Chibundu
Osman, Tarig
Osorio, Leonardo
Osuna, Irene
Otero, Yairan
Oviedo, Manuel
Oviedo, Martin
Oviedo, Miguel
Owens, Christopher
Owens, Misty
Oxford, Ryan
Pabon, Angel
Pacheco, Yordane
Padi, Joseph
Padro, Sabrina
Paez, Cesar
Page, Kevin
Palacios Renovato, Eduardo
Palazzolo, Robert
Palitza, Claire
Pan, Xiaolan
Panahi, Tayyebeh
Paquette, Ryle
Parameswaran, Anu
Paramo, Santos
Parcell, Daquan

Parker, Amy
Parker, Katrina
Parkinson, Tyler
Parks, Milton
Parrish, Brett
Parrish, Hunter
Pathak, Jagdish
Pathange, Deepa
Pathange, Prasanthi
Patterson, Brad
Paudel, Asmita
Paulos, Russom
Pawlak, Gary
Pawlowski, Michael
Pearson, Kristopher
Pearson, Peyton
Pedroza, Joseph
Pellecchia, Darren
Pemberton, Guy
Pena Tejeda, Miguel
Pena, Armando
Penberg, Michael
Penn, Julio
Percell, Trina
Perez Gonzalez, Yoer
Perez Listo, Christian
Perez Lopez, Rebecca
Perez, Alfredo
Perez, Anthony
Perez, Arturo
Perez, Bolivor
Perez, Christian
Perez, Eladio
Perez, Felipe
Perez, Jessi
Perez, Kimberly
Perez, Luis
Perez, Luis
Perez, Martin
Perez, Miguel
Perez-Milan, Mario
Perry, Dylan
Perry, Isabelle
Pesek, Wesley

Pesina, Linda
Pete, Tequilla
Peteete, Dylan
Peterson, Yolanda
Pettijohn, Robert
Petz, Matt
Pham, Dung
Pham, Hannah
Pham, Huy
Pham, Huy
Pham, Minh
Pham, Oanh
Pham, Peter
Pham, Sang
Pham, Tim
Pham, Trung
Pham-Dang, Trung
Phan, Chiton
Phan, Hung
Phan, Kenny
Phan, Tri
Phillips, Laura
Phillman, Ron
Physco, Alma
Pichardo Alvarez, Daniel
Pickett, Troy
Picou, Gary
Pierce, Scott
Pinate Duarte, Luisarit
Pinkard, Fran
Pino Iglesias, Yadira
Pino Iglesias, Yaima
Piper, Ronnie
Pitts, Cole
Plotz, Rachel
Plummer, Marcus
Pokhrel, Mira
Pomaville, Jacob
Porter, Angel
Posada, Vicente
Pothuri, Neeharika
Powell, Glenn
Prescott, Kristi
Prevost, Julie

Price, Dawn
Price, Robert
Proffitt, Keith
Prouty, Traecy
Prum, Michelle
Puckett, Harold
Puente, Herman
Puente, Raymundo
Pulido, Martin
Pyon, Kwang
Quach, Tuan
Quansah, James
Quansah, Kindle
Quiroz, Roselyn
Rachapalli, Sai
Rackley, Jason
Ramanathan, Prateeksha
Ramirez Luna, Juan
Ramirez Tapia, Jose Luis
Ramirez, Christine
Ramirez, Daniel
Ramirez, Dillion
Ramirez, Gerardo
Ramirez, Jessica
Ramirez, Joel
Ramirez, Jose
Ramirez, Joseph
Ramirez, Karina
Ramirez, Ryan
Ramirez, Salvador
Ramos, Jacob
Rampa, Radhika
Ramsey III, Wendell
Ramsey, Patrick
Ramtel, Saurab
Ramthun, Ricky
Rangel, Armando
Rangel, Roberto
Rankins, Anndolyn
Raquet, Jeremy
Ratcliff, Dwayne
Raut, Apsara
Rawat, Priya
Rax, Miguel

Ray, Jason
Razvi, Syed
Realpe-Velasquez, Johnny
Rector, Larry
Rees, Jessica
Reese, Carmen
Reese, Damien
Reese, George
Reeves, Brent
Reeves, Brian
Reeves, William
Regalado, Rafael
Reh, Shey
Reid, Marlene
Rejcek, Eric
Rendon, Edward
Resto, Daniel
Retzer, Clifford
Reuter, Jeffrey
Reyes, Conrrado
Reyes, Eduardo
Reyes, Gabriel
Reyes, Jose
Reyes, Kevin
Reyes, Mark
Reyes, Robby
Reyes, Victoria
Reyes-Diaz, Dimas
Reyes-Diaz, Eladio
Reyna, Juan
Reyna, Patricia
Reynolds Jr, Lloyd
Richani, Cesar
Richard, Dylan
Richardson, Donnitria
Richers, Joshua
Richers, Kerry
Richey, Brad
Rider, John
Riggs, Angela
Riggs, Eric
Rios, Abel
Rios, Dennis
Rios, Jorge

Rios, Roy
Ritt, James
Rivas, Estevan
Rivas, Veronica
Rivas, Zamir
Rivera Reyes, Jose
Rivera, Agapito
Rivera, Dario
Rivera, Ender
Rivera, Javier
Rivera, Michael
Rivera, Nilson
Rivera, Rolando
Rivera, Russell
Rivera, Trinidad
Roberts, Reginald
Roberts, Tyree
Robinson, James
Robles, Saray
Robles, Yolanda
Rocero, Lorenzo
Rocero, Tijuanna
Rodriguez De Lira, Rosalba
Rodriguez, Amanda
Rodriguez, Daniel
Rodriguez, David
Rodriguez, Edward
Rodriguez, Ismael
Rodriguez, Israel
Rodriguez, Jesse
Rodriguez, Joel
Rodriguez, Kalyssa
Rodriguez, Melicia
Rodriguez, Victor
Roell, Aaron
Rogers, Jerry
Rogers, Justin
Rogers, Maurice
Rogers, Michael
Rohr, Austin
Rojas, Nancy
Roper, Cole
Rosales, Tania
Ross, Jason

Rostama, Sheida
Route, Dalton
Roy, Jeff
Royer, John
Rozelle, Mark
Ruiz, Erasmo
Ruiz, Jose
Ruiz, Luis Espinoza
Ruiz, Tania
Runge, Kelsey
Ryan, Scott
Saavedra, Joshua
Saeedi, Sid
Sah, Neha
Saha, Amar
Saha, Kakali
Sahle, Behailu
Sahle, Sileshi
Salas, Jesus
Salazar, Danny
Salazar, Ernestina
Salazar, Juan
Salazar, Marco
Salazar, Phillip
Salazar-Torres, Mariana
Salcedo, Hector Noe
Saleh, Amal
Salgado, Silvestre
Salinas, Jorge
San Nicolas, Riley
Sanabria, Jesus
Sanabria, Jesus
Sanchez, Erickson
Sanchez, Pepe
Sanchez, Richard
Sanchez, Yecenia
Sanders, Gregory
Sanders, Joe
Santos, Aaron
Santos, Carlos
Santos, Isaias
Santos, Vicon
Sapru, Sunil
Sarpong, George

Sarrels, Robert
Satterfield, Chris
Satyanarayana, Mallika
Say Kan, Hope
Schaefer, Lee Radzi
Schanel, JulieAnn
Schehl, Terri
Schell, Andrew
Schlitz, Doni
Schmidt, Ethan
Schmidt, Larry
Schneider, Andrew
Schneider, Brian
Schneider, Earl
Schriefer, Dennis
Schuetz, Logan
Schultz, Mark
Schwartz, Barry
Scott, Karon
Scroggins, Breana
Scroggins, Georgette
Scroggins, Ruben
Seabrook, Susan
Seals, Jahim
Sear, Sopheap
Seay, Nathan
Segura Jr, Crescencio
Seifu, Alemayehu
Selin, Viktar
Sellers, Steve
Senos, Austin
Sepulveda, Michael
Serna, Gloria
Serniotti, Matthew
Serrano, Jaime
Sevcik, Richard
Sevillano, Carlos
Seyoum, Kaleb
Shaikh, Shabana
Shakespeare, Tara
Shanklin, Harry
Shaqiri, Kushtrim
Shastry, Anish
Sheahan, Nathan

Sheld, Robert
Shepherd, Terry
Shirley, Joseph
Shoaib, Abul
Shoetan, Abigail
Shrestha, Namrata
Shrestha, Priyanka
Shropshire, Nicholas
Sibhat, Maaza
Sibi, Tchinssenon
Sievert, Clayton
Sifuentes, Jose
Sikhrakar, Sanil
Silovic, Michael
Silva, Daniel
Simmerman, Gary
Simmons, Hardy
Simon, Casey
Simpson, John
Simpson, Keith
Simpson, Lance
Simpson, Patricia
Sims, Sarah
Singh, Bandana
Singh, Dipak
Siriboury, Vouthixay
Skevofilax, Meba
Skidmore, Ronnie
Skrhak, Randy
Slager, Robert
Smajstrla, James
Smith, Anishia
Smith, Dylan
Smith, Ernest
Smith, Ernest
Smith, Jarred
Smith, Kenneth
Smith, Michael
Smith, Michele
Smith, Tyler
Smithgall, Ken
Smithwick, Carlos
Snow, Dayton
Snow, Wayne

Snyder, Joshua
Soch, Christopher
Sohail, Imran
Sok, Phal
Sole, Anthony
Solis, Amanda
Solis, Honorato
Solis, Trey
Solomon, Kip
Somers, Daniel
Sona, Vladimir
Soria Mora, Hector
Sosa, Devin
Sosa, Gabriel
Sotelo, Jonathan
Spain, Brandon
Spang, Kenneth
Sparks, Eli
Spears, Ireon
Speed, Connie
Spencer, Joyce
Spight, Phillip
Spivey, Rebecca
Spoons, Antojuan
Spoons, Antojuan
Spoons, Landrian
Springston, Daniel
Squires, David
Stein, Levi
Stephens, Solomon
Stephenson, BJ
Sterling, Daren
Stevens, Monterra
Stevenson, Levi
Stewart, Michael
Stockman, Jessika
Strain, William
Strowenjans, Dustin
Struss, Dylan
Stuewe, Jeffrey
Suarez, Abraham
Suarez, Javier
Subedi, Bishnu
Subedi, Gopal

Suda, Arlina
Sughrue, Jeffery
Sullivan, Lajiya
Summers, Mike
Sweet, Candice
Syed, Sumaiya
Syed, Usman
Tahiri, Mourad
Talavera, Jose
Tallman, Charles
Tamayo III, Eleazar
Tamayo, Anthony
Tambue, Lor
Tan, Christina
Tarbill, Jonabeth
Tat, Cuong
Tate, Lauren
Tavarez, Jorge
Taye, Gelaneh
Taye, Yeniew
Taylor, Benjamin
Taylor, Marilyn
Taylor, Michael
Taylor, Willie
Tchedie, Tchilalo
Tefera, Frehiwot
Tefera, Meskerem
Tefera, Wondwosen
Teferi, Tewodros
Tejada, Ramon
Tejada, Yovani
Teklu, Abenezer
Teller, John
Tereau, Caleb
Tesfa, Michael
Thakuri, Neelam
Thapa, Shekhar
Thapaliya, Narayan
Theard, Kafuki
Thibodeaux, Brenda
Thibodeaux, Nigel
Thielke, Brock
Thiessen, Jim
Thomas, Matthew

Thomas, Teresa
Thomas, Turran
Thompson, David
Thompson, Deangela
Thompson, John
Thompson, Jonas
Thompson, Ryan
Thompson, Terry
Thongsavanh, Bruce
Tito, Ferahiwot
Tito, Girma
To, Kimberly
Tobar, Sylvester
Toj, Juan
Toj, Thomas
Toledo, Kelver
Tompkins, Timothy
Toney, Jeremy
Tonthat, Tien
Torrellas, Manuel
Torres, Eutiquio
Torres, Gloria
Torres, Guadalupe
Torres, Liliana
Torres, Obdulia
Torres, Orbilia
Torres, Quinten
Torres, Steve
Tosh, Terry
Tovar, Jessica
Townsend, Mathew
Tran, Bao
Tran, Jayden
Tran, Kimhong
Tran, Mailan
Tran, Nghia
Tran, Phat
Tran, Phung
Tran, Phuong-Anh
Tran, Thao
Tran, Tina
Tran, Viet
Tran, Vinh
Tran, Xuan

Trevino, Albert
Trevino, Alma
Triebel, Thomas
Trinh, Hao
Trinidad, Victor
Triplett, Mark
Tristan, Jesse
Trujillo, Ingrid
Trumbull, Randel
Truong, Dang
Truong, Nghia
Tuel, Kenneth
Tun, Pyu
Tuong, Thuy Van
Turner, Bradley
Turner, Jacob
Turner, Jarrell
Tyson, Joy
Ulrich, Ivan
Umberson, Billy
Umuziranenge, Evelyne
Underbrink, Richard
Underwood, Matthew
Untereker, Dylan
Uranga, Claudette
Uribe, Cory
Vadlamudi, Sweety
Vahora, Imran
Vahora, Sohelbhai
Valadi, Gholamreza
Valderas, Michelle
Valdes, Eva
Valdez, Allison
Valdez, Jorge
Valencia, Alexis
Valenzuela Calquin, Jose
Vallejo, Edward
Valles, Jesus
Valor, Jose
Vanbuskirk, Marci
Vance, Curtis
Vance, Richard
VanLoozen, Brandon
Vargas, Jose

Vargas, Martha
Vargas, Salvador
Vasquez, Christopher
Vasquez, Eric
Vasquez, Shawn
Vaswani, Beena
Vazquez Herrera, Rafael
Vazquez, Jose
Vazquez, Leslie
Vazquez, Luis
Vega, Joe
Vela Ross, Janet
Velasquez, Frank
Velazquez, Pablo
Velez, Miguel
Velez, Victor
Vencill, Marites
Venegas, Victor
Vera Rodriguez, Pablo
Verduzco, Ernesto
Vetter, Dylan
Vick, Jo Beth
Vidal, Humberto
Vieyra, Antonio
Vijil, Israel
Vilaire, Jalice
Villalba, Jana
Villalobos, Hugo
Villalta, Daniel
Villanueva, Gabriel
Villanueva, Larry
Villanueva, Mary Eleanor
Villarreal, Joshua
Villasana, Jose
Villavicencio, Steven
Villegas, Johnny
Vizcarra, Jonathan
Vlastelica, Bryan
Vogt, William
Voltin, John
VonIns, A.J.
Vrana, Radek
Vreeland, Nicolas
Vu, Hieu

Vu, Teresa
Vu, Tina
Wahid, Abdul
Waid, David
Waldrep, Mike
Walker, Ellen
Walker, Emmitt
Walker, Faustina
Wall, Clayton
Wallace, Michael
Walsh, Brooks
Wang, Ling
Warren, Will
Washington, Angela
Washington, Tyrone
Watkins, Colby
Watson, Rick
Watts, Edward
Watts, Jase
Watts, Nicholas
Weaver, Benjamin
Weaver, Geoffry
Weber, Brad
Weirich, Wayne
Weiss, Evan
Welch, Jeremy
Weldegebriel, Daniel
Weldegiorgis, Tibe
Wells, Carolyn
Werner, Steven
Wesley, Reginald
West, Austin
Westbrook, Johnny
Westbrook, Russell
Wheelock, Sharmae
White, Christopher
White, Dylan
White, Patrick
Whitman, Jason
Whitmarsh, Kenneth
Wilcox, Christian
Wild, Sarah
Wilder, Forrest
Willars, Armando

Williams Mayes, Marie
Williams, Carretta
Williams, Michael
Williams, Nastaysia
Williams, Sandra
Williams, Travarius
Williamson, Christopher
Willis, Daniel
Willis, Steven
Wilson, Michael
Wing, Donald
Wisdom, Catherine
Witt, Corey
Witt, Justin
Woldegebrieal, Mewcha
Woldekiros, Aklog
Woldemariam, Getenesh
Woldemariam, Hiwot
Woldematewes, Elias
Woldemrime, Tsehay
Wolfe, Patrice
Woo, Tammy
Woodward, Wayne
Woodworth , Heather
Wooldridge, Michael
Wooley, Dawayne
Wooley, Deana
Woolf, Matthew
Workineh, Samuel
Wright, Alexandra
Wright, Brandon
Wright, Calvin
Wright, Ellen
Wright, William
Wynn, Earl
Wysocki, Jason
Wysong, Nathan
Yagomate, Makereta
Yahya, Yahya
Yakob, Samuel
Yanoshak, Gerard
Yaqoob, Dana
Yarbough, Jastin
Yarbrough, Andre

Yarbrough, Cole
Ybarra, Daniel
Yeboah, Smart
Yezak, Sebastian
Yi, Sung
Yimer, Birhanu
Yi-O'Kelly, Seagan
Yotko, John
Youens, Gregory
Young, Charles
Young, Frederick
Young, Holly
Young, Jarred
Young, Ronald
Yuja, George
Yzaguirre, Rodolfo
Zachrihs, Ruperto
Zamarripa, Jacob
Zamora , David
Zamora, Ruben
Zapata, Alexander
Zapata, Carlos
Zaragoza, Alberto
Zaragoza, Christian
Zarate, Jose
Zarate, Juan
Zaun, Christopher
Zavala, Chris
Zavrski, Sanela
Zeleke, Seble
Zemedkun, Wondwossen
Zewdie, Mekdes
Zewdie, Tesfaye
Zimmerman, Lewis
Zuniga, Roy
Zuniga, Stormy

4FF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☒ Ownership Change* Grandparent	WH WH01651	☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)		☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: PAI Holdings, LLC d/b/a PAI Pharma

Physical Address: 1700 Perimeter Road

City: Greenville State: SC Zip: 29605

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.paipharma.com

Name of Designated Representative (DR): Valerie Reyes Riquelme

Licensing Company Email: PAIP@slsny.com DR Email: vreyes@paipharma.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: Medical Supply Chains		☒ Others: Manufacturer - Own Label

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01/09/2009	02/05/2009	CO	Denver	Denver
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2009-2208		Colorado State Board of Pharmacy		
Reason/Charge				
Cease and Desist Order - unauthorized and unlawful distribution of prescription drugs				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
PAI Holdings, LLC dba PAI Pharma				
Name of Business/Industry/Entity				
PAI Holdings, LLC dba PAI Pharma				

Provide explanation below:

Pharmaceutical Associates was issued a Cease and Desist Order for not being registered to distribute prescription drugs or controlled substances in CO. Please see attached support docs

Already Reported @ 2025 CHOW

Kurt John Orlofski

Original Signature (electronic, copies or stamps not accepted)

4/7/2026

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
12/01/2008	02/24/2009	CO	Denver	Denver

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2009-2546	Colorado State Board of Pharmacy

Reason/Charge
Unprofessional Conduct - Distributed prescription drugs into Colorado without having a CO license

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
PAI Holdings, LLC dba PAI Pharma	

Name of Business/Industry/Entity
PAI Holdings, LLC dba PAI Pharma

Provide explanation below:

Pharmaceutical Associates, Inc. was issued a stipulation and final agency order and had to pay a fee of $5,750.00 for doing business without a license. Please see attached support docs

Kurt John Orlofski

Original Signature (electronic, copies or stamps not accepted)

4/7/2026

Date

CO - Resolved Discipline

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2009-2208

CEASE AND DESIST ORDER

IN THE MATTER OF THE UNAUTHORIZED AND UNLAWFUL DISTRIBUTION OF PRESCRIPTION DRUGS IN COLORADO BY **PHARMACEUTICAL ASSOCIATES**,

Respondent.

Pursuant to guidance established by the Colorado State Board of Pharmacy ("Board") at its January 15, 2009 meeting, documentation has beeen considered, including, but not limited to, the written complaint dated January 9, 2009, in the above-captioned matter.

Based upon this review, the Board hereby finds that it has jurisdiction over Respondent and the subject matter herein, and that there exists credible evidence that Respondent has acted without the required license, in violation of §§12-22-126 and/or 12-22-127, C.R.S.

The Board finds as follows:

1. Respondent is not registered to distribute prescription drugs or controlled substances in the State of Colorado.

2. On or around December 1, 2008, Respondent distributed prescription drugs to a prescription drug wholesaler in the State of Colorado.

3. Respondent's conduct constitutes the unlawful distribution of prescription drugs and in the State of Colorado, in violation of §§12-22-802(1), C.R.S.

4. WHEREFORE, pursuant to §12-22-125.2(9), C.R.S., the Board hereby ORDERS that Respondent immediately CEASE AND DESIST in engaging in the unlawful distribution of prescription drugs in the State of Colorado, in violation of §§12-22-802(1), C.R.S.

Within ten days after service of this order to cease and desist, Respondent may request a hearing on whether such acts or practices in violation of Part 1 of Article 22 of Title 12, C.R.S. have occurred. Such hearing shall be conducted pursuant to §§ 24-4-104 and 24-4-105, C.R.S.

The Board authorized the undersigned representative to sign this Cease and Desist Order on its behalf.

DATED this 5th day of February 2009.

STATE BOARD OF PHARMACY

BY: Wendy J. Anderson

Wendy Anderson
Program Director
1560 Broadway, Suite 1300
Denver, Colorado 80202

CO-Resolved
Discipline

RECEIVED
FEB 13 2009 K.H.
DIVISION OF REGISTRATIONS

BEFORE THE STATE BOARD OF PHARMACY
STATE OF COLORADO

Case No. 2009-2546

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 **PHARMACEUTICAL ASSOCIATES, INC.,**

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Pharmaceutical Associates, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2 009-2546 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 1, 2008, Wholesaler Applicant distributed prescription drugs to into Colorado without having first registered as an out-of-state wholesaler in the State of Colorado.

4. 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. The board shall exempt a manufacturer and that manufacturer's third-party logistics providers to the extent involving that manufacturer's drugs under contract from any licensing qualifications and other requirements, including the requirements in subparagraphs (VI) and (VII) of paragraph (a) of subsection (3) of this section, subsections (4) to (6) of this section, and section 12-22-803, to the extent the requirements are not required by federal law or regulation, unless the particular requirements are deemed necessary and appropriate following rulemaking by the board.

* * *

5. On August 11, 2008, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

6. 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 and Terms

7. **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.

8. **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.

9. **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.

10. **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.

11. **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.

12. **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.

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 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

Jane C Hicks Dated: 2/16/09

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Jane C. Hicks, in his/her capacity as an authorized agent of Pharmaceutical Associates, Inc., before me in the County of Greenville, State of South Carolina, this 16th day of February, 2009.

Notary Public

My commission expires:

October 19, 2015

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 24th day of February, 2009.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson
Program Director

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Archimica S.p.A
Address: Viale Milano 86 City: Lodi, Italy State: LO Zip: 26900

Name: Hetero Drugs Limited
Address: Unit-I Sy NO: 214, 213 & 255 City: Bonthapally, India State: Telangana Zip: 5032313

Name: Abbot Labratories Co.
Address: 75 Boulevard Pierre-Roux Est City: Victoriaville, Canada State: QC Zip: G6P 6S9

Name: Siegfried USA, LLC
Address: 33 Industrial Park Road City: Pennsville, USA State: NJ Zip: 08070

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: SC
Parent Company (if any): PAI Middle Tier, LLC (100% Parent Company), Nivagen Newco Inc. (100% Grandparent Company)
Corporation/Organization Name: PAI Holdings, LLC d/b/a PAI Pharma
Mailing Address: c/o State License Servicing, Inc. 225 Dolson Avenue, 4th Floor
City: Middletown State: NY Zip: 10940
Telephone: (845) 544-2482 Email: PAIP@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 #: 1017687	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.

PAI Holdings, LLC d/b/a PAI Pharma

Facility Name

Kurt John Orlofski

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4-7-2026

Date

Board Use Only	Date Received: 4/7/26	Amount: $1000 CK 2960

FDA

/ Drug Establishments Current Registration Site (index.cfm)

Drug Establishments Current Registration Site

New Search (index.cfm)

Search Results for **PAI Holdings, LLC**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
PAI Holdings, LLC dba Pharmaceutical Associates, Inc. and dba PAI Pharma	1017687	044940096	ANALYSIS; LABEL; MANUFACTURE; PACK; RELABEL; REPACK;	1700 Perimeter Road, Greenville, South Carolina (SC) 29605, United States (USA)	12/31/2026
PAI Holdings, LLC dba Pharmaceutical Associates, Inc. and dba PAI Pharma	1017687	097630693	ANALYSIS; LABEL; MANUFACTURE; PACK; RELABEL; REPACK;	201 Delaware Street, Greenville, South Carolina (SC) 29605, United States (USA)	12/31/2026

Showing 1 to 2 of 2 entries
Previous1Next
Data Current through: Sunday, Mar 29, 2026

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Flash Notice of Great Grandparent CHOW

From: compliance@slsnysupport.com
Subject: PAI Holdings, LLC dba PAI Pharma - Notice of Change of Ownership at Great Grandparent Level
Date: February 3, 2025 at 3:49 PM
To: pharmacy@pharmacy.nv.gov

IMPORTANT NOTICE

State License Servicing, Inc.
1751 State Route 17A, Suite 3, Florida, NY 10921
(845) 544-2482 Office, (845) 544-2481 Fax

Date: February 03, 2025
To: Nevada State Board of Pharmacy
Re: PAI Holdings, LLC , 1700 Perimeter Road, Greenville, SC 29605, Permit #: WH01651

Dear Licensing Authority:

State License Servicing, Inc. represents PAI Holdings, LLC dba PAI Pharma, South Carolina Limited Liability Company, in the servicing of their state licenses. Please be advised that there will be a change of ownership at the **Great Grandparent** level on or about February 13, 2025. There is no change of ownership at the direct parent level. The direct parent owner is and remains as PAI Middle Tier, LLC at 100%. There will be no change of FEIN.

The great grandparent ownership information for PAI Holdings, LLC dba PAI Pharma will be as follows:

Old Great Grandparent Owners:
Beach Products, Inc. 19.97%
Kurt Orlofski 5.4%
PAI Investco, LLC 62.76%
BPSC PAI Buyer Entity, LLC 11.87%

New Great Grandparent Owner:
PAI Buyer LLC 100%

Please find attached the Pre and proposed Post org charts for your reference.

Be advised, another notice will go out confirming the date of this transaction.

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.

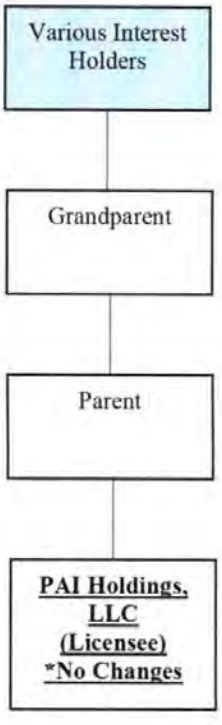
Kind Regards,

Jennifer Schneider
V.P. Client Services
(845) 544-2482 ext 207
jennifers@slsny.com

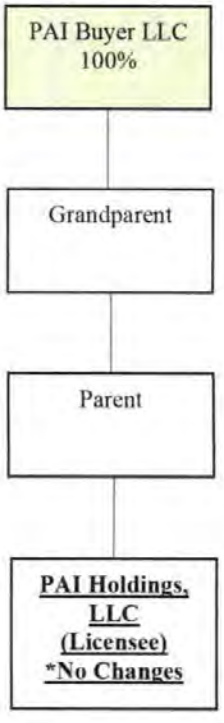
Click Here to Respond to this Email

PAIP-GG CHOW-PRE & POST ORG CHART FROM CLIENT-Project...

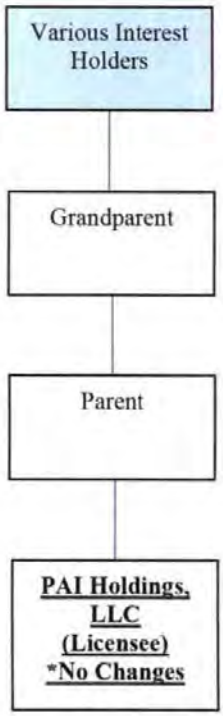
Pre-Closing Organization Structure



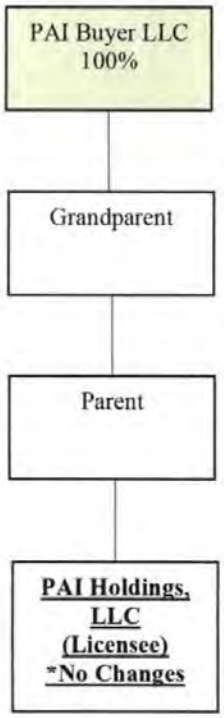
Post-Closing Organization Structure



Pre-Closing Organizational Structure



Post-Closing Organization Structure



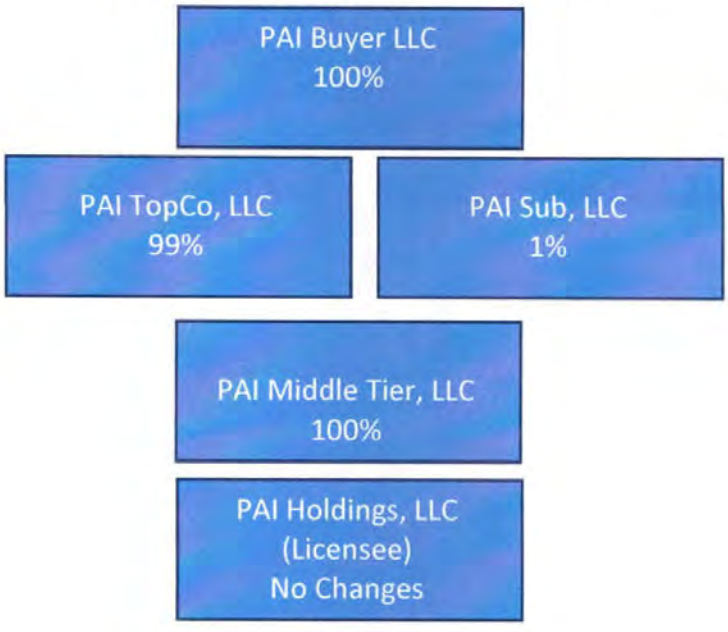
Org Chart
Pre + Post

PAI Pharma

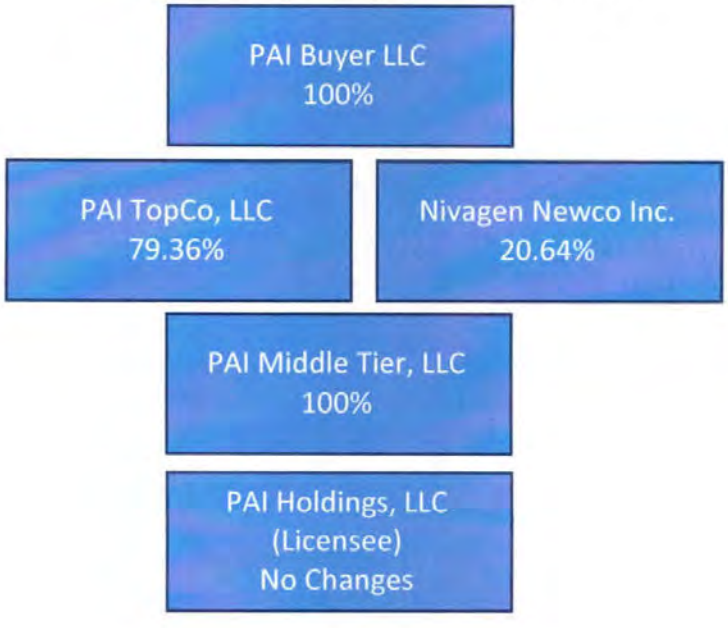
1700 Perimeter Road
Greenville, SC 29605

20 Waterview Boulevard
Third Floor
Parsippany, NJ 07054

Pre Closing Organizational Structure



Post Closing Organizational Structure



/ enclosure

PAI Holdings, LLC
d/b/a PAI Pharma

Corporate Address: 20 Waterview Boulevard, 3rd Floor, Parsippany, NJ 07054 USA
FEIN: [redacted]
www.paipharma.com

Drug Labeler Code: 0121
Incorporation State: SC
Incorporation Date: 07/25/1968

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
PMT	1700 Perimeter Road Greenville, SC 29605 County: Greenville	1017687	[redacted]		Yes	(864) 277-7282	(864) 236-0116

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Robin Lever Fedina	[redacted]	Senior Quality Director	No	[redacted]		
Valerie Reyes Riquelme		Designated Representative				
Frank Edward Fox		Designated Representative				

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
PAI Middle Tier, LLC	20 Waterview Blvd Suite 303 Parsippany, NJ 07054	N/A	100%	N/A	[redacted]	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Kurt John Orlofski	[redacted]	Chief Executive Officer		[redacted]		
Brandon M Rockwell		President & Chief Operations Officer				
Domenico Ciarico		Chief Commercial Officer				
Thomas Charles Reilly		Chief Financial Officer				

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
CT Corporation			

Company Partners

Good Standing

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:

PAI Holdings, LLC, a limited liability company duly organized under the laws of the State of South Carolina on July 25th, 1968, 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 3rd day of February, 2026.

Mark Hammond

Mark Hammond, Secretary of State

Home State License (Wholesale)

South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy

PAI Holdings, LLC
PAI Pharma
1700 Perimeter Rd
Greenville, SC 29605

PY .19223 PWD

Wholesale/Distributor

License Expires on
06/30/2026

Archie "Artie" McKnight, II, Chair

Michael K. Bedenbaugh, Vice Chair

Effective Date
05/28/2025

Kayce Shealy, Board Executive

To verify current license status, go to http://verify.llronline.com/LicLookup/LookupMain.aspx

License must be displayed publicly.

Home State (SC) VOL wholesaler

Print this page

South Carolina Board of Pharmacy

PAI Holdings, LLC
PAI Pharma
1700 Perimeter Rd
Greenville, SC 29605

License number: 19223
License type: Wholesale/Distributor
Status: Active In Renewal
First Issue Date: 11/14/2019
Expiration: 06/30/2026
Permit Holder: Valerie Reyes Riqelme

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

Home State License (manufacturer)

South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy

PAI Holdings, LLC
PAI Pharma
1700 Perimeter Road
Greenville, SC 29605

PY .21981 PMR

Manufacturer/Repackager

License Expires on
06/30/2026

Archie "Artie" McKnight, II, Chair

Michael K. Bedenbaugh, Vice Chair

Effective Date
05/01/2025

Kayce Shealy, Board Executive

To verify current license status, go to http://verify.llronline.com/LicLookup/LookupMain.aspx

License must be displayed publicly.

Home State (SC) VOL
Manu / Repackager

Print this page

South Carolina Board of Pharmacy

PAI Holdings, LLC
1700 Perimeter Road
Greenville, SC 29605

License number: 21981
License type: Manufacturer/Repackager
Status: Active In Renewal
First Issue Date: 02/07/2024
Expiration: 06/30/2026
Permit Holder: Valerie Reyes Riquelme

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

DEA
(manufacturer)

Registrant Verification For

PAI HOLDINGS, LLC

DEA Number:	RP0569838
Expiration Date:	03/31/2027
Additional Company Info:	D/B/A PAI PHARMA
Registered Address:	1700 PERIMETER RD
	BLDG B
City:	GREENVILLE
State:	SC
Zip Code:	29605
Business Activity:	MANUFACTURER
DEA Schedules:	2 4 5
Payment Indicator:	Paid
Registration Status:	ACTIVE
Date of Verification:	03/30/2026

Drug Codes:
9050 9193 9300 9143 9250

Diversion Control Division

This Primary Source Verification was obtained from the Drug Enforcement Administration's Controlled Substance Act Registrant Database.

DEA
(Distributor)

Registrant Verification For

PAI HOLDINGS, LLC

DEA Number:	RP0569840
Expiration Date:	03/31/2027
Additional Company Info:	D/B/A PAI PHARMA
Registered Address:	1700 PERIMETER RD
	BLDG A
City:	GREENVILLE
State:	SC
Zip Code:	29605
Business Activity:	DISTRIBUTOR
DEA Schedules:	2 2N 3 3N 4 5
Payment Indicator:	Paid
Registration Status:	ACTIVE
Date of Verification:	03/30/2026

Diversion Control Division

Bond w/ Continuance

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. POA1002533

Application/License No. _____

PAI Holdings, LLC dba Pharmaceutical Associates, Inc., doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1700 Perimeter Road, Greenville, SC 29605, as PRINCIPAL, and Seneca Insurance Company, Inc., a corporation organized under the laws of the state of New York and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 160 Water Street, New York, NY 10038-4922 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 April 2nd, 2020.

(Applicant/Principal; Address of Applicant/Principal; Surety Company; State of Incorporation; Address of Surety; 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 2nd day of April, 2020.

APPLICANT/PRINCIPAL

COMPANY
PAI Holdings, LLC dba Pharmaceutical Associates, Inc.

Authorized Representative

SURETY

Seneca Insurance Company, Inc.

Joshua Sanford
Digitally signed by Joshua Sanford
Date: 2020-04-02 14:43:45

Surety Company's Representative

Joshua Sanford, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Aimee R. Perondine
Digitally signed by Aimee R. Perondine
Date: 2020-04-02 14:39:42

Witness Aimee R. Perondine

Tanya Nguyen
Digitally signed by Tanya Nguyen
Date: 2020-04-02 14:36:12

Witness Tanya Nguyen

CATERINA GULYAS
NOTARY PUBLIC OF NEW JERSEY
COMMISSION # 2393142
MY COMMISSION EXPIRES 02/05/2025

Countersigned by: Donna M. Planeta

Donna M Planeta
Digitally signed by Donna M. Planeta
Date: 2020-04-02 14:33:18

Nevada Resident Agent License No. 3158296
Non Resident

POWER OF ATTORNEY
SENECA INSURANCE COMPANY, INC.
PRINCIPAL OFFICE, NEW YORK, NEW YORK 92001

KNOW ALL MEN BY THESE PRESENTS: That SENECA INSURANCE COMPANY, INC., a corporation duly organized and existing under the laws of the State of New York, has made, constituted and appointed, and does hereby make, constitute and appoint:

Aimee R. Perondine, Aiza Anderson, Bethany Stevenson, Danielle D. Johnson, Donna M. Planeta, Jenny Rose Belen Phothirath, Joshua Sanford Mercedes Phothirath Samuel E. Begun, Melissa J. Stanton, Lorina Monique Garcia, Nicholas Turecamo, Michelle Anne McMahon

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 the Corporation 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 the Corporation at its principal office, in amounts or penalties not exceeding: Fifty Million Dollars ($50,000,000).

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 the Company except in the manner and to the extent therein stated.

This Power of Attorney revokes all previous Powers of Attorney issued on behalf of the Attorneys-In-Fact named above and expires on 31 day, of January month, 2021 year.

This Power of Attorney is granted pursuant to unanimous written consent passed the 19th day of September 2011 by the directors of Seneca Insurance Company, Inc. in accordance with Article II, Section 12 of the By-Laws of Seneca Insurance Company, Inc.

> Resolved that the President, Vice President, Secretary and Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signatures, which may be attested or acknowledged by any officer or attorney of the Company, qualifying the attorney or attorneys named in the given power of attorney to execute on behalf of, and acknowledge as the act and deed of the Company, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto.

IN WITNESS WHEREOF, SENECA INSURANCE COMPANY, INC. has caused these presents to be signed and attested by its appropriate officer and its corporate seal hereunto affixed this 11th day of March, 2019.

Corporate Seal:

SENECA INSURANCE COMPANY, INC.

By _____
Daniel Sussman
Senior Vice President

Attest: _____
Laura Schneider
Senior Vice President

STATE OF NEW JERSEY,
ss.:
COUNTY OF MORRIS

On this 11th day of March, 2019 before me, a Notary Public, personally appeared the above named officers, Daniel Sussman and Laura Schneider, who, being duly sworn, acknowledged that they signed the above Power of Attorney as Senior Vice President and Vice President of the said SENECA INSURANCE COMPANY, INC. and acknowledged said instrument to be the voluntary Act and Deed of said Company. They are both personally known to me.

_____
Sonia Scala, Notary Public

SONIA SCALA
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES 3/25/2024
No. 2163686

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of Seneca Insurance Company, Inc. on the 2nd day of April ,20 20

S-0009SNJ (03/19)

Bond Continuance

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 6213012822 issued by United States Fire Insurance Company dated this 2nd Day of April, 2020, in the amount of ($25,000.00), on behalf of PAI Holdings, LLC dba PAI Pharma (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee) , for PHARMACEUTICAL WHOLESALER SURETY BOND covers a term which began on the 2nd Day of April, 2020, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated: February 10th, 2026

United States Fire Insurance Company

BY: _____
Malerie Janet Williams, Attorney-in-Fact

Current Term of Bond: April 02, 2026 to April 02, 2027

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:

Michelle Anne McMahon, Jonathan Gleason, Doritza Mojica, Connor Wolpert, Kieran Moran, Ashley Alexis, Malerie Janet Williams

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 22nd day of October, 2025.

UNITED STATES FIRE INSURANCE COMPANY

Matthew E. Lubin, President

State of New Jersey }
County of Morris }

On this 22nd day of October, 2025, 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.

ETHAN SCHWARTZ
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES 6/25/2029
COMMISSION: #50223171

Ethan Schwartz (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 10th day of February 2026

UNITED STATES FIRE INSURANCE COMPANY

Michael C. Fay, Senior Vice President

CONTACT INFORMATION: Bond Verifications: surety@cfins.com / Claims: SuretyClaimsSupport@cfins.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 PAI Holdings, LLC d/b/a PAI Pharma

Pharmacy/Wholesaler License # (if applicable) WH01651

Physical Address 1700 Perimeter Road

City Greenville State SC Zip 29605

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.paipharma.com

Licensing Company Email PAIP@slsny.com

Section 2: Personal Information

First Valerie Middle _____ Last Reyes Riquelme

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Addres [redacted]

City Greenville State SC Zip [redacted]

Telephone [redacted] Email vreyes@paipharma.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 Puerto Rico, Mayagüez Campus		08/1989 - 12/1994	
Address	**City**	**State**	**Zip**
259 Av. Alfonso Valdés Cobián	Mayagüez	Puerto Rico	00680
Diploma/Degree obtained, if any			
Bachelor of Science - Degree in Chemical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Colegio de la Inmaculada Concepcion		08/1985 - 05/1989	
Address	**City**	**State**	**Zip**
Carr #2 Km 49.5 / P.O. Box 3400	Manati	PR	00674
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
09/2025 - Present	[redacted]	Greenville	SC	[redacted]
10/2023 - 09/2025		Greenville	SC	
10/2022 - 10/2023		Simpsonville	SC	
02/2014 - 10/2022		Land O' Lakes	FL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: 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)	
PAI Holdings, LLC d/b/a PAI Pharma			09/2022 - Present	
Business Address		**City**	**State**	**Zip**
1700 Perimeter Road		Greenville	SC	29605
Phone	**Title**		**Number of Employed Hours**	
(864) 277-7282	Designated Representative		~ 7,451 hours	
Description of Duties				
Responsible for the operations and record keeping of pharmaceutical product in addition to the Continuous Improvement Plan for Operational areas to enable Site Improvement Objectives are met. Responsible for the overall Equipment Effectiveness Program. Managed controlled substance handling protocols and ensured storage, shipment, and documentation in alignment with DEA requirements. Operations lead responsible to monitoring and improving processes related to DSCSA.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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, Valerie Reyes Riquelme, **certify that as the designated representative for**

PAI Holdings, LLC d/b/a PAI Pharma,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. VR I am at least 21 years of age;
3. VR 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. VR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. VR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. VR 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. VR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Valerie Reyes Riquelme

Print Name (First, Last)

Valerie Reyes

Original Signature (electronic, copies or stamps not accepted)

14 Apr 2026

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.

Valerie Reyes Riquelme

Print Name (First, Last)

Valerie Reyes

Original Signature (electronic, copies or stamps not accepted)

14 Apr 2026

Date

Please have this section completed in the presence of a Notary Public.

State of South Carolina, ss. County of Greenville

I, Valerie Reyes-Riquelme, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Valerie Reyes

Original Signature Valerie Reyes Riquelme

14 Apr 2026

Date

Subscribed and Sworn to before me this 14 day of Apr 2024.

Melissa A. Hoag

Notary Public Signature

(Seal)

Employee List

Payroll Name
Abbott, Andrea Danielle
Abbott, Robert L
Acosta, Isys Jade
Adair-Dowling, Consina
Addor, Lovelle
Agnihotri, Aniruddha
Allen, Jacob Michael
Allen, Jeffrey C
Allen, Jessica D
Allen, Mark Richard
Alomia, Yolanda
Alonso, Hugo
Alvarez, Michael
Alvarez, Onofre
Ambro, Samuel
Anand, Sunil
Anderson, Angelia
Anderson, Christopher
Anderson, Christy
Ani, Teresa
Apicello, Michael R
Arellano, Maria
Arnold, Kenyale Ruth
Artis, Jamel Walters
Atchley, William
Bahadur, Nalini
Bailey, Barbarino Antoine
Baker, Laura Jean
Barber, Rachel
Barbi, Allison
Barrs, Carson Turner
Bartley, Mackenzie
Bass, Wendy
Beeler, Paul
Bell, Marilyn
Belton Wakefield, Shadiedra
Bennett, Amanda Marie
Bennett, Kimberly L
Bennett, Sonya
Bernard, Brandon
Bernauer, Andrew
Berry, Jeffrey
Berthold, David
Bhimani, Dimpal K.
Bishop, Derek B
Blake, Genae
Blakley, Marcus Latroy
Blumberg, Charlene Margaret
Blyther II, Thomas
Bodjona, Essotolom
Bolin, Bruce W
Bolin, Rachel
Bolt, Vivianne Rose
Bosch, Juan Ramon
Bowen, Sherry
Bowens, Kasia
Boyd, Lucille M
Bramlett, Adam Micah
Brenner, Victoria
Breslin, Bridget Kyne
Brinkley, Michael
Brissey, Joey Alan
Brissey, Tabitha
Brock, Claudia Regina
Brock, Demorris
Brockman, Karen J
Brockman, Kelvin
Brooks, Quinnduchess
Brown, Ashley
Brown, Jenell Cohen

Brown, Shannon L
Brown, Shuntay
Brownlee, Gregory Damario
Brulato, Amanda Christine
Brumbaugh, Matthew
Bryden, Christopher
Burdick, Brian
Burford, James
Burket, Darin D
Burnette, Leslie
Burnside, James
Butler, Stephanie Loretta
Cabrera Jimenez, Silvia
Calderon, Karen Emirely
Calhoun, Stephanie
Campbell, Charles Davis
Campbell, Curtis
Campbell, Lettie
Capano, Crystal
Carlson, Adam Joseph
Carriker, Jennifer L
Cartagena, Ivan
Carter, Kimberly Ann
Carter, Rodney Lemont
Case, Carey
Ceballos, Kenia
Chambers, Nancy
Chastain, Jeremy C
Cheeks, Tacoya
Cheemalapati, Srikanth
Chellappan, Rameshkumar
Chen, George
Chin, Donye'a
Chin, Ernestine
Choraitis-Dickson, Penny
Christopher Daniel, Loree Alyson
Chung, Hae Won
Ciarico, Domenico
Cochran, Taylor Cole
Coleman, Harold
Collins, Valerie Grider
Colon, Jose Angel
Connell, William Franklin Nethery
Connochie, Ryan
Coomes, Shannon
Cooper, Shenay R
Copeland, Latonia
Copeland, Travazeric Kadeem
Couch, Devon Tyler
Couch, Stephen Blake
Covington, David
Craig, Gabriel Earl
Crawford, Kelvin
Crenshaw, Daniel Mark
Crosby-Sheppard, Patricia
Culbertson, Kalea Ronisha
Curenton, Zachary
Dailey, Zeke
Dardaine, Polly-Ann Felicia
Davenport, Debra A
Davis, Anna Catharine
Davis, David
Davis, Eric T
Davis, Felicia
Davis, Kelveina
Davis, Shanon
Davis, Sierra
Davis, Veronica Denise
Dawkins, Otis
Dawson, Agatha Dale
Dawson, Charles A

Dennis, Jarret
Dewalt, Alicia
Di Carmine, Matthew
Diehl, Christopher
Dillon, Michael M
Dirton, Shirnasha
Dixon, Nathan
Dixon, Thomas Keenan
Dixon, Zackery Keenan
Dodson, Derek
Dodson, Windy N
Donahue, Byrne D
Donithan, Wesley
Doshi, Ojas Prakashbhai
Drummond, Derrick Lamont
DuBose, Andre
Durham, Jaclyn Heather
Eaton, Timothy Carl
Edwards, Erica
Elkins, Heather
Ellis, Diamond
Ellis, Natasha
Elmore, Stephanie Cooley
Elrod, Michael Bryce
Eppes, Jolie Gabrielle
Eppes, Wade L
Eranki, Pavanaja
Estevez, Catherine
Etwaru, Chandra
Evans, Allison F
Evans, Jennifer
Farrar, Kasey Cooley
Federline, Nancy
Fedina, Abigail Rock
Fedina, Robin
Fink, Stephanie
Finley, Brandon
Fisher, Shakira
Fitch, Kevin
Flores, Adrian Alejandro
Floyd Gambrell, Sadeirya Star
Floyd, Samun
Fooshang, Khalid
Forsyth, Andrew
Fort, John Michael
Fortner, Brian Scott
Foster, Teiko DeAndre
Fowler, Patsy M
Fowler, Robert Dale
Fox, Frank
Foxworth, Valerie
Frederick, Tami
Freeman, Shontavia Bronyail
Freeman, Tangie
Fuller, Tameka
Gadsden, Latoya Nicole
Gamble, Kori
Gambrell, Gloria M
Gedenk, Christieann Darby
Geer, Briana
Gibson, Terry M
Glenn, Cameron Kantrell
Goins, Lakeisha Dion
Golden, Brian
Gonzalez, Molainda
Gorman, Christopher
Gory, Jeffrie Eugene
Gough, Michael Gray
Gowan, Paul Bryan
Grabowski, Sarah
Grant, Kevin

Grant, Ryan Joel
Graves, Kimberly Joette
Green, Colin
Greer, Lacoe Verdena
Grice, Crystal A
Griffin, Janssen
Griffin, Samuel
Griffin, Sharon Elizabeth
Griffin, Shaunice
Gulyas, Caterina
Gupta, Swati
Guy, Amanda Nicole
Gysin, Davis
Hackett, Adrian
Hagood, LaKenya
Hall, Daniel Brian
Hall, Jurney
Hall, Keandra
Hamblin, Carla Jean
Hannah, Michael Lane
Harkins, Lianne
Harmon, Alfred C
Harris, David Allen
Harris, Glenna Denise
Harris, Jeremy James
Harris, Morgan
Harris, Seretha C
Harward, Brisco
Hassler, Brian
Hawkins, Ocie
Hawkins, Tonya Michelle
Hawthorne, Arthur Lee
Hayes, Trenton
Haynes, Dalton
Hays, Brentt Shannon
Healy, Liam
Heard, Amber Shaquasia
Heard, Brenda
Henderson, Angel
Henry, Olajuwon
Henry, Samari D
Herbers, Richard William
Heslip, Ashley
Hester, Misty Anne
Hester, Sherrie Jean
Hickey, James
Hicks, Tracy Mae
Higgs, Caldin Grant
Hill, Lolisa
Hine, Jordan David
Hippalgaonkar, Ketan
Hogan, Melissa
Holladay, Journee Noelle
Holland, Kymeedria
Hollingworth, Jordan
Holloway, Shavonta
Hornbuckle, Kesley Elizabeth
Horvat, Raluca
Hoverman, Mitchell
Howarth, John
Hudson, Jeremy Vaughn
Huellmantel, Alexander
Hughes, Cameron
Humphries, Henrylee S
Hunter, Joseph
Hunter, Latoya
Hutcherson, Lisa
Hutchinson, Brandon
Hyman, Larry
Ibekwe, Anthony
Ingram, Aunyae

Irby, Triamichael
Jackson, Hunter
Jackson, Jaineshia
Jackson, Terrall Enrico Tobias
Jacobs, Stephanie
Jager, Maryeah
Jain, Anekant
James, Wendy Silvaggio
Jebens, Parker
Jenkins, Crystal
Johnson, Debbie J
Johnson, Georgetta
Johnson, Jamil
Johnson, Katherine Sue
Johnson, Patrice
Johnson, Thomas
Jones, Ashla
Jones, Kwame Malik
Jordan, Myra Diana
Kamiya, Cheryl H.
Keller, Matthew Lloyd
Kellett, Patricia Kelly
Kelley, Michelle
Keltner, Jason Dannie
Kenny, Damon
Kessler, Skye
Key, Penny V
King, Yaniyah
King, Zachary Wayne
Ko, Emily
Kotarski, Vanessa
Kyle, William
LAMBOY, ARNALDO
LaGuardia, Emily
Ladewig, Pamela Gale
Lanford, Rachel Anne
Lanford, Terry Lee
Lardo, Stephen
Lark, Ricky Thomas
Lartey, Joseph
Ledford, Taylor M
Leister, David
Leverette, Leslie N
Liegey, Nittle Alicia
Lim, Nicholas
Lindler, Amy H
Lisenby, Julie Anne
Little, Brooke
LoGrippo, Matthew
Logan, Betty
Lopez, Jessica
Luna, Hector
Lyles, Joshua
Maddox, Rodney
Maldonado, Betzaida
Manley, Meredith H
Marasalis, Shamar
Martori, Jessica L
Master, Nipun
Mazuera, Juliette Alexandra
McClellion, Holly Jean Steele
McCollum, Elaine Purnell
McCoy, Andrea
McCullough, Vincent
McDonald, Erich
McDowell, Kevin
McKinney, Amanda Carol
McKinney, David
McLeroy, Kevin Michael
McMahan, Jacob Corbin
McMahan, Matthew

McNair, Alexander Scott
McRae, Chadwick Grover
Mcdowell, Telisha
Mcmorris, Anita A
Meadows, Joshua
Mehl, Wynema
Mehta, Romita
Menigoz, Scott
Meredith, Alex
Miller, Benjamin
Miller, Christopher B
Miller, Darian
Miller, Dominique
Miller, Latoya
Miller, Tabatha Lovelle
Mills, Dante Scott
Minnick, Bryan Hunter
Mixon, Ashley J
Mixon, Christina Michelle
Monterroso Castillo. Brittany E
Moore, Alyssa
Moore, April
Moore, Jimmy Richard
More, Abhijit R
Morris, James E
Morris, Lorrie
Moseley III, Charles Thomas
Muirhead, Evan K.
Muratore, Elvia L
Murillo, Maria D
Murphy, Ryan
Neeley, Patrick Rashawn
Nelson, Teri Lanay
Newett, Carolyn Rene
Newman, Tyler
Ng, Bryant
Nguyen, Katie
Norman, Demarcus
Nyakeri, Jadson Benard
ODea, Laura Michelle
Oatman, Michelle
Oglesby, Cynthia Denise
Olden, David
Olmsted, Frederick A
Orlofski, Kurt John
Orta, Emilio
Orta, Ninva
Osias, Laurie
Overstreet, McArthur
Ownbey, Brett
PATEL, BHADRESHBHAI DINESHBHAI
PATEL, HENABEN JALIT
PATEL, KETALBEN naishalkumar
Padilla, James
Patel, Dhavalkumar Rameshbhai
Patel, Dignesh
Patel, Geetkumar M
Patel, Jalit
Patel, Parth
Patel, Parul N
Pearce, Stacey
Pereiro, Stephen M
Persaud, Sheron
Phares, Stacey M
Phelps, Sean
Phonthipsavath, Sakao-Douane S
Pickens, Kimberly M
Pitt, Shawna
Pitts, Candace
Platt, Tammy R
Pleach, Cynthia Ellen

Polizzi, Timothy
Poore, Lauren Brook
Porter, James
Potlow-Henry, Sandra
Powell, Kimberley Dee
Priestly, Lillie B
Prioleau, Chauncey
Pritchard, Andrew
Rainey, Johnnie
Rana, Bharatkumar
Rana, Chirag
Rana, Rakesh N
Ratchford, Susanne
Raval, Falguni
Recinos, Miriam
Reece, Adrienne
Reid, Cody Aaron
Reid, Tiffany
Reilly, Thomas
Reinke, Jason
Reneau, Joseph
Renfro, Katie Jo
Rengasawmy, Sarah
Revis, Charles T.
Reyes Riguelme, Valerie
Reynolds, Breeana
Reynolds, Wesley
Rhodes, Scott
Ricaurte, Diana P.
Rice, James Wallace
Richey, Jazmine
Riddle, Kareem
Riker, Erika Ann
Rivas, Miguel Antonio
Rivera Gonzalez, Angel P
Rizkalla, Hany W.
Roberts, Ronald J
Robinson, Akili
Robinson, Moses
Robinson, Nijeria
Robinson, Porshe Patrice
Rocco, Karen
Rockwell, Brandon M.
Rodgers, Diane J
Rodgers, Lisa M
Rodriguez Zamora, Sigfredo
Rogers, Andrew Paul
Rogers, Anthony B
Rogers, Kimberly Jean
Rojas, Dilber
Rokadia, Sonal
Rosenthal, Ryan
Ross, Gracie
Ross, Ryan
Rubio, Juan
Ruiz Zala, Lina Maria
Russell, Jarrett
Russell, Nicole Andrea
Ryan, Keith Allen
SLOAN, TRACIE MICHELLE
Salcedo Ospina, Beatriz
Salcedo Valencia, Daniel Jose
Salimi, Fahimeh
Sanchez Torres, Carlos
Sanders, Jacob
Santos, Jorge
Sartore, Teresa
Satterwhite, Nicole
Sayles, April
Schutzbank, David
Scott, Darren L

Scott, Michael Keith
Scott, Shereco L
Scott, Tyiesha Denise
Seibles, India
Shah, Arpan
Shakywar, Yogesh
Sheikh, Ahmad
Sherman, Joann
Short, Justin
Simmons, Maurice Edward
Simpson, Deborah Ann
Simpson, Michael
Singleton, Linda
Sitton, Majerica
Skeans, Mark Edward
Smith, Bryan Neal
Smith, James Emmanuel
Smith, Josephine
Smith, Kenneth
Smith, LaShondra Montrez
Smith, Lacca
Smith, Mark A
Smith, Milton
Smith, Nicole Y
Smith, Reginald
Smith, Robin L
Smith, Russell Todd
Smith, Shannon
Smith, Zachary Dillon
Snow, Julie Kristina
Spearman, Arquis
Spencer, Roxane
Sprowl, Evita
Stadelman, Bradley
Stancell, Ruth Ann
Standen, Christal Gail
Stead-Ladewig, Miranda
Sterling, Jeremy
Stevenson, Braydon
Stewart, Angela
Stewart, Candace
Stewart, Jenna Marie
Stringer, Ashley Caleb
Strother, Angelea
Stuff, Adam
Suber, Mary DENISE
Sukthankar, Pranav
Sullivan, Natisha Blake
Sumeral, Justin
Sutorius, Jessica Faye
Syracuse, Alicia Dawn
THOMAS, Kelly
Talley, Franklin
Talley, Lateefah
Tarrant, Regina
Taylor, Joshua
Teasley, Reginald
Terzakis, Donna Louise
Thacker, Megan
Thomas, Bridgett Tawanda
Thomas, Charles Harrison
Thomas, Noah McLane
Thomas, Peter Ford
Thomason, Matthew
Thompson, Jonathan B.
Thompson, Myshun Eugene
Thompson, Robert
Thompson, Willie Ziqwan
Thurmond, Joseph
Tran, Khai
Tran, Tuan

Trivedi, Mayank
Trivedi, Vismay
Trotta, Carol
Trueblood, Tiffany
Tucker, Colton
Turner, Connie L
Turner, Lesha
Turner, Myers
Turner, William
UHL, ROSS
Underwood, Aaron Michael
Vachhani, Rish
Vaclavik, Jason
Valentin, Noemi
Vandegrift, Kyle
Vandse, Sunil
Vega, Gamaliel
Velez, Carlos Elias
Visser, Mia
Ward, Richard Andrew
Wardlaw, Brandon A.
Ware, Shannon
Watley, Robert Shaun
Watson, Molly W
Watts, Cristian Moneek
Watts, Kyle
Wedge, Ashlee
Wells, Joyseptia
Wenner, Daniel Harold
Wenner, Logan
Westmoreland, Brenda Abigail
Wheeler, Kendra
Whiteside, Elford
Wideman, Krystle Rashawn
Wilkinson, Joseph Daniel
Williams Carter, Venice Lee
Williams, Alicia
Williams, Angeleque
Williams, Barbara Jackson
Williams, Brandon Lee
Williams, Destiny Keeaaunta
Williams, Kenya
Williams, Rebecca Lynn
Williams, RoShanda DeEtte
Williams, Shaka T
Williams, Trenton DeAngelo
Williams, Tyrone
Wilson, Gregory
Wilson, Jasmine Janell
Wilson, Sherri
Wiltison, Billie Jane
Winch, Mitchell Blaise
Wofford, Tracy M
Wofford, Warren Jonathan
Wolff, Todd H
Woody, Jonathan
Worley, Kelly
Worthy, Angela R
Wright, Emma Mae
Wright, Tammy C
Yakovlyev, Dmytro
Yakovlyeva, Nataliya
Yeargin, Audrey Denise
Yeargin, Deborah Sharlene
Young, Danyelle Lashay
Young, Nathan Christopher
Zheng, Yitong
Zoinai, Nancy
van der Heyden, Kai Erik

4GG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Sunset Healthcare Solution

Physical Address: 141 W. Jackson Blvd. Suite 1950

City: Chicago State: IL Zip: 60604

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 773-519-0969 Website: sunsethcs.com

Name of Designated Representative (DR): Joseph Consoli

Licensing Company Email: _____ DR Email: jconsoli@sunsethcs.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" 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)

4-1-2026
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: Proprietary

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: Illinois

Parent Company (if any): _____

Corporation/Organization Name: Sunset Healthcare Solutions

Mailing Address: 141 W. Jackson Blvd. Suite 1950

City: Chicago State: IL Zip: 60604

Telephone: 773-519-0969 Email: jconsoli@sunsethcs.com

Contact Person Name: Joseph Consoli / Chris Slosar

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.

Sunset Healthcare Solutions

Facility Name

Joseph Consoli

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4-1-2025

Date

Board Use Only	Date Received: 4/8/25	Amount: $1000 CC

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
SWEET HEALTHCARE SOLUTIONS, inc.
141 W Jackson Blvd Ste 1950
CHICAGO, IL 60604
Registration Number: [redacted]
FEI Number: [redacted]
Status: Active
Initial Distributor/Importer: Yes
Note: Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2026

Owner/Operator:
Sweet Healthcare Solutions[6]
141 West Jackson Boulevard
Chicago, IL US 60604
Owner/Operator Number: 9106379[7]

Official Correspondent:
Joseph Consoli
141 West Jackson Boulevard
Suite 1950
Chicago, IL 60604
U.S. Phone: 1-773-5190989

The 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=&RegNum=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9106379&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&RegNum=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9106379&OwnerOperator

Last Updated: 03/30/2026

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&RegNum=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9106379&OwnerOperator

List of all Officers and Directors

Name	Title
Chris Slosar	Chief Executive Officer
Brad Sherman	Chief Financial Officer & Chief Operating Officer
Greg Wood	Business Development Officer

List of all corporation shareholders and their percent ownership

Name	Title	% of ownership
Chris Slosar	Chief Executive Officer	44
Brad Sherman	Chief Financial Officer & Chief Operating Officer	12
Greg Wood	Business Development Officer	44

File Number 6733-685-2

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

SUNSET HEALTHCARE SOLUTIONS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 19, 2009, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 13TH *day of* APRIL ***A.D.*** 2026 .

Authentication #: 2610303086 verifiable until 04/13/2027
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
203.002766

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
03/31/2027

HOME MEDICAL EQUIPMENT AND SERVICES PROVIDER

SUNSET HEALTHCARE SOLUTIONS
JOSEPH CONSOLI
141 E JACKSON BLVD STE 2000
CHICAGO, IL 60604

MARIO TRETO, JR.
SECRETARY

CAMILE LINDSAY
DIRECTOR

The official status of this license can be verified at IDFPR.Illinois.gov

20109199

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: 4545491

SUNSHEA-01 NKUBAL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/5/2025

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:	
Alliant Insurance Services, Inc. 353 N Clark St 11th Fl Chicago, IL 60654	PHONE (A/C, No, Ext): (312) 595-6200	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Travelers Indemnity Company of America	25666
INSURER B : Charter Oak Fire Insurance Company	25615
INSURER C : Travelers Property Casualty Company of America	25674
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Sunset Healthcare Solutions, Inc
2725 Alft Lane
Elgin, IL 60124

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 [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	X	X	H-630-9N284207-TIA-25	9/6/2025	9/6/2026	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 $ 300,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 0
B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			BA-1L110154-25-12-G	9/6/2025	9/6/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
C	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			CUP-2L176233-25-I2	9/6/2025	9/6/2026	EACH OCCURRENCE AGGREGATE AGGREGATE	$ 10,000,000 $ 10,000,000 $
C	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		UB-8R32437A-25-12-G	9/6/2025	9/6/2026	[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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Lease at 2725 Alft Lane, Elgin.

CERTIFICATE HOLDER

DQH Alft Lane LLC
2505 Bath Road
Elgin, IL 60124

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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RIDER

TO BE ATTACHED TO AND FORM PART OF

Sunset Healthcare Solutions, Inc.- NV Pharmaceutical Wholesaler Bond NO. 285068699

(Type of bond)

IN FAVOR OF Nevada State Board of Pharmacy

(Obligee)

ON BEHALF OF Sunset Healthcare Solutions, Inc.

(Principal)

EFFECTIVE January 1, 2023

(Original effective date)

IT IS AGREED THAT, in consideration of the original premium charged for this bond, and any additonal premium that may be properly chargeable as a result of this rider.

1. The Surety hereby gives its consent to:

( ) INCREASE

( ) DECREASE

( ) CHANGE THE EFFECTIVE DATE

( ) OTHER

( ) CHANGE THE NAME OF THE PRINCIPAL

(X) CHANGE THE ADDRESS OF THE PRINCIPAL

( ) CHANGE THE EXPIRATION DATE

(of) the attached bond **FROM:** 180 N Michigan Ave, Ste 2000, Chicago, IL 60601

TO: 2725 Alft Lane, Elgin, IL 60124

EFFECTIVE: January 1, 2026

2. **PROVIDED,** however, that the attached bond shall be subject to all its agreements, limitations, and conditions except as herein expressly modified, and that the liability of the Surety under the attached bond and under the attached bond as changed by this rider shall not be cumulative.

3. Signed, and sealed this 20th day of April 2026

ACCEPTED BY:

The Ohio Casualty Insurance Company

(Title)

By: Jessica Hernandez

ATTORNEY-IN-FACT

Jessica Hernandez

Liberty Mutual SURETY

POWER OF ATTORNEY

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8215781-285118**

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, Haley Anderson; Kimberly Bragg; Saykham Chanthasone; Sarah E. Green; John P. Harney; Melissa Heffernan; Jessica Hernandez; Matthew Labno; Josefina Rojo; Christina L. Sandoval; Rebecca Sanford; Christopher P. Troha

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 16th day of March, 2026.

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 16th day of March, 2026 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 20th day of April, 2026.

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.

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. 285068699

Application/License No. _____

Sunset Healthcare Solutions, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 180 N Michigan Ave, Ste 2000, Chicago, IL 60601 (Address of Applicant/Principal), as PRINCIPAL, and The Ohio Casualty Insurance Company (Surety Company), a corporation organized under the laws of the state of NH (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 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 January 1, 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 9th day of February, 2023.

APPLICANT/PRINCIPAL

Sunset Healthcare Solutions, Inc.

By: _____
Authorized Representative

SURETY COMPANY

The Ohio Casualty Insurance Company

By: Haley A. Anderson
Surety Company's Representative

Haley A. Anderson, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

John P. Harney
Witness John P. Harney

Josefina Rojo
Witness Josefina Rojo

Countersigned by:

_____
Nevada Resident Agent

Posted February 20, 2020

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: 8206616-285118

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, Cassandra L. Stone, Haley A. Anderson, Jacquelyn M. Norstrom, John P. Harney, Josefina Rojo, Pramrod Venkatesh, Steven L. Wulff

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 27th day of October, 2021.

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 27th day of October, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 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 9th day of February, 2023.

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.

State of Illinois
County of Cook

On this 9th day of February 2023, before me personally appeared Haley A. Anderson, known to me to be the Attorney-in-fact of The Ohio Casualty 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.

OFFICIAL SEAL
M LABNO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:09/11/23

M Labno

(Notary Public)

(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: Sunset Healthcare Solutions — MDEG License # (if applicable): NA

Physical Address: 141 W JAckson BLVD

City: Chicago — State: IL — Zip: 60604

Mailing Address (if different from physical address): 2725 N Alft Lane

City: Elgin — State: IL — Zip: 60124

Telephone: 73-519-0969 — Website: sunsethcs.com

Licensing Company Email: jconsoli@sunsethcs.com

Section 2: Personal Information

First: Joseph — Middle: Elia — Last: Consoli

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Elgin — State: IL — Zip: [redacted]

Telephone: 773-519-0969 — Email: jconsoli@susnethcs.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)	
Maine East High School		08/1984-05/1988	
Address	City	State	Zip
2601 West Dempster Street	Park Ridge	IL	60068
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY)	
University Of Illinois		08/1988 - 05/1992	
Address	City	State	Zip
601 East John Street	Champaign	IL	61820
Diploma/Degree obtained, if any			
BS Biochemistry			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 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
03/1997-current	[redacted]	Roselle	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: 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)	
Sunset Healthcare Solutions		09/2020-current	
Business Address	City	State	Zip
[redacted] N Jackson BLVD	Chicago	IL	60604
Phone	Title	Number of Employed Hours	
7[redacted]-519-0969	Director RA/QA	10000+	
Description of Duties			
Director of Quality Management System (QMS)and Regulatory Affairs. Duties include facility and products registrations and management of all activities covered under 21CFR 820 and ISO 13485			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description 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

Charge	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)

04/01/2026
Date

I, Joseph Consoli, **certify that as the MDEG Administrator for**

Sunset Healthcare Solutions,

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.

Joseph Consoli
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/01/2026
Date

Board Use Only	Date Received: 4/8/26

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 Sunset Healthcare Solution

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 141 W. Jackson Blvd. Suite 1950

City Chicago State IL Zip 60604

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website sunsethcs.com

Licensing Company Email _____

Section 2: Personal Information

First Joseph Middle _____ Last Consoli

Aliases, nicknames, name changes, etc.) _____

Date of Birth _____ SSN or ITIN _____ Sex ■ M ☐ F ☐ X

Mailing Address 141 W. Jackson Blvd. Suite 1950

City Chicago State IL Zip 60604

Telephone [redacted] Email jconsoli@sunsethcs.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)	
Maine East High School		08/1984-05/1988	
Address	City	State	Zip
2601 West Dempster Street	Park Ridge	IL	60068
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
University of Illinois		08/1988-05/1992	
Address	City	State	Zip
601 East John Street	Champaign	IL	61820
Diploma/Degree obtained, if any			
BS Biochemistry			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 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
03/1977-Current	[redacted]	Roselle	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)
Sunset Healthcare Solutions			09/2020-Current
Business Address	City	State	Zip
111 W. Jackson Blvd. Suite 1950	Chicago	IL	60604
Phone	Title		Number of Employed Hours
773-519-0969	Director RA/QA		

Description of Duties

Director of Quality Management System (QMS) and Regulatory Affairs. Duties include facility and products registrations and management of all activities covered under 21CFR820 and ISO 13485.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours

Description 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, Joseph Consoli, **certify that as the designated representative for**

Sunset Healthcare Solutions,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JC I am at least 21 years of age;
3. JC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Joseph Consoli
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-1-2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph Consoli

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-1-2026

Date

Please have this section completed in the presence of a Notary Public.

State of ILLINOIS, ss. County of DU PAGE

I, ENIKO GEDO, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

4-1-2026

Date

Subscribed and Sworn to before me this 1 day of APRIL 2026

Notary Public Signature

ENIKO GEDO
Official Seal
Notary Public - State of Illinois
My Commission Expires Aug 26, 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: Sunset Healthcare Solutions

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 141 W. Jackson Blvd. Suite 1950

City: Chicago State: IL Zip: 60604

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: Website: sunsethcs.com

Licensing Company Email:

Section 2: Personal Information

First: Joseph Middle: Last: Consoli

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Chicago State: IL Zip: [redacted]

Telephone: [redacted] Email: jconsoli@sunsethcs.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)	
Maine East High School		08/1984-05/1988	
Address	City	State	Zip
2601 West Dempster Street	Park Ridge	IL	60068
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
University of Illinois		08/1988-05/1992	
Address	City	State	Zip
601 East John Street	Champaign	IL	61820
Diploma/Degree obtained, if any			
BS Biochemistry			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

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From - To (MM/YY – MM/YY)	Address	City	State	Zip
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From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	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)
Sunset Healthcare Solutions			09/2020-Current
Business Address	**City**	**State**	**Zip**
141 W. Jackson Blvd. Suite 1950	Chicago	IL	60604
Phone	**Title**		
773-519-0969	Director RA/QA		

Description of Duties

Director of Quality Management System (QMS) and Regulatory Affairs. Duties include facility and products registrations and management of all activities covered under 21CFR820 and ISO 13485.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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.

Joseph Consoli

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/01/2026

Date

Please have this section completed in the presence of a Notary Public.

State of ILLINOIS, ss. County of DU PAGE

I, ENIKO GEDO, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

4-1-2026

Date

Subscribed and Sworn to before me this 1 day of APRIL 2026

Notary Public Signature

ENIKO GEDO
Official Seal
Notary Public - State of Illinois
My Commission Expires Aug 26, 2026

(Seal)

Name	Job Title	Department	Location	Status
Jordan Sheren	Forecast Planning Analyst	Supply Chain	Central Distribution Center	Full-Time
Gleimer Morantes	2nd Shift Receiving Associate	Warehouse - Labor - Blo	Central Distribution Center	Full-Time
Robert Diaz Vargas	Production Associate - 100 Bagger	Production - Labor - Bloc	Central Distribution Center	Full-Time
Zachary Leicht	Receiving Associate	Warehouse - Labor - Blo	Central Distribution Center	Full-Time
Trisha Penmetcha	Engineering Co-Op	Engineering - DME	Central Distribution Center	Co-Op
Aloisia Lazcano	Temporary Staff Accountant	Accounting	Central Distribution Center	Temporary
Angela Herron	Production Associate - Clamco II	Production - Labor - Bloc	Central Distribution Center	Full-Time
Zenaida Coronell Uzcate	2nd Shift Production Associate - Clamco II	Production - Labor - Bloc	Central Distribution Center	Full-Time
Natalie Hradil	Validation Engineer	Quality Assurance	Central Distribution Center	Full-Time
Samuel Laross	Receiving Lead	Warehouse - Labor - Blo	Central Distribution Center	Full-Time
Karina Masias	Production Associate - Manufacturing	Production - Labor - Bloc	Central Distribution Center	Full-Time
Angela Astorga Munoz	Picking Associate II	Warehouse - Labor - Blo	Central Distribution Center	Full-Time
Marcela Lopez	Picking Associate II	Warehouse - Labor - Blo	Central Distribution Center	Full-Time
Ana Velasquez	2nd Shift Pickers Associate III	Warehouse - Labor - Blo	Central Distribution Center	Full-Time
Kiran Ambati	Application Manager	IT	Central Distribution Center	Full-Time
Julio Quintana Hurtado	Production Associate - Manufacturing	Production - Labor - Bloc	Central Distribution Center	Full-Time
Yuleima Velasquez	Production Associate - Manufacturing	Production - Labor - Bloc	Central Distribution Center	Full-Time
Edith Jimenez	2nd Shift Production Associate II Sonic Welder	Production - Labor - Bloc	Central Distribution Center	Full-Time
Corey Halicke	Warehouse Analyst - Part Time	Warehouse - Salary - Bl	Central Distribution Center	Part-Time
Yessica Velasquez	Production Associate - Manufacturing	Production - Labor - Bloc	Central Distribution Center	Full-Time
Leslie Martinez Rodrigue	Clamco Leader	Production - Labor - Bloc	Central Distribution Center	Full-Time
Daniel Munoz	Receiving Coordinator	Warehouse - Labor - Blo	Central Distribution Center	Full-Time
Quazi Rahman	Regulatory Specialist	Quality Assurance	Central Distribution Center	Full-Time
Siddartha Nemala	Business/Data Analyst	IT	Central Distribution Center	Full-Time
Yassir Mallik	Data Analyst	IT	Central Distribution Center	Full-Time
Lucero Corral	Accounts Receivable Associate	Accounting	Central Distribution Center	Full-Time
Courtney Mohs	Mechanical Engineer II	Engineering - DME	Central Distribution Center	Full-Time
Delinda Hohe	Staff Accountant	Accounting	Central Distribution Center	Full-Time
Maria Rodriguez Garcia	Production Associate II - Machine Operator	Production - Labor - Bloc	Central Distribution Center	Full-Time
Christine Lopez	Regulatory Affairs Specialist	Quality Assurance	Central Distribution Center	Full-Time
Maria Altuve Gonzalez	Quality Control Inspector	Quality Assurance	Central Distribution Center	Full-Time
Maria Bolivar Mendez	1st Shift Production Table Room Lead	Production - Labor - Bloc	Central Distribution Center	Full-Time
Bradley Garber	Financial Analyst	Accounting	Central Distribution Center	Full-Time
Eniko Gedo	Accounts Receivable Associate	Accounting	Central Distribution Center	Full-Time
Sharon Foley	Logistics Analyst	Supply Chain	Central Distribution Center	Full-Time
Emily Ramirez	Manufacturing Engineer I	Manufacturing Engineeri	Central Distribution Center	Full-Time
Emilia Kolesnikov	Quality Assurance Lead, Training/Document Control/Audits	Quality Assurance	Central Distribution Center	Full-Time
Nagalakshmi Talluri	Quality Assurance Engineer	Quality Assurance	Central Distribution Center	Full-Time
Ryan Menas	Program Analyst	IT	Central Distribution Center	Full-Time
Domingo Triana Castro	Production Associate II	Production - Labor - Bloc	Central Distribution Center	Full-Time
Jesus Pagan	3rd Shift Manufacturing Lead	Production - Labor - Bloc	Central Distribution Center	Full-Time
Maria Rosas	Accounts Payable Associate	Accounting	Central Distribution Center	Full-Time
Kevin La Forge	Forecast Planning Analyst	Supply Chain	Central Distribution Center	Full-Time
Nicholas Confuorto	Inventory Analyst	Supply Chain	Central Distribution Center	Full-Time

Erika Ponce	Picking Associate II	Warehouse - Labor - Blo	Central Distribution Center	Full-Time
Maria Arreguin	Janitorial Technician	Production - Labor - Bloc	Central Distribution Center	Full-Time
Michael McDowell	Maintenance Technician	Production - Salary - Blo	Central Distribution Center	Full-Time
Daniel Fisk-Auckland	Logistics Manager	Supply Chain	Central Distribution Center	Full-Time
Samuel Parmentier	Engineering Manager - DME	Engineering - DME	Central Distribution Center	Full-Time
Kristina Fernandez	Production Table Associate II	Production - Labor - Bloc	Central Distribution Center	Full-Time
Joseph Consoli	Director of Quality and Regulatory Affairs	Quality Assurance	Central Distribution Center	Full-Time
Barney Franzen	Supply Chain Manager	Supply Chain	Central Distribution Center	Full-Time
Biren Patel	2nd Shift Supervisor	Production - Labor - Bloc	Central Distribution Center	Full-Time
Theresa Witek	Accounts Receivable Associate	Accounting	Central Distribution Center	Full-Time
Felix Solis	3rd Shift Production Table Associate III	Production - Labor - Bloc	Central Distribution Center	Full-Time
Camila Redondo	Production Coordinator	Production - Labor - Bloc	Central Distribution Center	Full-Time
Douglas Elliott Astaiza	Picking Associate III	Warehouse - Labor - Blo	Central Distribution Center	Full-Time
Grecia Rodriguez Molina	Accounting Manager	Accounting	Central Distribution Center	Full-Time
Saroj Patel	Production Associate II	Production - Labor - Bloc	Central Distribution Center	Full-Time
Jeffrey Emricson	National Warehouse Operations Manager	Warehouse - Salary - Blo	Central Distribution Center	Full-Time
Sreekanth Bojja	IT Director & Security Manager	IT	Central Distribution Center	Full-Time
Deysi Alvear	Quality Control Inspector	Quality Assurance	Central Distribution Center	Full-Time
Cassandra Williams	Production Associate II Sonic Welder	Production - Labor - Bloc	Central Distribution Center	Full-Time
Gian Carlo Diaz	Fulfillment Coordinator	Warehouse - Labor - Blo	Central Distribution Center	Full-Time
Morgan Meyer	Customer Complaint Specialist	Quality Assurance	Central Distribution Center	Full-Time
John Ayala	2nd Shift Assistant Supervisor	Warehouse - Labor - Blo	Central Distribution Center	Full-Time
Matt Godzicki	Buyer	Supply Chain	Central Distribution Center	Full-Time
Varsha Patel	Table Room Associate III	Production - Labor - Bloc	Central Distribution Center	Full-Time
Bradley Sherman	Chief Financial Officer & Chief Operating Officer	Admin	Central Distribution Center	Full-Time
Carie Wagner	HR Administrator	Human Resources	Central Distribution Center	Full-Time

4HH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ 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: TearScience Inc.

Physical Address: 510 Cottonwood Drive

City: Milpitas State: CA Zip: 95035

Mailing Address (if different from physical address): Same as physical address above.

City: _____ State: _____ Zip: _____

Telephone: (415) 390-5745 Website: https://www.clearvisionforyou.com/en-us/about-vision/

Name of Designated Representative (DR): Elumalai Govindaraj

Licensing Company Email: ra-svstateslicenses@its.jnj.com DR Email: egovinda@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 (Virtual)
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☑ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: Clinics		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: 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: Delaware

Parent Company (if any): Johnson & Johnson Surgical Vision, Inc.

Corporation/Organization Name: TearScience Inc.

Mailing Address: 510 Cottonwood Drive

City: Milpitas State: CA Zip: 95035

Telephone: 415-390-5745 Email: ra-svstateslicenses@its.jnj.com

Contact Person Name: Elumalai Govindaraj

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:	✔	
1. Copy of FDA registration See Attachment B 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment C		

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 D	✓	✓		
N/A • **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment D		✓		
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 E	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment F		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - Wholly owned by parent company.		✓	✓	✓
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/ See Attachment I	✓	✓	✓	✓
• **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 J	✓	✓	✓	✓
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.

TearScience Inc.

Facility Name

Elumalai Govindaraj

Print Name of Authorized Person Submitting Application

G Elumalai

Original signature of Authorized Person (copies or stamps not accepted)

16-JAN-2026

Date

Board Use Only	Date Received: 4/2/26	Amount: Bloomch 3090

Attachment A

Nature of Business

TearScience, Inc. (TearScience) is a virtual manufacturer of prescription and non-prescription medical devices. Please note that product is not handled, stored, or manufactured at the facility. Provided is the information for the physical manufacturers and affiliated virtual wholesale distributor of the product.

Physical Manufacturers:

Providence Enterprise Limited
No 5-4, Neihuan Road, Shan Xia Community, Pinghy Street, Longgang District
Shenzhen, China 518111

Remington Medical S.A.
Zona Franca Industrial de las Americas
Santo Domingo

Segue Manufacturing Services
3/4 F, 47 South Haijingnan 2nd Rd
Haicang Xiamen, China 361026

Spartronics Strongsville, Inc.
22740 Lunn Rd.
Strongsville, OH 44149

Distributor:

AMO Sales and Service, Inc.
31 Technology Drive, Suite 200
Irvine, CA 92618

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
TearScience, Inc
510 Cottonwood Drive
Milpitas, CA 95035
Registration Number: [redacted]
FEI Number* [redacted]
Status: Active
Date Of Registration Status: 2025

Owner/Operator:
Johnson & Johnson Surgical Vision, Inc.[6]
31 Technology Dr
Suite 200
Irvine, CA US 92618
Owner/Operator Number: 10053607[7]

Official Correspondent:
Timothy Williams
510 Cottonwood Dr
Milpitas, CA 95035
Phone: 1-408-8909949

* 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=10053607&OwnerOperatorName=&ProductCode=&DeviceName=&
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10053607&OwnerOperatorName=&ProductCode=&DeviceName=&

Page Last Updated: 10/27/2025

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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

For Government For Press

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Attachment D

Corporation Information

TearScience Inc.
510 Cottonwood Drive
Milpitas, CA 95035

Parent Company:

Johnson & Johnson Surgical Vision, Inc.
31 Technology Drive, Suite 200, Irvine, CA 92618
Ownership: 100%

Corporate Officer Information:

Erin Powers
President

Sahar Shepperd
Secretary

Kourtney Clark
Finance Director

Nicole Bradley
Assistant General Counsel

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TEARSCIENCE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF 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. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

3984622 8300

SR# 20252284654

Authentication: 203692421

Date: 05-14-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

TearScience, Inc.
510 Cottonwood Dr
Milpitas, CA 95035

LICENSE NUMBER: 124527
EXPIRATION DATE: 2/14/2027

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/21/2026

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	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED JOHNSON & JOHNSON ET AL ONE JOHNSON & JOHNSON PLAZA ATTN: ERIN SHERIDAN RISK MANAGEMENT NEW BRUNSWICK, NJ 08933	**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 G4937589A	03/01/2026	03/01/2027	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 H11437667	03/01/2026	03/01/2027	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** Y/N			WLR C72804727 (AOS)	03/01/2026	03/01/2027	X PER STATUTE [ ] OTH-ER		
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N/A		WCU C72804740 (OH)	03/01/2026	03/01/2027			
A	**(Mandatory in NH)**			WLR C72804715 (AZ, MA)	03/01/2026	03/01/2027	E.L. EACH ACCIDENT	$	5,000,000
A	If yes, describe under DESCRIPTION OF OPERATIONS below			RWC C72804739 (WI)	03/01/2026	03/01/2027	E.L. DISEASE - EA EMPLOYEE	$	5,000,000
							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)

CERTIFICATE HOLDER

Johnson & Johnson, et al
One Johnson & Johnson Plaza
New Brunswick, NJ 08933

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/5/2025

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 CN102448867-ALL-PL-21-22	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED JOHNSON & JOHNSON ET AL ONE JOHNSON & JOHNSON PLAZA ATTN: ERIN SHERIDAN RISK MANAGEMENT NEW BRUNSWICK, NJ 08933	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Middlesex Assurance Company Ltd — 10419 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ 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	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] (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	$
A	PRODUCT LIABILITY (US)			USPL9700001	01/01/2026	01/01/2027	EACH OCCURRENCE	10,000,000
							ANNUAL AGGREGATE	10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Johnson & Johnson, et al
One Johnson & Johnson Plaza
New Brunswick, NJ 08933

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.

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Johnson&Johnson

	Legal Entity Name	Main Office address
1	Abiomed, Inc.	22 Cherry Hill Drive, Danvers MA 01923, United States
2	Actelion Pharmaceuticals US, Inc.	1125 Trenton-Harbourton Road, Titusville, 1st Floor/B-Wing NJ 08560, United States
3	ALZA Corporation	700 Eubanks Drive, Vacaville CA 95688, United States
4	Ambrx Biopharma, Inc.	10970 Alexandria Way, Suite 100, San Diego CA 92121, United States
5	Ambrx, Inc.	10970 Alexandria Way, Suite 100, San Diego CA 92121, United States
6	AMO Development, LLC	31 Technology Drive, Suite 200, Irvine CA 92618, United States
7	AMO Manufacturing USA, LLC	510 Cottonwood Drive, Milpitas CA 95035, United States
8	AMO Sales and Service, Inc.	31 Technology Drive, Suite 200, Irvine CA 92618, United States
9	Anakuria Therapeutics, Inc.	1125 Trenton-Harbourton Road, Titusville NJ 08560, United States
10	AorTx, Inc.	150 Shoreline Drive, Redwood City CA 94065, United States
11	Aragon Pharmaceuticals, Inc.	10990 Wilshire Blvd. , Suite 440, Los Angeles CA 90024, United States
12	Atrionix, Inc.	3333 Diamond Canyon Road, Diamond Bar CA 91765, United States
13	Auris Health, Inc.	150 Shoreline Drive, Redwood City CA 94065, United States
14	BeneVir BioPharm, Inc.	1330 Piccard Drive, Suite 101, Rockville MD 20850, United States
15	Biosense Webster, Inc.	31 Technology Drive, Suite 200, Irvine CA 92618, United States
16	Breethe, Inc.	1500 Joh Avenue, Halethorpe MD 21227, United States
17	Cerenovus, Inc.	325 Paramount Drive, Raynham MA 02767-0350, United States
18	Coherex Medical, Inc.	3598 West 1820 South, Salt Lake City UT 84104, United States
19	CoTherix Inc.	1125 Trenton-Harbourton Road, Titusville NJ 08560, United States
20	CrossRoads Extremity Systems, LLC	6423 Shelby View Drive, Suite 101, Memphis TN 38134, United States
21	CSATS, Inc.	1100 Olive Way, Suite 1150, Seattle WA 98101, United States
22	DePuy Mitek, LLC	325 Paramount Drive, Raynham MA 02767-0350, United States
23	DePuy Orthopaedics, Inc.	700 Orthopaedic Drive, Warsaw IN 46582, United States
24	DePuy Products, Inc.	700 Orthopaedic Drive, Warsaw IN 46582, United States
25	DePuy Spine, LLC	325 Paramount Drive, Raynham MA 02767-0350, United States
26	DePuy Synthes Institute, LLC	325 Paramount Drive, Raynham MA 02767-0350, United States
27	DePuy Synthes Products, Inc.	325 Paramount Drive, Raynham MA 02767-0350, United States
28	DePuy Synthes Sales, Inc.	325 Paramount Drive, Raynham MA 02767-0350, United States
29	DePuy Synthes, Inc.	700 Orthopaedic Drive, Warsaw IN 46582, United States
30	Ethicon Endo-Surgery, Inc.	4545 Creek Road, Cincinnati OH 45242, United States
31	Ethicon Endo-Surgery, LLC	475 C Street, Suite 200, Guaynabo PR 00969, United States
32	Ethicon LLC	#475 Street C, Suite 401, Los Frailes Industrial Park, Guaynabo PR 00969, United States
33	Ethicon US, LLC	1000 Route 202, Raritan NJ 08869, United States
34	Ethicon, Inc.	1000 Route 202, Raritan NJ 08869, United States
35	Fuse Biotherapeutics Inc.	7A Henshaw Street, Woburn MA 01801, United States
36	Halda Therapeutics OpCo, Inc.	115 Munson Street, Suite 101, New Haven CT 06511, United States
37	Intra-Cellular Therapies, Inc.	135 Route 202/206, Bedminster NJ 07921, United States
38	ITI, Inc.	135 Route 202/206, Bedminster NJ 07921, United States
39	Janssen Biotech, Inc.	800/850 Ridgeview Drive, Horsham PA 19044, United States
40	Janssen Global Services, LLC	700 US Route 202 South, Raritan NJ 08869, United States
41	Janssen Oncology, Inc.	10990 Wilshire Blvd. , Suite 440, Los Angeles CA 90024, United States
42	Janssen Ortho LLC	State Road 933 KM 0.1, Mamey Ward, HC 02, Box 19250, Gurabo, 00778, Puerto Rico
43	Janssen Pharmaceuticals, Inc.	1125 Trenton-Harbourton Rd, Titusville NJ 08560, United States
44	Janssen Products, LP	800/850 Ridgeview Drive, Horsham PA 19044, United States
45	Janssen Research & Development, LLC	920 US Route 202, PO Box 300, Raritan NJ 08869, United States
46	Janssen Scientific Affairs, LLC	1125 Trenton-Harbourton Road, Titusville NJ 08560, United States
47	Janssen Supply Group, LLC	200 Tournament Drive, Horsham PA 19044, United States
48	Janssen-Cilag Manufacturing, LLC	State Road 933 KM 0.1, Mamey Ward, HC 02, Box 19250, Gurabo, 00778, Puerto Rico
49	Johnson & Johnson	One Johnson & Johnson Plaza, New Brunswick NJ 08933, United States
50	Johnson & Johnson Enterprise Innovation Inc.	One Johnson & Johnson Plaza, New Brunswick NJ 08933, United States
51	Johnson & Johnson Finance Corporation	One Johnson & Johnson Plaza, New Brunswick NJ 08933, United States
52	Johnson & Johnson Health Care Systems Inc	425 Hoes Lane, Piscataway, NJ, 08855, United States
53	Johnson & Johnson Innovation - JJDC, Inc.	410 George Street, New Brunswick NJ 08933, United States
54	Johnson & Johnson Innovation LLC	410 George Street, New Brunswick NJ 08933, United States
55	Johnson & Johnson Services, Inc.	One Johnson & Johnson Plaza, New Brunswick NJ 08933, United States
56	Johnson & Johnson Surgical Vision, Inc.	31 Technology Drive, Suite 200, Irvine CA 92618, United States
57	Johnson & Johnson Vision Care, Inc.	7500 Centurion Parkway, Jacksonville FL 32256, United States
58	JOM Pharmaceutical Services, Inc.	1 Cottontail Lane, Somerset NJ 08873, United States
59	Laminar, Inc.	1745 Copperhill Blvd, Santa Rosa CA 95403, United States
60	Manifest Technologies Inc.	470 State Street, Suite 007, New Haven CT 06513, United States
61	Medical Device Business Services, Inc.	700 Orthopaedic Drive, Warsaw IN 46582, United States
62	Medical Devices & Diagnostics Global Services, LLC	430 Route 22, Bridgewater NJ 08807, United States
63	MegaDyne Medical Products, Inc.	4545 Creek Road, Cincinnati OH 45242, United States
64	Mentor Worldwide LLC	31 Technology Drive, Suite 200, Irvine CA 92618, United States
65	Momenta Pharmaceuticals, Inc.	1125 Trenton-Harbourton Road, Titusville NJ 08560, United States
66	NeuWave Medical, Inc.	3529 Anderson Street, Madison WI 53704, United States
67	NuVera Medical, Inc.	140 Knowles Drive , Los Gatos, CA 95032, United States
68	OMJ Pharmaceuticals, Inc.	1125 Trenton-Harbourton Road, Building K, Titusville NJ 08560, United States
69	Omrix Biopharmaceuticals, Inc.	Route 22 West, Somerville NJ 08876, United States
70	Ortho Biologics LLC	Carr 2, KM 45.6 Campo Alegre, Manati, Puerto Rico, 00674, Puerto Rico
71	Ortho Biotech Holding LLC	7500 Centurion Parkway, Jacksonville FL 32256, United States
72	Patient Service Center LLC	304 Merchant Lane, Pittsburgh, PA 15205, United States
73	Patriot Pharmaceuticals, LLC	200 Tournament Drive, Horsham, PA 19044, United States
74	Percivia LLC	1 Hampshire Street, 5th Floor, Cambridge MA 02139, United States
75	Prosidyan, Inc.	41 Spring Street, Suite 107, New Providence NJ 07974
76	Proteologix US Inc.	1400 Bridge Parkway STE 202, Redwood City, CA 94065, United States
77	Proteologix, Inc.	1400 Bridge Parkway STE 202, Redwood City, CA 94065, United States
78	Pulsar Vascular, Inc.	47709 Fremont Boulevard, Fremont CA 94538, United States
79	Serotiny, Inc.	329 Oyster Point Boulevard, 3rd Floor, South San Francisco CA 94080, United States
80	Shockwave Medical, Inc.	5403 Betsy Ross Drive, Santa Clara CA 95054, United States
81	SterilMed, Inc.	5010 Cheshire Parkway North, Suite 2, Plymouth MN 55446, United States
82	Synthes USA Products, LLC	1302 Wrights Lane East, West Chester PA 19380, United States
83	Synthes USA, LLC	1302 Wrights Lane East, West Chester PA 19380, United States
84	Synthes, Inc.	700 Orthopaedic Drive, Warsaw IN 46582, United States
85	TARIS Biomedical LLC	113 Hartwell Avenue, Lexington MA 02421, United States
86	TearScience, Inc.	510 Cottonwood Drive, Milpitas CA 95035, United States
87	The Anspach Effort, LLC	1302 Wrights Lane East, West Chester PA 19380, United States
88	Tibotec, LLC	1125 Trenton-Harbourton Road, Building K, Titusville NJ 08560, United States
89	Torax Medical, Inc.	4188 Lexington Avenue, Shoreview MN 55126, United States
90	V-Wave Inc.	29219 Canwood St. #100, Agoura Hills, CA 91301, United States
91	Verb Surgical Inc.	5490 Great America Parkway, Santa Clara CA 95054, United States

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. K42136013

Application/License No. _____

TEARSCIENCE, INC., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
510 Cottonwood Drive Milpitas, CA 95035, as
Address of Applicant/Principal
PRINCIPAL, and FEDERAL INSURANCE COMPANY, a
Surety Company
corporation organized under the laws of the state of IN
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
202B 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 TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 19, 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 19th day of November, 20 25.

APPLICANT/PRINCIPAL
TEARSCIENCE, INC.

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY
FEDERAL INSURANCE COMPANY

Surety Company's Representative

Debra A. Deming, Attorney-in-fact
print name
Non-Resident License Agent #611197

SIGNED and SEALED in the presence of:

Witness Sandra Diaz

Witness Anne Potter

Countersigned by:

Nevada Resident Agent N/A

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 19th Day of November, 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	361,564	Ceded Reinsurance Premiums Payable	417,703
Other Invested Assets	1,562,503	Other Liabilities	583,379
TOTAL INVESTMENTS	14,479,163	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

Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property

DEBRA DEMING

AON RISK SERVICES NORTHEAST, INC.
1111 METROPOLITAN AVE STE 400
CHARLOTTE, NC 28204-3409

is authorized to transact business as described above

License No: 611197 Issue Date: 08-15-2008 Expiration Date: 08-31-2026

Generated by Sircon 300851121

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

DEBRA DEMING
AON RISK SERVICES NORTHEAST, INC., 1111 METROPOLITAN AVE STE 400, CHARLOTTE, NC 28204-3409

LICENSE NUMBER: 611197

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Resident Producer
Casualty, Property

Issue Date: 08-15-2008 Expiration Date: 08-31-2026

Generated by Sircon 300851121

AON

November 19, 2025

Michelle Madsen on behalf of
Darla Price for
TEARSCIENCE, INC.
510 Cottonwood Drive
Milpitas, CA 95035

RE: NEVADA STATE BOARD OF PHARMACY
Bond #: K42136013
Project: Pharmaceutical Wholesaler Surety Bond.
Bond Amount: $ 25,000 .00

Dear Michelle,:

Enclosed please find the above captioned bond(s) executed per Darla Price request.

The bond(s) must be signed by an authorized representative of your company, two witnesses, and sealed with the corporate seal if applicable. Bond executed in 1 counterparts.

It is your responsibility to carefully review the bond(s) prior to execution to verify they have been presented on the correct form with the appropriate names(s), bond amounts and dates, and to ensure the bond(s) conform with your needs and instructions to us and provide the appropriate terms to all parties. Any discrepancies, deficiencies or modifications must immediately be brought to our attention, in writing. Failing such advice to us, you understand we will have no liability for any deficiencies or discrepancies in or required modifications to the bond(s).

By affixing your signature, executing and providing this bond(s) to the obligee you are verifying and, we will justifiably assume, the bond(s) has been issued correctly with the best interests and requirements of all parties being properly considered.

Sincerely,

Debra A. Deming
Record #: 3028518

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 TearScience Inc. MDEG License # (if applicable) Pending

Physical Address 510 Cottonwood Drive

City Milpitas State CA Zip 95035

Mailing Address (if different from physical address) Same as physical address above.

City N/A State N/A Zip N/A

Telephone 415-390-5745 Website https://www.clearvisionforyou.com/en-us/about-vision/

Licensing Company Email ra-svstateslicenses@its.jnj.com

Section 2: Personal Information

First Elumalai Middle N/A Last Govindaraj

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 510 Cottonwood Drive

City Milpitas State CA Zip 95035

Telephone 408-219-9754 Email egovinda@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?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Nevada, Las Vegas		08/03 - 08 / 05	
Address	**City**	**State**	**Zip**
4505 S Maryland Pkwy	Las Vegas	NV	89154
Diploma/Degree obtained, if any			
M.S. Mechanical Engineering			

School Name		From - To (MM/YY – MM/YY)	
University of Madras, India		06/98 - 06/22	
Address	**City**	**State**	**Zip**
Centenary Buildings, Chepauk Chennai	Chennai	Tamilnadu	600005
Diploma/Degree obtained, if any			
B.E. Mechanical Engineering			

School Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY	
N/A		N/A	
Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/14 Current	[redacted]	Fremont	CA	[redacted]
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				

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)	
TearScience Inc.			06/2011 - Current	
Business Address		**City**	**State**	**Zip**
510 Cottonwood Drive		Milpitas	CA	95035
Phone	**Title**		**Number of Employed Hours**	
415-390-5745	QA Manager, Quality Systems and Compliance		6,000+ hours	
Description of Duties				
QA Manager for the site. Manage 6 Quality Engineers, Manage site External and Internal audits, Managing Document Control Team to process all change documentation per ISO 13485. Manage site Nonconcoformance, CAPA documentation per ISO 13485 requirement.				

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				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 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, Elumalai Govindaraj, **certify that as the MDEG Administrator for**

TearScience Inc.,

that I (initial that you have read and meet the following requirements):

1. GG Have a high school diploma or its equivalent;
2. GG 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. GG 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. GG 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.

Elumalai Govindaraj
Print Name (First, Last)

G. Elumalai
Original Signature (electronic, copies or stamps not accepted)

01/12/2026
Date

Board Use Only	Date Received: 1/12/26

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 TearScience Inc.

Pharmacy/Wholesaler License # (if applicable) Pending

Physical Address 510 Cottonwood Drive

City Milpitas State CA Zip 95035

Mailing Address (if different from physical address) Same as physical address above.

City N/A State N/A Zip N/A

Telephone 415-390-5745 Website https://www.clearvisionforyou.com/en-us/about-vision/

Licensing Company Email ra-svstateslicenses@its.jnj.com

Section 2: Personal Information

First Elumalai Middle N/A Last Govindaraj

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 510 Cottonwood Drive

City Milpitas State CA Zip 95035

Telephone 408-219-9754 Email egovinda@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?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Nevada, Las Vegas		08/03-08/05	
Address	**City**	**State**	**Zip**
4505 S Maryland Pkwy	Las Vegas	NV	89154
Diploma/Degree obtained, if any			
M.S. Mechanical Engineering			

School Name		From - To (MM/YY – MM/YY)	
University of Madras, India		06/98-06/22	
Address	**City**	**State**	**Zip**
Centenary Buildings, Chepauk, Chennai	Tamil Nadu	India	600005
Diploma/Degree obtained, if any			
B.E. Mechanical Engineering			

School Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
N/A		N/A	
Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY	
N/A		N/A	
Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Diploma/Degree obtained, if any			
N/A			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/14 - Current	[redacted]	Fremont	CA	[redacted]
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
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
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)
TearScience Inc.			06/2011 - Current
Business Address	**City**	**State**	**Zip**
510 Cottonwood Drive	Milpitas	CA	95035
Phone	**Title**	**Number of Employed Hours**	
415-390-5745	QA Manager, Quality Systems and Compliance	6,000+ hours	

Description of Duties

QA Manager for the site. Manage 6 Quality Engineers, Manage site External and Internal audits, Managing Document Control Team to process all change documentation per ISO 13485. Manage site Nonconcoformance, CAPA documentation per ISO 13485 requirement.

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**	**Number of Employed Hours**	
N/A	N/A	N/A	

Description of Duties

N/A

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**	**Number of Employed Hours**	
N/A	N/A	N/A	

Description of Duties

N/A

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**	**Number of Employed Hours**	
N/A	N/A	N/A	

Description of Duties

N/A

Business Name			From - To (MM/YY – MM/YY)
N/A			N/A
Business Address	**City**	**State**	**Zip**
N/A	N/A	N/A	N/A
Phone	**Title**	**Number of Employed Hours**	
N/A	N/A	N/A	

Description of Duties

N/A

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
N/A			N/A	
Business Address		City	State	Zip
N/A		N/A	N/A	N/A
Phone	Title		Number of Employed Hours	
N/A	N/A		N/A	
Description of Duties				
N/A				

Business Name			From - To (MM/YY – MM/YY)	
N/A			N/A	
Business Address		City	State	Zip
N/A		N/A	N/A	N/A
Phone	Title		Number of Employed Hours	
N/A	N/A		N/A	
Description of Duties				
N/A				

Business Name			From - To (MM/YY – MM/YY)	
N/A			N/A	
Business Address		City	State	Zip
N/A		N/A	N/A	N/A
Phone	Title		Number of Employed Hours	
N/A	N/A		N/A	
Description of Duties				
N/A				

Business Name			From - To (MM/YY – MM/YY)	
N/A			N/A	
Business Address		City	State	Zip
N/A		N/A	N/A	N/A
Phone	Title		Number of Employed Hours	
N/A	N/A		N/A	
Description of Duties				
N/A				

Business Name			From - To (MM/YY – MM/YY)	
N/A			N/A	
Business Address		City	State	Zip
N/A		N/A	N/A	N/A
Phone	Title		Number of Employed Hours	
N/A	N/A		N/A	
Description of Duties				
N/A				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
N/A 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	N / A	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A	N/A	N/A	N/A	N/A
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
N/A		N/A		
Reason/Charge				
N/A				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
N/A			N/A	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Elumalai Govindaraj, **certify that as the designated representative for**

TearScience Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. G.E I am at least 21 years of age;
3. G.E 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. G.E I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. G.E I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. G.E 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. G.E I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Elumalai Govindaraj
Print Name (First, Last)

G. Elumalai
Original Signature (electronic, copies or stamps not accepted)

23-DEC-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.

Elumalai Govindaraj

Print Name (First, Last)

E. Govindaraj

Original Signature (electronic, copies or stamps not accepted)

23-DEC-2025

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

_____ _____

Original Signature **Date**

See attached certificate.
BA 12/23/25

Subscribed and Sworn to before me this _____ day of _____.

_____

Notary Public Signature

(Seal)

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☒ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Santa Clara

Subscribed and sworn to (or affirmed) before me on this 23 day of December, 2025, by
Date *Month* *Year*

(1) Elumalai Govindara

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

BRENDA ADAME
Notary Public - California
Santa Clara County
Commission # 2513223
My Comm. Expires Feb 28, 2029

Signature Brenda Adame
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

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Tearscience Inc. Employee List

[redacted]	WWID	Business Title
	155001633	Clinical Implementation Manager
	402883	Ocular Surface Sales Specialist
	155001081	Clinical Implementation Manager
	152986648	Clinical Implementation Manager
	152927454	Clinical Implementation Manager
	378698	OCULAR SURFACE SALES SPECIALIST
	185085	Sr. National Sales Manager
	1014405	Clinical Implementation Manager
	1026843	Clinical Implementation Manager
	86767	Global Business Unit Director
	1024434	STAFF ELECTRICAL ENGINEER

411

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ 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: Valorum Biologics, LLC

Physical Address: 540 Union Square Drive – Suite Six

City: New Hope State: PA Zip: 18938

Mailing Address (if different from physical address): 555 Madison Avenue, Suite 11D

City: New York State: NY Zip: 10022

Telephone: (650) 906-0089 Website: www.valorum.bio

Name of Designated Representative (DR): David Barrett

Licensing Company Email: dbarrett@valorum.bio DR Email: dbarrett@valorum.bio

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: Distributors, Clinics		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

7-Apr-2026
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attachment A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: 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): Valorum Holdings, LLC

Corporation/Organization Name: Valorum Biologics, LLC

Mailing Address: 555 Madison Avenue, Suite 11D

City: New York State: NY Zip: 10022

Telephone: (650) 906-0089 Email: dbarrett@valorum.bio

Contact Person Name: David Barrett

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 B 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment C		

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 D	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** N/A	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment D		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment E	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment F		✓	✓	✓
• **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 D		✓	✓	✓
• **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 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.		✓	✓	✓
• **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.

Valorum Biologics, LLC

Facility Name

David Barrett

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

1-APR-2026

Date

Board Use Only	Date Received: 4/9/26	Amount: $1000 CK 1017

Attachment A

Nature of Business

Valorum Biologics, LLC "Valorum" is a virtual manufacturer of prescription drugs. Valorum will utilize third parties to physically manufacture and distribute its product. Accordingly, Valorum will not handle product at its business office. Provided is the contact information for the third parties Valorum will utilize.

Contract Manufacturer:

Lupin Limited
Gat No. 1156, 1157, 1158, 1159, 1160
Village Ghotawade, Taluka Mulshi
Pune Maharashtra - 412115 India
FDA Est. Reg. 3010977634

Third Party Logistics Provider:

Integrated Commercialization Solutions LLC
420 International Drive, Suite 500
Brooks, KY 40109

Valorum Biologics, LLC
NDC NHRIC LABELER CODE REQUEST

Labeler - Valorum Biologics, LLC (144848482) NDC Labeler Code: [illegible]

Contact	Address	Telephone Number	Email Address
Cindy Zee	Address: 355 Madison Avenue Suite 11D City, State, Zip: New York, NY 10022 Country: USA	[illegible]	[illegible]

Labeler Detail

Name	Address	ID/FEI	Business Operations
Valorum Biologics, LLC	Address: 355 Madison Avenue Suite 11D City, State, Zip: New York, NY 10022 Country: USA	144848482	distributes drug products under own private label Distributes human prescription drug products)

Revised: 9/2021

Valorum Biologics, LLC

Attachment D

LLC Officer and Ownership Information

Valorum Biologics, LLC

Officers:

Par Hyare
CEO

Cheryl Collett
CFO

Owner:

Valorum Holdings, LLC

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through April 09, 2026

You have searched Finished drug products

Search Results: *'85006'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marke Date
+ AHZANTIVE	85006-2908-1	40 mg/mL	INJECTION, SOLUTION	INTRAVITREAL	BLA761378	Valorum Biologics, LLC	85006-2908	aflibercept-mrbb	AFLIBERCEPT-MRBB	HUMAN PRESCRIPTION DRUG	10/24/2025	N/A
+ ALYMSYS	85006-1754-1	100 mg/4mL	INJECTION, SOLUTION	INTRAVENOUS	BLA761231	Valorum Biologics, LLC	85006-1754	bevacizumab-maly	BEVACIZUMAB-MALY	HUMAN PRESCRIPTION DRUG	03/30/2022	N/A

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marke Date
ALYMSYS	85006-1755-1	400 mg/16mL	INJECTION, SOLUTION	INTRAVENOUS	BLA761231	Valorum Biologics, LLC	85006-1755	bevacizumab-maly	BEVACIZUMAB-MALY	HUMAN PRESCRIPTION DRUG	03/30/2022	N/A

Showing 1 to 3 of 3 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VALORUM BIOLOGICS, 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 THIRD DAY OF MARCH, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VALORUM BIOLOGICS, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MAY, 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

10203726 8300

SR# 20260987695

Authentication: 203231845

Date: 03-03-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

Certificate of Licensure

Certificate No. 9000000339

Drug & Device Registration

2525 N. 7th Street Suite 210D
Harrisburg, PA 17110
(717) 787-4779

Category:

Virtual Manufacturer (License)
(No Commercially available product onsite. Office or Headquarters only.)

VALORUM BIOLOGICS, LLC
540 UNION SQUARE DRIVE
SUITE SIX
NEW HOPE, PA 18938

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: November 06, 2025
Expiration Date: The Last Day of November, 2026

Jeanne Parisi
Deputy Secretary for Quality Assurance

Pennsylvania Department of Health

Debra L. Bogen, MD, FAAP
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 800024445

Application/License No. _____

Valorum Biologics, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 540 Union Square Drive – Suite Six, New Hope, PA 18938 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty 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 605 Highway 169 North, Suite 800, Plymouth, MN 55441 (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 12, 2026 (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 12th day of February, 2026.

APPLICANT/PRINCIPAL

Valorum Biologics, LLC

Authorized Representative

SURETY COMPANY

Atlantic Specialty Insurance Company

Surety Company's Representative

Craig H. Meeker, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Nicole Plourde

Witness Casey Baez

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

intact INSURANCE

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Craig H. Meeker**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this first day of January, 2023.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Sarah A. Kolar, Vice President and General Counsel

STATE OF MINNESOTA
HENNEPIN COUNTY

On this first day of January, 2023, before me personally came Sarah A. Kolar, Vice President and General Counsel of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and she acknowledged the execution of the same, and being by me duly sworn, that she is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON D. NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2030

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 12th day of February, 2026.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

_____
Kara L.B. Barrow, Secretary

This Power of Attorney expires
January 31, 2030

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: Valorum Biologics, LLC

Pharmacy/Wholesaler License # (if applicable): pending

Physical Address: 540 Union Square Drive – Suite Six

City: New Hope State: PA Zip: 18938

Mailing Address (if different from physical address): 555 Madison Avenue, Suite 11D

City: New York State: NY Zip: 10022

Telephone: (650) 906-0089 Website: www.valorum.bio

Licensing Company Email: phyare@valorum.bio

Section 2: Personal Information

First: David Middle: Jonathan Last: Barrett

Alias(es, nicknames, name changes, etc.): N/A

Date of Birt[redacted] SSN or ITIN[redacted] Sex ☑ M ☐ F ☐ X

Mailing Addre[redacted]

City: New York State: NY Zip[redacted]

Telephone: 650-906-0089 Email: dbarrett@valorum.bio

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? 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 Florida - Warrington College of Business		9/97 - 5/99	
Address	**City**	**State**	**Zip**
1325 W University Ave	Gainesville	FL	32612
Diploma/Degree obtained, if any			
MBA, Accounting and Finance			

School Name		From - To (MM/YY – MM/YY)	
University of Florida		8/94 - 5/98	
Address	**City**	**State**	**Zip**
300 SW 13th St	Gainesville	FL	32611
Diploma/Degree obtained, if any			
BA, Accounting and Finance			

School Name		From - To (MM/YY – MM/YY)	
East Brunswick High School		9/90 - 6/94	
Address	**City**	**State**	**Zip**
380 Cranbury Road	East Brunswick	NJ	08816
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
9/16 - present	[redacted]	New Hope	PA	[redacted]
7/11 - 9/16		New York	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)	
Valorum Biologics, LLC			5/25 - present	
Business Address		**City**	**State**	**Zip**
540 Union Square Drive – Suite Six		New Hope	PA	18938
Phone	**Title**		**Number of Employed Hours**	
(650) 906-0089	Chairman		~ 1,560	

Description of Duties
Responsible for all activities of virtual manufacturing process including oversight of the internal team and vendors related to compliance, managing quality systems and standards, regulatory documentation/compliance,managing product safety and all aspects of the process

Business Name			From - To (MM/YY – MM/YY)	
Flame Biosciences, Inc.			4/19 - 5/25	
Business Address		**City**	**State**	**Zip**
280 Union Square Drive		New Hope	PA	
Phone	**Title**		**Number of Employed Hours**	
N/A - company was acquired	COO/CFO		~11,680	

Description of Duties
Oversee daily and financial operations, financial reporting, budgeting and forecasting. Set and monitor operational KPIs. Manage and mentor department heads. Engage in operational budgeting, and execute growth initiatives.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description 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?		✔

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:

David J Burrett
Original Signature (electronic, copies or stamps not accepted)

3-APR-2026
Date

I, David Barrett, **certify that as the designated representative for**

Valorum Biologics, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DB I am at least 21 years of age;
3. DB I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. DB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DB I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. DB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

David Barrett

Print Name (First, Last)

David J Barrett

Original Signature (electronic, copies or stamps not accepted)

3-18-2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Barrett

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/18/2026

Date

Please have this section completed in the presence of a Notary Public.

State of PA, ss. County of Bucks.

I, DAVID BARRETT, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

03/18/2026

Date

Subscribed and Sworn to before me this 18th day of March.

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Charles D. Weber, Notary Public
Bucks County
My commission expires September 16, 2029
Commission number 1279091
Member, Pennsylvania Association of Notaries

(Seal)

Attachment G

List of Employees

Tim Ayers
David Barrett
Chris Butler
Cheryl Collett
Aaron Denning
Parvinder Hyare
Jin Lin
Edy Mahoney
Shilpa Patel
Howard Weiser
Nikki Weimer

Due to the way we are structured, although the list includes individuals who have employee roles like CEO, CFO etc, we pay them as Members via guaranteed payments. Operationally they are taking employee roles and titles but mechanistically they are Service Providers. Further they receive K-1s not W-2s for compensation received from the Company.

4JJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ 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: Highridge Medical, LLC d/b/a Zimmer Biomet Spine

Physical Address: 7437 Polk Lane , STE 100

City: Olive Branch State: MS Zip: 38654

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.highridgemedical.com

Name of Designated Representative (DR): David Dwayne Aslin

Licensing Company Email: HML@slsny.com DR Email: david.aslin@highridgemedical.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 - Own Label Warehouse
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☒ Others: Devices (for Professionals)	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☒ Others: Distributor - Wholesale

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A - No discipline to disclose

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: Sovlita
Address: 349 S Main Street City: Dayton State: OH Zip: 45402

Name: Structure Medical
Address: 9935 Business Circle City: Naples State: FL Zip: 34112

Name: NexxtSpine
Address: 14425 Bergen Blvd B City: Noblesville State: IN Zip: 46060

Name: AlloSource
Address: 6278 S Troy Cir City: Centennial State: CO Zip: 80111

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): ZEB Buyer, LLC
Corporation/Organization Name: Highridge Medical, LLC d/b/a Zimmer Biomet Spine
Mailing Address: c/o State License Servicing, Inc. 225 Dolson Avenue, 4th Floor
City: Middletown State: NY Zip: 10940
Telephone: (845) 544-2482 Email: HML@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 # 3016050940	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.

Highridge Medical, LLC d/b/a Zimmer Biomet Spine

Facility Name

Carl Lee Lowder Jr.

Print Name of Authorized Person Submitting Application

Carl Lee Lowder Jr.

Original signature of Authorized Person (copies or stamps not accepted)

3/10/26

Date

Board Use Only	Date Received: 3/13/26	Amount: $1000 - ck 24028

*Proof of FDA

FDA

FDA Home[1] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
Olive Branch Distribution Center
7437 Polk Lane
Suite 106
Olive Branch, MS 38654
Registration Number: 3005580940
FEI Number*: [redacted]
Status: Active
Date Of Registration Status: 2026

Owner/Operator:
Highridge Medical, LLC[6]
10225 Westmoor Dr
Westminster, CO US 80021
Owner/Operator Number: 9061535[7]

Official Correspondent:
Alex Pawlowski
10225 Westmoor Dr
Westminster, CO 80021
Phone: 303-2648255

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 03/02/2026

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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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7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9061535&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&esta

* Company Particulars

HIGHRIDGE

Highridge Medical, LLC
d/b/a Zimmer Biomet Spine

Corporate Address: 10225 Westmoor Dr., Westminster, CO 80021 USA
FEIN: 26-1688290
www.highridgemedical.com

Drug Labeler Code: N/A - DEVICE ONLY
Incorporation State: DE
Incorporation Date: 12/20/2007

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
OBM	7437 Polk Lane STE 100 Olive Branch, MS 38654 County: Desoto	3016050940	N/A - No CS	119260394	No	(800) 447-3625	(303) 465-5522

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
David Dwayne Aslin	[redacted]	Sr. Director of Distribution	No	[redacted]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
ZEB Buyer, LLC	10225 Westmoor Drive Westminster, CO 80021	N/A	100%	N/A	[redacted]	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Rebecca Ann Whitney	[redacted]	President and Chief Executive Officer	No	[redacted]		
Carl Lee Lowder Jr.		Chief Legal Officer	No			

REGISTERED AGENT IN ALL APPLICABLE STATES

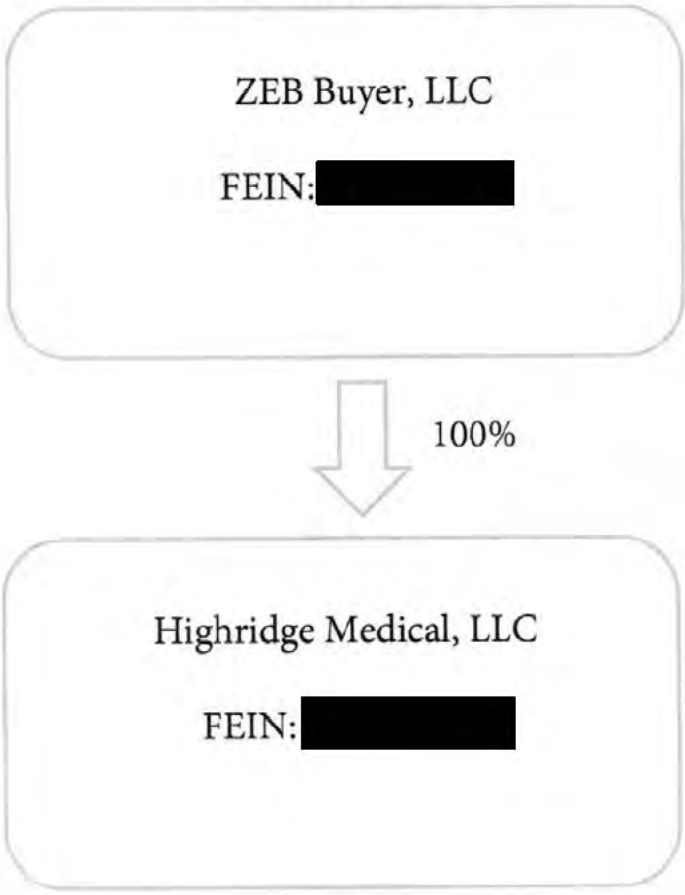
Name	SSN	DOB	Driver's License
CT Corporation System			

Company Particulars

* List of owners org chart

HIGHRIDGE

Organizational Chart



*List of Officers

HIGHRIDGE

List Of Officers for Highridge Medical, LLC

Carl Lee Lowder Jr. – Chief Legal Officer

10225 Westmoor Dr. Westminster, CO 80021

Rebecca Ann Whitney – President & Chief Executive Officer

10225 Westmoor Dr. Westminster, CO 80021

Carl Lee Lowder Jr. 12/17/25

Signature of Signing Officer Date

Good Standing

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HIGHRIDGE MEDICAL, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF MARCH, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HIGHRIDGE MEDICAL, LLC" WAS FORMED ON THE TWENTIETH DAY OF DECEMBER, A.D. 2007.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

4478454 8300

SR# 20261060219

Authentication: 203284153

Date: 03-07-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

Home State Permit
Wholesaler

MISSISSIPPI
Board of Pharmacy

Permit #
19208 / 16.5

Drug Facility
Wholesale Distributor (In-State)

Highridge Medical, LLC
DBA Zimmer Biomet Spine
7437 Polk Lane, Suite 100
Olive Branch, MS 38654
DeSoto

Permit Holder:
David Dwayne Aslin

This permit is not transferable or assignable.

Issued: 12/04/2025
Renewed: 12/04/2025
Expires: 12/31/2026

Susan McCoy
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

Home State Verification of License Wholesaler

MISSISSIPPI BOARD OF PHARMACY

LICENSE VERIFICATION

The Mississippi Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, as well as performing hourly updates to the information represented. Therefore, the website is a secure and primary source of credential verification information, as authentic as a direct inquiry to the Board.

Zimmer Biomet Spine

Drug Facility

Permit Status:	Active	**Issued Date:**	12/04/2025	**Discipline on File:**	No
Permit #:	19208	**Effective Date:**	12/04/2025		
Classification:	Wholesale Distributor (In-State)	**Expire Date:**	12/31/2026	**Discipline Status:**	No Discipline
Manager Name:	David Dwayne Aslin			**Address:**	7437 Polk Lane, Suite 100 Olive Branch, MS 38654

Controlled Substance Registration

No controlled substance registration found!

Public Records

No disciplinary documents were found!

Information loaded from this database is current as of 3/5/2026 10:43:42 AM

Home State Permit
Re packer

MISSISSIPPI
Board of Pharmacy

Permit #
19210 / 16.2

Drug Facility
Re-Packager (In-State)

Highridge Medical, LLC
DBA Zimmer Biomet Spine
7437 Polk Lane, Suite 100
Olive Branch, MS 38654
DeSoto

Permit Holder:
David Dwayne Aslin

This permit is not transferable or assignable.

Issued: 12/05/2025
Renewed: 12/05/2025
Expires: 12/31/2026

Susan McCoy
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

Home State Verification of License - Repacker

MISSISSIPPI BOARD OF PHARMACY

LICENSE VERIFICATION

The Mississippi Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, as well as performing hourly updates to the information represented. Therefore, the website is a secure and primary source of credential verification information, as authentic as a direct inquiry to the Board.

Zimmer Biomet Spine

Drug Facility

Permit Status:	Active	**Issued Date:**	12/05/2025	**Discipline on File:**	No
Permit #:	19210	**Effective Date:**	12/05/2025	**Discipline Status:**	No Discipline
Classification:	Re-Packager (In-State)	**Expire Date:**	12/31/2026	**Address:**	7437 Polk Lane, Suite 100 Olive Branch, MS 38654
Manager Name:	David Dwayne Aslin				

Controlled Substance Registration

No controlled substance registration found!

Public Records

No disciplinary documents were found!

Information loaded from this database is current as of 3/5/2026 10:44:39 AM

limited liability

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

4/1/2027

DATE (MM/DD/YYYY)
3/31/2026

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 1540473 ZEB Parent, LP Westmoor Center Building 6 10225 Westmoor Drive Westminster CO 80021	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Federal Insurance Company — 20281 **INSURER B :** Great Northern Insurance Company — 20303 **INSURER C :** --- SEE ATTACHMENT --- **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 20479748 **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:	Y	Y	3608-55-48	4/1/2026	4/1/2027	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 $ XXXXXXX $
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY [X] HIRED AUTOS ONLY SCHEDULED AUTOS [X] NON-OWNED AUTOS ONLY	Y	Y	7364-08-57	4/1/2026	4/1/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Deductible	$ $1,000,000 $ XXXXXXX $ XXXXXXX $ XXXXXXX $ $1,000
A	X UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $	Y	Y	5672-10-65	4/1/2026	4/1/2027	EACH OCCURRENCE AGGREGATE $	$ $10,000,000 $ $10,000,000 $ XXXXXXX
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	Y	(27) 7184-08-06	4/1/2026	4/1/2027	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $1,000,000 $ $1,000,000 $ $1,000,000
C	See attached Products/ Professional Liability	Y	Y	See Attached			See attached Aggregate $10,000,000 Per Claim $10,000,000 Retention $1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ZimVie Inc., Highridge Medical LLC f/k/a Zimmer Biomet Spine, Inc is included as Additional Insured with respects to the General Liability, Automobile Liability and Umbrella Liability policies as required by written contract. Waiver of Subrogation applies in favor of the General Liability, Automobile Liability, Umbrella Liability and Workers Compensation Liability policies as required by written contract.

CERTIFICATE HOLDER

20479748
Evidence of Insurance

CANCELLATION See Attachments

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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*Bond wol 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. 800235794

Application/License No. _____

Highridge Medical, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 7437 Polk Ln, STE 100, Olive Branch, MS 38654 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of NY (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 (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 January 20, 2026 (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 20th day of January, 2026.

APPLICANT/PRINCIPAL

Highridge Medical, LLC

By: _____
Authorized Representative

SURETY COMPANY

Atlantic Specialty Insurance Company

By: _____
Surety Company's Representative

Julia Zalesky, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness Holly Tallone

_____
Witness Kelly Wolff

Countersigned by:

_____
Nevada Resident Agent N/A

Posted February 20, 2020

intact INSURANCE

Power of Attorney

Surety Bond No: 800235794

Highridge Medical, LLC
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: **Julia Zalesky**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this first day of January, 2023.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Sarah A. Kolar, Vice President and General Counsel

STATE OF MINNESOTA
HENNEPIN COUNTY

On this first day of January, 2023, before me personally came Sarah A. Kolar, Vice President and General Counsel of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and she acknowledged the execution of the same, and being by me duly sworn, that she is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON D. NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2030

_____
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 20th day of January, 2026.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

_____
Kara L.B. Barrow, Secretary

This Power of Attorney expires
January 31, 2030

Please direct bond verifications to [redacted]

[intact] specialty solutions

Atlantic Specialty Insurance Company

Period Ended 12/31/2024

Dollars displayed in thousands

Admitted Assets	
Investments	
Bonds	$ 2,894,094
Preferred Stocks	-
Common Stocks	987,702
Mortgage Loans	-
Real Estate	-
Contract Loans	-
Derivatives	-
Cash, Cash Equivalents & Short Term Investments	383,175
Other Investments	36,178
Total Cash & Investments	4,301,149
Premiums and Considerations Due	350,792
Reinsurance Recoverable	60,063
Receivable from Parent, Subsidiary or Affiliates	11,764
All Other Admitted Assets	94,008
Total Admitted Assets	4,817,776

Liabilities and Surplus	
Liabilities	
Loss Reserves	$ 1,264,802
Loss Adjustment Expense Reserves	423,323
Total Loss & LAE Reserves	1,688,125
Unearned Premium Reserve	811,551
Total Reinsurance Liabilities	64,571
Commissions, Other Expenses, and Taxes due	75,922
Derivatives	-
Payable to Parent, Subs or Affiliates	-
All Other Liabilities	1,121,125
Total Liabilities	3,761,294
Capital and Surplus	
Common Capital Stock	9,001
Preferred Capital Stock	-
Surplus Notes	-
Unassigned Surplus	476,697
Other Including Gross Contributed	570,784
Capital & Surplus	1,056,482
Total Liabilities and C&S	4,817,776

State of Minnesota
County of Hennepin

I, Kara Barrow, Secretary of Atlantic Specialty Insurance Company do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said Company, on the 31st day of December, 2024, according to the best of my information, knowledge and belief.

Secretary

Subscribed and sworn to, before me, a Notary Public of the State of Minnesota on this 10th day of March, 2025.

Notary Public

KERRI RIECHERS
NOTARY PUBLIC
MINNESOTA
My Commission Expires Jan. 31, 2030

GENERAL PURPOSE RIDER

To be attached to and form part of Bond Number 800235794 effective January 20, 2026
issued by the Atlantic Specialty Insurance Company
in the amount of Twenty Five Thousand Dollars and No Cents $25,000.00 DOLLARS,
on behalf of Highridge Medical, LLC
as Principal and in favor of Nevada State Board of Pharmacy
as Obligee:

Now, Therefore, it is agreed that:

Additional Location Address: 10225 Westmoor Dr., Westminster, CO 80021

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This rider is to be effective the 20th day of January, 2026.

Signed, sealed and dated this 20th day of January, 2026.

Highridge Medical, LLC
(Principal)

By: _____

Atlantic Specialty Insurance Company

By: _____ (Surety)
Julia Zalesky Attorney-in-Fact

Accepted By:

_____

_____

intact INSURANCE

Power of Attorney

Surety Bond No: 800235794

Highridge Medical, LLC
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: **Julia Zalesky**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this first day of January, 2023.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Sarah A. Kolar, Vice President and General Counsel

STATE OF MINNESOTA
HENNEPIN COUNTY

On this first day of January, 2023, before me personally came Sarah A. Kolar, Vice President and General Counsel of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and she acknowledged the execution of the same, and being by me duly sworn, that she is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON D. NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2030

_____
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 20th day of January, 2026

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

This Power of Attorney expires
January 31, 2030

_____
Kara L.B. Barrow, Secretary

Please direct bond verifications to [illegible]

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 Highridge Medical, LLC d/b/a Zimmer Biomet Spine MDEG License # (if applicable) N/A

Physical Address 7437 Polk Lane , STE 100

City Olive Branch State MS Zip 38654

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.highridgemedical.com

Licensing Company Email HML@SLSNY.COM

Section 2: Personal Information

First David Middle Dwayne Last Aslin

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITI[redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Germantown State TN Zip [redacted]

Telephon[redacted] Email david.aslin@highridgemedical.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 Memphis		08/2001 – 05/2005	
Address	City	State	Zip
3720 Alumni Ave	Memphis	TN	38152
Diploma/Degree obtained, if any			
MBA - Executive Program			

School Name		From - To (MM/YY – MM/YY)	
University of Tennessee Knoxville		09/1990 – 05/1992	
Address	City	State	Zip
916 Volunteer Blvd	Knoxville	TN	37996
Diploma/Degree obtained, if any			
BS, Business Administration - Logistics and Transportation			

School Name		From - To (MM/YY – MM/YY)	
Haywood High School		09/1983 – 05/1987	
Address	City	State	Zip
1175 E. College St.	Brownsville	TN	38012
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2010 - Current	[redacted]	Germantown	TN	[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)	
Highridge Medical, LLC d/b/a Zimmer Biomet Spine			05/22-Present	
Business Address		**City**	**State**	**Zip**
7437 Polk Lane , STE 100		Olive Branch	MS	38654
Phone	**Title**		**Number of Employed Hours**	
(901) 378-0468	Sr. Director of Distribution		~ 7,970 hours	

Description of Duties
Oversees distribution, kitting, inventory control, and production for Spine Medical Device company. Oversight of 3PL operation that distributes tissue for Highridge. Significant cost savings management resulting in 3 million in saving in 2023 vs 2022. Improved service levels through aggressive inventory management and product rework. Implementation of service and efficiency metrics / dashboard. Led transfer of production operation into the distribution center.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: 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, David Dwayne Aslin, **certify that as the MDEG Administrator for**

Highridge Medical, LLC,

that I (initial that you have read and meet the following requirements):

1. DA Have a high school diploma or its equivalent;
2. DA 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. DA 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. DA Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Dwayne Aslin
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3-19-2026
Date

Board Use Only	Date Received: 4/13/26

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: Highridge Medical, LLC d/b/a Zimmer Biomet Spine

Pharmacy/Wholesaler License # (if applicable): Applying

Physical Address: 7437 Polk Lane, STE 100

City: Olive Branch State: MS Zip: 38654

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.highridgemedical.com

Licensing Company Email: HML@slsny.com

Section 2: Personal Information

First: David Middle: Dwayne Last: Aslin

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Germantown State: TN Zip: [redacted]

Telephone: [redacted] Email: david.aslin@highridgemedical.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 Memphis		8/2001 - 5/2003	
Address	City	State	Zip
3720 Alumni Ave	Memphis	TN	38152
Diploma/Degree obtained, if any			
MBA - Executive Program			

School Name		From - To (MM/YY – MM/YY)	
University of Tennessee		8/1990 - 5/1992	
Address	City	State	Zip
916 Volunteer Blvd	Knoxville	TN	37996
Diploma/Degree obtained, if any			
BS, Business Administration - Logistics and Transportation			

School Name		From - To (MM/YY – MM/YY)	
Haywood High School		08/1983 - 05/1987	
Address	City	State	Zip
1175 E. College St	Brownsville	TN	38012
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2010 - Current	[redacted]	Germantown	TN	[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)	
Highridge Medical, LLC d/b/a Zimmer Biomet Spine			05/2022 - Present	
Business Address		**City**	**State**	**Zip**
7437 Polk Lane, STE 100		Olive Branch	MS	38654
Phone	**Title**		**Number of Employed Hours**	
(800) 447-3625	Sr. Director of Distribution		~ 7,970 hours	

Description of Duties
Oversees distribution, kitting, inventory control, and production for Spine Medical Device company. Oversight of 3PL operation that distributes tissue for Highridge. Significant cost savings management resulting in 3 million in saving in 2023 vs 2022. Improved service levels through aggressive inventory management and product rework. Implementation of service and efficiency metrics / dashboard. Led transfer of production operation into the distribution center.

Business Name			From - To (MM/YY – MM/YY)	
Stryker Corp/ Wright Medical Group			02/2019 - 05/2022	
Business Address		**City**	**State**	**Zip**
11576 Memphis Arlington Rd		Arlington	TN	38002
Phone	**Title**		**Number of Employed Hours**	
(901)867-9971	Director of Distribution & Customer Service		~ 6,760 hours	

Description of Duties
Created strategic plan related to capacity, growth and sustainability including plans for WMS implementation, facility modifications and organizational structure. Implemented process to improve shipment consolidation, receiving times and order accuracy. Oversaw distribution and kitting operations, as well as customer service activities for medical device company. Complexities of the operation include cold chain, tissue distribution, reverse logistics, kit building, loaner kits and manufacutring support.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description 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, David Dwayne Aslin, **certify that as the designated representative for**

Highridge Medical, LLC d/b/a Zimmer Biomet Spine,

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.

David Dwayne Aslin
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/20/2026
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Dwayne Aslin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/20/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Mississippi, ss. County of Desoto

I, Shaine Aldridge, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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 David Dwayne Aslin

3/20/2026

Date

Subscribed and Sworn to before me this 20 day of March.

Shaine Aldridge

Notary Public Signature

STATE OF MISSISSIPPI NOTARY PUBLIC ID# 496446 SHAINE ALDRIDGE Commission Expires Aug. 11, 2029 DESOTO COUNTY (Seal)

Employee List

HIGHRIDGE

First	Last	Title
Christina	Albrecht	Product Sr Manager
Francisco L	Arteaga	Med Ed Assoc Director
Apsara	Aryal	IT Sr Analyst
Madison	Aucoin	Professional Affairs Coordinator
Evan	Barth	Regulatory Intern
Mia Elyn	Beckham	Mktg Comm Specialist
Hannah Elyse	Benninger	Product Assoc Manager
Erik Scott	Benson	Pkg Sr Engineer II
Julia Kay	Bergmann	Rsrch Sr Engineer I
Christopher	Blackburn	Product Sr Manager
Noah	Bodner	Operations Intern
McCallum	Bowman	Sales and Marketing Coordinator
Douglas	Brooke	Principal Engineer
Lily	Brown	Product Sr Manager
Daniel Joseph	Burke	Dev Engrg Manager
Allison	Capote	R&D Director
Jake	Cerullo	Mktg Specialist
Porn	Chan	Sr Buyer
Alexandria Carina	Clancy	Product Assoc Manager
Austin Wayne	Collins	Sr Planner Buyer
Marcus	Colon	IT Manager
Kathryn	Colone	Research Intern
Brian Jeffrey	Concoby	R&D Fabricator
Nathan John	Cook	Dev Sr Engineer II
Amy Alyse Claeson	Dhingra	Staff Researcher
Elizabeth Ann Osterchill	Ebmeier	Quality Director
Cynthia	Edgley	Concur Analyst
Heidi R	Farmer	Dev Sr Engineer II
Olivia	Gallegos	Payroll Analyst
Teresa	George	Quality Systems Manager
Ginger	Gonzales	Quality Engineer
Katherine Mischell	Gregg	Reg Affairs Specialist
Anthony	Guzdar	IT Director
Tracey Elizabeth	Guzman	Sr. Brand Manager
Jeongho	Han	Acctg Manager
Bradley Collins	Harger	Quality Engineer I
Evan C	Hathaway	Dev Sr Engineer II

HIGHRIDGE

Anna Grayce	Haugen	Mfg Sr Engineer I
Alexandra Brooke	Hayden	Quality Sr Engineer II
Hunter Blaine	Healy	Sr Accountant
Brady	Helpert	Inv Control Sr Coordinator
Jon K	Hembury	Quality Principal Engineer
Alexandra	Huerta	HR Operations Manager
Bradley C	Huffman	Supply Chain Manager
Mary	Juneau	MedEd Program Specialist
Kylie Marie	Kemp	Dev Sr Engineer I
Caroline Weirich	Kommerstad	Mktg & Med Ed VP
Cathryn	Kruse	Sr Buyer
James	Kubik	Dev Sr Engineer I
Shyan Ginn	Lam	Sr. Med Ed Manager
Jenna	Latsko	Fin Sr Analyst
John	Laub	VP, Financial Planning & Analysis
Lillian	Lochridge	MedEd Program Specialist
Carl Lee	Lowder	Chief Legal Officer
Julie Lynn	Lungren	Document Control Sr Coordinator
Jessica Gloria	Madera	Sr Accountant
Timothy Edward	Mahoney	Sls Sr Analyst
Roberto Carlos	Marroquin Paramo	Sales Support Director
Andrew	Martinez	IT Analyst
Amber Rose	Martinez	Facilities Sr. Specialist
Randall	Mast	Staff Engineer
Landon Scott	McAllister	Finance Manager
William	McCaffrey	Project Manager
Herbert Carl	McNeal	Product Coordinator
Daniel	Mease	Assistant Controller
Francisco Xavier	Mejia	Sr Accountant
Mark Christopher	Meredith	Sales Support Rep.
Corey	Michaels	Product Coordinator
Erik	Mickelson	Controller
Dane	Mikkelsen	Quality Assoc Manager
Anne Elizabeth	Miller	Dev Sr Engineer I
Anjanet Lynn	Mort	Reg Affairs Manager
Rosemary Lee	Murphy	Accounts Payable Specialist
Nathan Dale	Nash	Dev Sr Engineer II
Emily	Neff	Product Assoc Manager

HIGHRIDGE

Keeley Kay	O'Hayre	Reg. Affairs / Clinical Affairs Sr. Specialis
Tammy	Oreskovic	Biocompatibility Specialist
Lauren	Ozier	Mfg Sr Engineer I
Marc	Padilla	Rsrch Engineer
Alex Wirth	Pawlowski	Reg Affairs Director
Ricardo	Perez Arellano	Inventory Control Coordinator
Vijay Niels	Permeswaran	Research Principal Engineer
Palani Taver	Permeswaran	Dev Sr Engineer I
Pascal	Perrot	Business Services Manager
Aditya Kevin	Pinto	Quality Sr Engineer II
Hallie Elizabeth	Plunkett	Quality Engineer
Monruedee	Pornpichayanurak	Sr. Quality Training Specialist
Tiara L	Powell	Sls Ops Sr Analyst
Guillaume N	Quetier	Engrg Manager
Jonathan	Quinn	Mktg Director
Winston	Rauch	Direct Sourcing Assoc Director
Rachel	Reader	Product Assoc Manager
Regan	Ream	Reg Affairs Associate
Stephanie	Reid	Chief Compliance Officer
Courtney	Rella	Program Manager
Donald Philip	Renner	HR Manager
Cailey	Risenhoover	Sales Support Rep.
Joseph Corey	Roberts	Chief Information Officer
Jeffrey M	Sadler	IT Analyst
Melinda Alice	Sanko	Executive Admin
Jeffrey	Sears	Chief Operations Officer
Christopher Kenley	Seighman	Dev Sr Engineer I
Tracy Lyn	Shaver	Product Surv Technician
Noah Garrett	Shedroff	Quality Sr Engineer I
Britton	Shields	Legal Counsel
Tawny Star	Shipman	Sls Ops Analyst
Laura Mary	Sipp	Accounts Payable Specialist
Daniel	Slavick-Pobywajlo	Finance Senior Manager
John L	Spohn	Dev Sr Engineer II
Ronald Duane	Stanley	Document Control Sr Coordinator
Scott	Steer	Finance Director
Laura Adele	Steimer	Clin Rsrch Associate
Jennen Rose	Stevenson	Sr. Lab Manager

HIGHRIDGE

Malia Kinser	Steward	Tax Manager
Caleb	Stoll	Engrg Manager
Amy	Stone	Sr. Project Manager
Dennis Michael	Te	Research Manager
Eliot	Teal	Reg Affairs Specialist
Terry Jamal	Thomas	Sr. Sourcing Analyst
Jennifer	Tiner	Chief Human Resources Officer
Jehane	Walsh	Directory of Treasury
Ryan	Watson	Chief Product Officer
Alexander Richard	Weber	Quality Engineer
Morgan Christopher	Westdyke	Patient Svcs Supervisor
Milo	Whitcomb	Market Development Manager
Rebecca	Whitney	Chief Executive Officer
David Robert	Williams	Marketing & Med Ed Coordinator
Nicole	Williams	Cust Fin Svcs Sr Representative
Daniel	Williams	Sr Accountant
Michael	Wilson	Cust Svc Supervisor
Lauren Margaret	Woodford	Assoc Planner/Buyer

4KK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change* ☒ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02969	☐ 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: ICU Medical Sales, Inc

Physical Address: 6250 Shier Rings Rd.

City: Dublin State: OH Zip: 43016

Mailing Address (if different from physical address): 600 N. Field Drive, Attn: Licensing

City: Lake Forest State: IL Zip: 60045

Telephone: (614) 889-2220 Website: www.icumed.com

Name of Designated Representative (DR): ~~Puneet Jain~~ Jason Potter

Licensing Company Email: wesley.davis@icumed.com DR Email: puneet.jain@icumed.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:

Wesley Davis
Original Signature (electronic, copies or stamps not accepted)

08/30/2024
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: **The site does not distribute pharmaceutical products**

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

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): ICU Medical, Inc.

Corporation/Organization Name: ICU Medical Sales, Inc.

Mailing Address: 600 N. Field Drive, Attn: Licensing

City: Lake Forest State: IL Zip: 60045

Telephone: (224) 706-2728 Email: wesley.davis@icumed.com

Contact Person Name: Wesley Davis

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.

ICU Medical Sales, Inc.

Facility Name

Wesley Davis

Print Name of Authorized Person Submitting Application

Wesley Davis

Original signature of Authorized Person (copies or stamps not accepted)

09/11/2024

Date

Board Use Only	Date Received: 10/24/24	Amount: $1000 - CC

POWER OF ATTORNEY
STATE CONTROLLED SUBSTANCE REGISTRATIONS
STATE WHOLESALE DISTRIBUTOR LICENSING/PERMIT APPLICATIONS
DRUG ENFORCEMENT ADMINISTRATION REGISTRATION APPLICATIONS AND RENEWALS

Name of Registrant: ICU Medical Sales, Inc.

Known all by these presents that ICU Medical Sales, Inc., a corporation organized and existing under the laws of Delaware, and with offices at 951 Calle Amanecer, San Clemente, CA 92673 (the "Corporation") do hereby, constitute and appoint Wesley Davis as its true and lawful attorney-in-fact, in its name, place, and stead, to do the following acts and things related to the pharmaceutical and consumer health distribution facilities of the Corporation and its divisions:

1. In accordance with the regulations of the Drug Enforcement Administration , and state controlled substance regulations, to execute and verify the controlled substance distribution, import and export applications and renewals and all future amendments, as are necessary to permit the Corporation lawfully to distribute, import and export drug products regulated as controlled substances from its distribution sites, until this Power of Attorney is revoked. The Attorney-in-Fact understands that a copy of this Power of Attorney must accompany the state controlled substance application or Drug Enforcement Administration renewals.

2. In accordance with each State's administrative code to execute and verify the wholesale distributor licensing/permit applications and renewals and all future amendments, as are necessary to permit the Corporation lawfully to distribute pharmaceutical and consumer health products from its distribution sites, until this Power of Attorney is revoked. The Attorney-in-Fact understands that a copy of this Power of Attorney must accompany the state wholesale distributor licensing/permit application.

ICU Medical Sales, Inc.

Signature: Brian M. Bonnell
Brian Bonnell, CFO

Date: March 18, 2020

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)
) ss
COUNTY OF ORANGE)

Subscribed and sworn to (or affirmed) before me on this 18th day of March 2020, by Brian Bonnell, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Seal:

EVERHARDA H. LINSEN
Notary Public - California
Orange County
Commission # 2320852
My Comm. Expires Feb 8, 2024

Notary Public, State of California

NABP ACCREDITED

DRUG DISTRIBUTOR

Renewed
Verified

Smiths Medical ASD, Inc

located at

6250 Shier Rings Rd, Dublin, OH 43016

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

06/04/2021 - 06/03/2024
Period of Accreditation

Facility Name

State (All)

Search Reset

Current list of 1 NABP-Accredited Drug Distributors

Accreditation is valid for three years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
Smiths Medical ASD, Inc	6250 Shier Rings Rd Dublin, OH 43016	Reaccreditation in process

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Contact

NABP
National Association of Boards of Pharmacy

1600 Feehanville Dr, Mount Prospect, IL 60056

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FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
SMITHS MEDICAL ASD, INC.
Business Trade Names:
(1) ICU Medical Sales, Inc. (2) ICU Medical, Inc.

6250 SHIER RINGS RD.
DUBLIN, OH 43016
Registration Number: [redacted]
FEI Number*: [redacted]
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types. Please Review Listings For Further Information.
Date Of Registration Status: 2024

Owner/Operator:
ICU Medical, Inc.[6]
951 Calle Amanecer
San Clemente, CA US 92673
Owner/Operator Number: 8020727[7]

Official Correspondent:
Michelle Doherty
951 Calle Amanecer
San Clemente, CA 92673
Phone: 949-3706562

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 04/15/2024

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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

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ICU Medical Sales, Inc.

FEIN: 06-1211921
Incorporated in the State of Delaware on 7/16/2011

ICU Medical, Inc. - Parent Company
Address: 951 Calle Amanecer, San Clemente, CA 92673
Ownership: 100%

Brian Bonnell- CEO, President, Secretary, Treasurer
Business Address: 951 Calle Amanecer, San Clemente, CA 92673
Business Phone: [redacted]

Blake VanderGeest- Controller
Business Address: 600 N. Field Drive, Lake Forest, IL 60045
Business Phone: [redacted]

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ICU MEDICAL SALES, 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 EIGHTH DAY OF JANUARY, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ICU MEDICAL SALES, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF JULY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

3414573 8300

SR# 20260074142

Authentication: 202759735

Date: 01-08-26

You may verify this certificate online at corp.delaware.gov/authver.shtml

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.

ICU Medical Sales, Inc.

6250 SHIER RINGS ROAD

DUBLIN, OH 43016

License Number: 011625150

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
Jason Potter	

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): 10/31/2025

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 500 N Brand Blvd Ste 100 Glendale CA 91203 License#: 0D69293	CONTACT NAME: Judith Luu PHONE (A/C, No, Ext): 818-539-1372 FAX (A/C, No): E-MAIL ADDRESS: judith_luu@ajg.com
INSURED ICU Medical Sales, Inc. 5200 Uper Metro Pl Suite 200 Dublin, OH 43017 ICUMEDI-01	INSURER A : Travelers Property Casualty Company of America — NAIC # 25674 INSURER B : Illinois Union Insurance Company — 27960 INSURER C : The Travelers Indemnity Company of CT — 25682 INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 288829281 **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:			H-660-3C399230-TIL-25	11/1/2025	11/1/2026	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 $ Excluded $
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			8103Y915341-25-I2-G	11/1/2025	11/1/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Comp \ Coll	$ 1,000,000 $ $ $ $ 1,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			CUP-0L264286-25-I2	11/1/2025	11/1/2026	EACH OCCURRENCE AGGREGATE $	$ 10,000,000 $ 10,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB6P085303-25-I2-G	11/1/2025	11/1/2026	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	Products Liability Retroactive Date: 7/16/87			G71197578 008	11/1/2025	11/1/2026	Each Occurrence Annual 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)

Products: $250,000 per occurrence/$1,250,000 aggregate deductible – ICU Medical, Retroactive Date: 07/16/1987, Hospira Retroactive Date: 04/30/2004.
Products: $1,000,000 each occurrence/ $3,000,000 aggregate for legacy Smiths Medical, Retroactive Date: 04/26/1986

Evidence Only:

The above mentioned policies include the following as covered locations.
9124 Polk Lane, Suite 101 Olive Branch, MS 38654
6250 Shier Rings Rd, Dublin, OH
See Attached...

CERTIFICATE HOLDER

Evidence Only
United States

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: ICUMEDI-01

LOC #: _____

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Arthur J. Gallagher Risk Management Services, LLC	ICU Medical Sales, Inc. 5200 Uper Metro Pl Suite 200 Dublin, OH 43017
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

5700 W 23rd Ave Gary, IN
2901 N. Houston School Rd. Lancaster, TX 75314
4455 Atherton Drive Salt Lake City UT 84123
920 Eighth Ave East King of Prussia, PA 19406
13939 Borate St Santa Fe Springs, CA 90670

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GENERAL SURETY RIDER

To be attached and form a part of

Bond No.	107049195
For	Pharmaceutical Wholesaler Surety Bond for Salt Lake City UT, Austin TX, Santa Fe Springs CA, King of Prussia PA, Dublin OH, Olive Branch MS, and Keene NH
Dated effective	02/27/2020 (MONTH, DAY, YEAR)
Executed by	ICU Medical Sales, Inc., as Principal, (PRINCIPAL)
And by	Travelers Casualty and Surety Company of America, as Surety, (SURETY)
And in favor of	Nevada State Board of Pharmacy (OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

INFORMATION	FROM	TO
Principal Address	4455 Atherton Drive, Salt Lake City, UT 84123 3900 Howard Ln., Austin, TX 78728 13939 Borate St., Santa Fe Springs, CA 90670 920 Eighth Avenue East, King of Prussia, PA 19406	4455 Atherton Drive, Salt Lake City, UT 84123 3900 Howard Ln., Austin, TX 78728 13939 Borate St., Santa Fe Springs, CA 90670 920 Eighth Avenue East, King of Prussia, PA 19406 6250 Shier Rings Road, Dublin OH, 43016 9124 Polk Lane Suite 101, Olive Branch MS, 38654 10 Bowman Drive, Keene, NH 03431

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective **09/04/2024**

(MONTH, DAY, YEAR)

Signed and Sealed **09/19/2024**

(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America

SURETY

BY Brittany Kavan

Brittany Kavan, ATTORNEY-IN-FACT

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Contra Costa)

On September 19, 2024 before me, Misty R. Hemje, Notary Public
(insert name and title of the officer)

personally appeared Brittany Kavan,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

MISTY R. HEMJE
Notary Public - California
Contra Costa County
Commission # 2473593
My Comm. Expires Dec 21, 2027

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 **BRITTANY KAVAN** of **SAN FRANCISCO**, **California**, 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 **September**, **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: ICU Medical Sales, Inc. MDEG License # (if applicable): N/A

Physical Address: 6250 Shier Rings Rd.

City: Dublin State: OH Zip: 43016

Mailing Address (if different from physical address): 600 N. Field Drive, Attn: Licensing

City: Lake Forest State: IL Zip: 60045

Telephone: 614-889-2220 Website: www.icumed.com

Licensing Company Email: wesley.davis@icumed.com

Section 2: Personal Information

First: Jason Middle: Lynn Last: Potter

Alias(es, nicknames, name changes, etc.): N/A

Date of Birt[redacted] SSN or ITI[redacted] Sex: ☑ M ☐ F ☐ X

Mailing Addres[redacted]

City: Pickerington State: OH Zip[redacted]

Telephon[redacted] Email: jason.potter@icumed.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)	
Indiana University Southeast		08/94 – 08/99	
Address	City	State	Zip
4201 Grant Line Rd	New Albany	IN	47150
Diploma/Degree obtained, if any			
Bachelor of Arts in Speech Communication			

School Name		From - To (MM/YY – MM/YY)	
Southwestern High School		08/89 – 05/92	
Address	City	State	Zip
167 S. Main Cross Street	Hanover	IN	~~42~~ 47243
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
09/01 Present	[redacted]	Pickerington	OH	[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
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: ICU Medical			From - To (MM/YY – MM/YY): 09/25 - Present	
Business Address: 6250 Shier Rings Road	City: Dublin		State: OH	Zip: 43016
Phone: 614-791-5425	Title: Director of Manufacturing		Number of Employed Hours: 1200	
Description of Duties: P+L Responsibility - strategic production planning - Ensures Regulatory compliance - Ensure Safety compliance				

Business Name: ICU Medical			From - To (MM/YY – MM/YY): 09/22 - 09/25	
Business Address: 6250 Shier Rings Road	City: Dublin		State: OH	Zip: 43016
Phone: 614-791-5425	Title: Manufacturing Manager		Number of Employed Hours: 6200	
Description of Duties: Production Supervision leadership - Operational management - Safety Compliance - Continuous Improvement				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Jason Fitt
Original Signature (electronic, copies or stamps not accepted)

3/20/26
Date

I, Jason Potter, **certify that as the MDEG Administrator for**

ICU Medical,

that I (initial that you have read and meet the following requirements):

1. JP Have a high school diploma or its equivalent;
2. JP Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JP Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JP Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jason Potter
Print Name (First, Last)

Jason Potter
Original Signature (electronic, copies or stamps not accepted)

3/20/20
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 ICU Medical Sales, Inc.

Pharmacy/Wholesaler License # (if applicable) WH02969

Physical Address 6250 Shier Rings Rd.

City Dublin State OH Zip 43016

Mailing Address (if different from physical address) 600 N. Field Drive, Attn: Licensing

City Lake Forest State IL Zip 60045

Telephone 614-889-2220 Website www.icumed.com

Licensing Company Email wesley.davis@icumed.com

Section 2: Personal Information

First Jason Middle Lynn Last Potter

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Pickerington State OH Zip [redacted]

Telephone [redacted] Email jason.potter@icumed.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)	
Indiana University Southeast		08/94 - 08/99	
Address	**City**	**State**	**Zip**
4201 Grant Line Rd.	New Albany	IN	47150
Diploma/Degree obtained, if any			
Bachelor of Arts in Speech Communication			

School Name		From - To (MM/YY – MM/YY)	
Southwestern High School		08/89 - 05/92	
Address	**City**	**State**	**Zip**
167 S. Main Cross Street	Hanover	IN	47243
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
09/01 - Present	[redacted]	Pickerington	OH	[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: 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)
ICU Medical			09/25 - Present
Business Address	**City**	**State**	**Zip**
6250 Shier Rings Road	Dublin	OH	43016
Phone	**Title**	**Number of Employed Hours**	
614-791-5425	Director of Manufacturing	1200	
Description of Duties			
P+L Responsibility - strategic production planning - Ensure Regulatory compliance - Ensure safety compliance			

Business Name			From - To (MM/YY – MM/YY)
ICU Medical			09/22 - 09/25
Business Address	**City**	**State**	**Zip**
6250 Shier Rings Road	Dublin	OH	43016
Phone	**Title**	**Number of Employed Hours**	
614-791-5425	Manufacturing Manager	6200	
Description of Duties			
Production supervision leadership - operational management Safet Compliance - Continous improvement			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description 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:

Jason Patt
Original Signature (electronic, copies or stamps not accepted)

3/20/26
Date

I, Jason Potter, **certify that as the designated representative for**

ICU Medical,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JP I am at least 21 years of age;
3. JP I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JP I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jason Potter

Print Name (First, Last)

Jason Potter

Original Signature (electronic, copies or stamps not accepted)

3/20/26

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.

Jason Potter

Print Name (First, Last)

Jason Potter — 3/20/26

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Ohio, ss. County of Franklin

I, Jason Potter, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Jason Potter — 3/20/26

Original Signature — **Date**

Subscribed and Sworn to before me this 20 day of March 2026

Tracy Nobles

Notary Public Signature

TRACY NOBLES
Notary Public
State of Ohio
My Comm. Expires
November 17, 2027

(Seal)

Full Name	Assignment Category	Business Title
Aaron Mowery	Full-time regular	Senior Engineer, Quality
Abdelkader Chekkal	Full-time regular	Process Technician II
Abdullahi Hagi	Full-time regular	Equipment Operator I
Abul Hoq	Full-time regular	Equipment Operator I
Adam Toll	Full-time regular	Mold Technician II
Aidan Hunt	Full-time regular	Preventative Maintenance Tech
Alan Rethman	Full-time regular	Buyer
Alawi Hamid	Full-time regular	Assembler I
Alice Williams	Full-time regular	Lead, Production
Allison Peters	Full-time regular	Manufacturing Engineer I
Alpeshkumar Patel	Full-time regular	Assembler I, RF
Andrea Lowe	Full-time regular	Planner - Plant
Andrew Koplove	Full-time regular	Engineer II, Quality
Angela Colegrove	Full-time regular	Coordinator, Facilities
Angela Magnaghi	Full-time regular	Lead, Production
Angela Tensley	Full-time regular	Assembler II
Angelo Smith	Full-time regular	Process Technician II
Anisha Patel	Full-time regular	Assembler I
Anita Benson	Full-time regular	Equipment Operator II
Anita Stomp	Full-time regular	Equipment Operator II
Anna Jones	Full-time regular	Assembler I
Arunaben Patel	Full-time regular	Assembler I
Ashikaben Patel	Full-time regular	Inspector I
Bailey Goble	Full-time regular	Material Handler, Warehouse
Bailey Goble	Full-time regular	Material Handler, Warehouse
Bal Kalikote	Full-time regular	Assembler I
Beliamar Ayala	Full-time regular	Equipment Operator II
Bernadette Banaga	Full-time regular	Inspector I- 3rd shift
Bhavna Patel	Full-time regular	Equipment Operator II
Binal Patel	Full-time regular	Mechanical Inspector
Boubacar Diaby	Full-time regular	Lead, Production
Brandon Morningstar	Full-time regular	Maintenance Mechanic III
Brenda Cash	Full-time regular	Senior Shift Supervisor - 2nd Shift, Manufacturing
Brenda Preston	Full-time regular	Senior Inspector
Buddha Gajmer	Full-time regular	Assembler
Carol Le	Full-time regular	Assembler I
Carolyn Downing	Full-time regular	Area Office Coordinator
Cathryn Craft	Full-time regular	Assembler I
Chaouki Araoune	Full-time regular	Material Handler
Charles Meinhart	Full-time regular	Supervisor, Manufacturing
Chetana Shah	Full-time regular	Assembler I, RF
Christopher Daniels	Full-time regular	Maintenance Mechanic III
Cindy Rausch	Full-time regular	Equipment Operator II
Cuud Abdulle	Full-time regular	Assembler I, RF
Daniel Nganga	Full-time regular	Engineer III, Molding
David Henry	Full-time regular	Material Handler

David Pond	Full-time regular	Mold Technician II
Deborah Warren	Full-time regular	Assembler I
Deborah Warren	Full-time regular	Assembler I
Devin Schmitt	Full-time regular	Warehouse Supervisor
Devin Schmitt	Full-time regular	Warehouse Supervisor
Dhruv Patel	Full-time regular	Equipment Operator I
Diana Bosiako	Full-time regular	Equipment Operator II
Dianne Lanier	Full-time regular	Supervisor, Manufacturing
Dipal Bhatt	Full-time regular	Inspector I
Doyle Lindsey	Full-time regular	Supervisor, Quality
Dung Vo	Full-time regular	Material Handler
Edward Duemmel	Full-time regular	Planner - Plant
Elisabeth Mccarver	Full-time regular	Equipment Operator I
Elizabeth Kingsley	Full-time regular	Lead, Production
Esther Ofosuhene	Full-time regular	Assembler I
Eugenia Pelegrin	Full-time regular	Inspector I
Eunice Eshun	Full-time regular	Equipment Operator II
Evan Robinson	Full-time regular	Material Handler
Fartun Aden	Full-time regular	Assembler I
Fatbardha Isufaj	Full-time regular	Assembler I
Fatuma Jama	Full-time regular	Assembler, Auto
Fiyor Miraad	Full-time regular	Assembler
Gary Ervin	Full-time regular	Extrusion Process Operator
Gisele Mepoui	Full-time regular	Assembler I
Gladys Hammond	Full-time regular	Lead, Production
Graeme Johnson	Full-time regular	Process Technician II
Gregory Humphrey	Full-time regular	Material Handler
Hamad Shehe	Full-time regular	Assembler I
Hamdi Abdullahi	Full-time regular	Assembler I
Hanh Nguyen	Full-time regular	Assembler I
Harishkumar Patel	Full-time regular	Equipment Operator I
Heaven Cash	Full-time regular	Material Handler, Warehouse
Hina Bhatt	Full-time regular	Assembler I, Auto
Hiroko Yoshida	Full-time regular	Assembler I
Hodan Hersi	Full-time regular	Auto Medical Device Assembler-2nd shift
Hubert Holley II	Full-time regular	Mold Technician II
Ibrahima Conde	Full-time regular	Lead, Inspector/Packer
Ibrahima Toure	Full-time regular	Material Handler
James Loparo	Full-time regular	Technician, Instrumentation & Calibration
James Smith	Full-time regular	Assembler I
Jason Fisher	Full-time regular	Process Tech II
Jason Potter	Full-time regular	Production Manager
Jayesh Parekh	Full-time regular	Equipment Operator I
Jeremy Hocker	Full-time regular	Safety Technician
Jesus Delgado	Full-time regular	Material Handler
Jesus Velasquez	Full-time regular	Inspector I
Jianfeng Yu	Full-time regular	Equipment Operator I

John Mcnamee	Full-time regular	Materials Manager
John Mcnamee	Full-time regular	Materials Manager
John Mcnamee	Full-time regular	Materials Manager
Joshua Schwieterman	Full-time regular	Engineer III, Sustaining
Joyce Niekamp	Full-time regular	Supervisor, Engineering
Judy Salyers	Full-time regular	Senior Inspector
Jyotikaben Patel	Full-time regular	Inspector I
Kaleb Goshorn	Full-time regular	Mechanic III, Maintenance
Kawsar Hassan	Full-time regular	Assembler I
Kawsar Hassan	Full-time regular	Assembler I
Kawsar Hassan	Full-time regular	Assembler I
Kayla Herman	Full-time regular	Coordinator, Training
Kelly Snyder	Full-time regular	Assembler I, RF
Kelly Wilson	Full-time regular	Process Technician II
Kevin Snyder	Full-time regular	Assembler I
Khalid Kali	Full-time regular	Assembler I
Khalif Adan	Full-time regular	Assembler I
Kim Yelbaya	Full-time regular	Equipment Operator II
Kimberly Ray	Full-time regular	Microbiology Technician
Kineth Lawson	Full-time regular	Administrative Representative, Warehouse
Kristen Purcell	Full-time regular	Mold Technician II
Krunal Patel	Full-time regular	Equipment Operator I
Kurt Sellers	Full-time regular	Maintenance Technician, Facilities
Kwaku Amoako	Full-time regular	Lead, Production
Kwame Yeboah	Full-time regular	Equipment Operator I
Lamia Belhocine	Full-time regular	Assembler I
Lan Nguyen	Full-time regular	Assembler II
Linzey Colegrove	Full-time regular	Process Technician II
Lisa Dicks	Full-time regular	Senior Buyer
Lisa Perry	Full-time regular	Equipment Operator II
Lulzim Kulla	Full-time regular	Equipment Operator I
Mariam Abdelnour	Full-time regular	Lead, Production
Mark Damron	Full-time regular	Lead Maintenance Technician
Mark Mcdade	Full-time regular	Mold Technician II
Mary Cay Somerville	Full-time regular	Assembler I
Matthew Welkie	Full-time regular	Engineer II, Validation
Mayuriben Patel	Full-time regular	Mechanical Inspector
Melissa Miller	Full-time regular	Technician, Document Control
Merlyn Mayer	Full-time regular	Equipment Operator II
Michael Altvater	Full-time regular	Senior Engineer, Tooling
Michael Nobles	Full-time regular	Senior Technician, Process
Michael Wheeler	Full-time regular	Assembler I
Milena Hasanbelli	Full-time regular	Supervisor, Quality
Mitch Musselman	Full-time regular	Supervisor, Engineering
Mohamud Kalone	Full-time regular	Assembler I
Mohyeddin Alyounes	Full-time regular	Inspector I
Monika Patel	Full-time regular	Assembler

Mukesh Patel	Full-time regular	Equipment Operator I
Mukti Basu	Full-time regular	Assembler I
Namatullah Salarzai	Full-time regular	Material Handler
Namatullah Salarzai	Full-time regular	Material Handler
Namatullah Salarzai	Full-time regular	Material Handler
Namatullah Salarzai	Full-time regular	Material Handler
Nargis Fatema	Full-time regular	Inspector I
Neetabahen Patel	Full-time regular	Assembler I
Nicola Holley	Full-time regular	Senior Inspector
Nilesh Patel	Full-time regular	Assembler I
Nipul Patel	Full-time regular	Assembler I
Nita Joshi	Full-time regular	Equipment Operator I
Nita Patel	Full-time regular	Equipment Operator I
Omar Omar	Full-time regular	Assembler I
Ousama Kharee	Full-time regular	Inspector I
Pannaben Shingala	Full-time regular	Inspector I
Parag Shah	Full-time regular	Maintenance Technician
Patricia Kiner	Full-time regular	Equipment Operator II
Patrick Borgerding	Full-time regular	Engineer II, Manufacturing
Pau Kap	Full-time regular	Maintenance Technician II, Facilities
Paulina Mbil	Full-time regular	Assembler I
Pranav Patel	Full-time regular	Assembler I
Puneet Jain	Full-time regular	Operations Director
Rakshabahen Patel	Full-time regular	Assembler II
Ralph White	Full-time regular	Equipment Operator II
Rashid Omar	Full-time regular	Material Handler, Warehouse
Rashmi Patel	Full-time regular	Assembler I
Rhonda Miller	Full-time regular	Microbiology Technician
Robert Ratliff Jr	Full-time regular	Maintenance Technician
Robert Weygandt	Full-time regular	Process Technician II
Robert Zeiter	Full-time regular	Process Technician II
Robin Arnold	Full-time regular	Instrumentation & Calibration Technician
Ronald Hays	Full-time regular	Area Lead, Materials
Ronald Wilson	Full-time regular	Supervisor, Maintenance
RonRico Williams	Full-time regular	Technician, Maintenance II
Rosina Imbun	Full-time regular	Assembler I
Ruby Combs	Full-time regular	Shift Lead, Materials
Ryan Brauneller	Full-time regular	Manager, EHS - Plant
Said Ally	Full-time regular	Lead, Inspector/Packer
Saida Garcia	Full-time regular	Manager, Quality
Saint Mary Philip	Full-time regular	Assembler I
Sami Kebbi	Full-time regular	Assembler I
Samir Nait Oumeziane	Full-time regular	Material Handler
Samir Rehrah	Full-time regular	Technician II, Maintenance
Samsam Abdalle	Full-time regular	Assembler I
Saynab Mohammed	Full-time regular	Assembler, Auto Medical Device
Scott Driscoll	Full-time regular	Senior Shift Supervisor, Manufacturing

Scott Gerber	Full-time regular	Shift Lead, Materials
Sean Smock	Full-time regular	Manufacturing Technical Specialist
Shilpa Gaur	Full-time regular	Lead, Production
Smita Parekh	Full-time regular	Inspector I
Solomon Pwamang	Full-time regular	Material Handler
Sonal Gandhi	Full-time regular	Assembler I
Sonaliben Patel	Full-time regular	Equipment Operator II
Suraj Patel	Full-time regular	Lead, Inspector/Packer
Sveta Patel	Full-time regular	Equipment Operator I
Syphax Sebbane	Full-time regular	Process Technician I
Tera Magnaghi	Full-time regular	Lead, Production
Theodore Harris	Full-time regular	Program Manager - Operations
Theresa Vaughn	Full-time regular	Assembler, Auto Medical Device
Timothy Allen	Full-time regular	Manager, Engineering
Timothy Cash	Full-time regular	Process Technician II
Timothy Marshall	Full-time regular	Lead, Tooling
Tina Hays	Full-time regular	Process Technician II
Todd Reasch	Full-time regular	Engineer III, Validation & Verification
Tom Phan	Full-time regular	Equipment Operator II
Tracy Thornton	Full-time regular	Administrative Assistant
Tricia Torres-Pierce	Full-time regular	Analyst, Implementation Operations
Troy Pyles	Full-time regular	Engineer III, Supplier Quality
Vero Tshamala	Full-time regular	Assembler I
Veronica Frimpomaa	Full-time regular	Assembler I, Auto
Vijaya Jayapal	Full-time regular	Assembler I
Vincent Ramondelli	Full-time regular	Engineer I
Vipul Parikh	Full-time regular	Specialist, Labeling
Wanda Stowers	Full-time regular	Assembler II
William Hays	Full-time regular	Material Handler
Yogeshkumar Patel	Full-time regular	Assembler I
Yumba Ngoy	Full-time regular	Assembler I
Abderrahim El Kadri	Temporary Worker	Operator I, Injection Molding
Abu Sani	Temporary Worker	Assembler I, Auto
Amadou Kane	Temporary Worker	Assembler I, RF
Amanuel Logo	Temporary Worker	Assembler I, Airway
Amari Scott	Temporary Worker	Assembler I, RF
Anthony Quarshie	Temporary Worker	Assembler I, Auto
Ayeyi Annin	Temporary Worker	Assembler I, Auto
Ayeyi Annin	Temporary Worker	Assembler I, Auto
Bipinchandra Patel	Temporary Worker	Auto Assembly
Chandra Martin	Temporary Worker	Assembler I, Auto
Clyde James	Temporary Worker	Auto Assembly
Cooper Davay	Temporary Worker	Assembler I, Airway
Daniel Osei Appiah	Temporary Worker	Assembler I, Auto
Demetrius Matthews	Temporary Worker	Handler I, Material
Dishon Coles	Temporary Worker	Assembler I, Auto
Gabrielle Myles	Temporary Worker	Coordinator, Human Resources

Gauge Smock	Temporary Worker	PM Tech I
Gauravkumar Patel	Temporary Worker	Assembler I, RF
Hamdi Abdulmajid	Temporary Worker	Assembler I, Airway
Hemantkumar Thakkar	Temporary Worker	Assembler I, Auto
Hunter Kautz	Temporary Worker	Operator I, Injection Molding
Jayse Henderson	Temporary Worker	Assembler I, Auto
Mohamed Mahi	Temporary Worker	Operator I, Injection Molding
Myranda Mondelus	Temporary Worker	Auto Assembly
Nadine Joseph	Temporary Worker	Assembler I, Auto
Raymond McComis	Temporary Worker	Technician, Maintenance
Russell Potter	Temporary Worker	Handler I, Material
Sharmilaben Patel	Temporary Worker	Auto Assembly
Sheena Onions	Temporary Worker	Assembler I, Auto
Shradhdha Raval	Temporary Worker	Assembler I, Auto
Sir Ronald Johnson	Temporary Worker	Assembler I, Airway
Stephanie McLean	Temporary Worker	Assembler I, Auto
Teresia Davis	Temporary Worker	Assembler I, Auto
Thomas Chandler	Temporary Worker	Assembler I, RF
Tylan Melton	Temporary Worker	Assembler I, Airway

4LL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ 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: Exel Inc. dba DHL Supply Chain (USA)

Physical Address: 700 Killinger Road

City: Annville State: PA Zip: 17003

Mailing Address (if different from physical address): 360 Westar Blvd., Dept. 555

City: Westerville State: OH Zip: 43082

Telephone: 7175126627 Website: www.dhl.com

Name of Designated Representative (DR): Michael Posey

Licensing Company Email: regulatory@dhl.com DR Email: michael.posey@dhl.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/Devices	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: 3PL

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	✓	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 & 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached.

Mark A. Smalich
→ Original Signature (electronic, copies or stamps not accepted)

1/22/26
→ Date

DHL Supply Chain
Regulatory Affairs

360 Westar Boulevard, Westerville, OH 43082

January 24, 2025

To Whom It May Concern,

Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") submits this correspondence in connection with its Initial application and as the detailed explanation required when the question pertaining to disciplinary action is answered "Yes."

Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") is a part of Deutsche Post DHL Group, the world's leading contract logistics provider, and has tens of thousands of employees across North America. At any given time, DHL is a named defendant in civil matters, including employment cases. Based on knowledge and belief of the respondent completing this application after reasonable inquiry, DHL is not involved in any pending criminal proceedings. Nor is DHL part of any pending malpractice claims, civil claims, or lawsuits in connection with drugs/devices.

Attached are notices from the State Board for the following items:

1. April 12, 2023: DHL received a notice from the California State Board of Pharmacy indicating that the Board issued a fine against DHL for its failure to notify the Board of a change in its Designated Representative. Please note that the issuance of a fine by the Board is not considered a disciplinary action or reportable and the fine was paid in full within the allotted time.

2. November 30, 2023: The Alabama Board of Pharmacy issued a complaint alleging that DHL's renewal applications failed to disclose a Stipulation and Final Agency Order DHL received from the Colorado Board of Pharmacy in 2019. The Colorado Board of Pharmacy's Stipulation and Final Agency Order alleged DHL had provided a late notice of change in its Designated Representative. Upon further review, it was discovered that DHL had made the proper disclosure to the Alabama Board of Pharmacy and the parties entered into a Deferral Agreement which is not considered a discipline.

DHL timely responded to all notices and has not received any response from the applicable Boards.

Please be assured that DHL takes these matters very seriously and has implemented corrective actions to prevent similar issues from occurring in the future. If you have any concerns regarding the matters set forth in this notice, please do not hesitate to contact DHL Regulatory Affairs at regulatory@dhl.com.

Respectfully,

John Kropczynski, BSE, MBA

John Kropczynski

Director, Regulatory Affairs, Americas

DocuSign Envelope ID: B903BFE9-AEC3-43D9-928C-E6913E326D55

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	**BOARD OF PHARMACY**
	)	
EXEL, INC. d/b/a DHL SUPPLY CHAIN (USA)	)	**CASE NO: 23-L-0050**
	)	
Third Party Logistics	)	
Permit No. 195360	)	

DEFERRAL AGREEMENT

This Agreement is entered into by and between the Alabama State Board of Pharmacy (Board) and EXEL, Inc. d/b/a DHL Supply Chain (USA).

WHEREAS, EXEL, Inc. d/b/a DHL Supply Chain (USA) was timely served with a Statement of Charges and Notice of Hearing (Pending Charges) alleging violations of the Alabama Pharmacy Practice Act. A copy of the Pending Charges is attached hereto as Exhibit "A".

WHEREAS, the parties, through counsel, have engaged in discussions concerning an informal resolution of the Pending Charges.

WHEREAS, the parties have agreed to resolve this matter pursuant to Code of Alabama (1975) 41-22-12(f) by their approval of the following terms:

IT IS THE THEREFORE UNDERSTOOD AND AGREED BY THE PARTIES AS FOLLOWS:

1. The Pending Charges against EXEL, Inc. d/b/a DHL Supply Chain (USA) shall be deferred until December 31, 2024 (Deferral Period).

2. As a condition to the Deferral described above, EXEL, Inc. d/b/a DHL Supply Chain (USA) shall pay costs in the amount of One Thousand Dollars ($1,000.00) within thirty (30) days of the effective date of this Agreement, that being the date it is signed on behalf of the Board. Failure to pay this amount shall be considered a probable cause violation by EXEL, Inc. d/b/a DHL Supply Chain (USA) as defined below. Payments shall be made payable to Alabama State Board of Pharmacy and mailed to 111 Village Street, Birmingham, Alabama 35242.

3. In the event there are no probable cause violations of the Alabama Pharmacy Practice Act involving EXEL, Inc. d/b/a DHL Supply Chain (USA) during the Deferral Period set forth above, the Pending Charges shall be dismissed.

4. In the event there is a probable cause violation of the Alabama Pharmacy Practice Act involving EXEL, Inc. d/b/a DHL Supply Chain (USA) during the Deferral Period set forth above, both the Pending Charges and any new charges shall be noticed and scheduled for a hearing.

5. Neither the Pending Charges nor this Agreement shall be reported as discipline as long as EXEL, Inc. d/b/a DHL Supply Chain (USA) complies with the conditions of Paragraphs Two and Three of this Agreement.

6. That EXEL, Inc. d/b/a DHL Supply Chain (USA) expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, and the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to Code of Alabama (1975), §34-23-92(12), Code of Alabama (1975), §41-22-12 and §41-22-20, and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. EXEL, Inc. d/b/a DHL Supply Chain (USA) further waives any objection to the attorney for the Board preparing, drafting, or making this Deferral Agreement, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

7. By execution of this Deferral Agreement, EXEL, Inc. d/b/a DHL Supply Chain (USA) hereby releases the Board, its members, agents, representatives, servants, and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Deferral Agreement and Pending Charges.

8. EXEL, Inc. d/b/a DHL Supply Chain (USA) acknowledges and agrees that it has read this Deferral Agreement and that it fully understands the terms, conditions, and contents of the same. EXEL, Inc. d/b/a DHL Supply Chain (USA) acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Deferral Agreement and is signing this Deferral Agreement on the advice of its attorney.

DONE this the 31 day of January, 2024.

Jennifer Muro Neumann
Jennifer Muro Neumann, P.C.
Post Office Box 381082
Birmingham, Alabama 35238

Christy Garmon, Pharm D.
President
State Board of Pharmacy

DONE this the 1st day of February, 2024.

Jennifer Clark
Sydney Willmann
Counsel for EXEL, Inc. d/b/a
DHL Supply Chain (USA)

EXEL, Inc. d/b/a DHL Supply Chain (USA)

By: Allison Haedt
Its: Sr. Associate General Counsel

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	BOARD OF PHARMACY
	)	
EXEL, INC. d/b/a DHL SUPPLY CHAIN (USA)	)	CASE NO: 23-L-0050
	)	
Third Party Logistics	)	
Permit No. 195360	)	

NOTICE OF HEARING

TO: EXEL, INC. d/b/a DHL SUPPLY CHAIN (USA)
1635 Stone Ridge Drive
Stone Mountain, GA 30083

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34, § 34-23-52, § 34-23-92(12), § 34-23-132 and § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on Feb 20, 2024 at 8:00 a.m., at the State Board of Pharmacy Hearing Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why your permit should not be revoked, suspended, or otherwise disciplined based upon your failure to comply with all applicable laws and regulations of the State of Alabama. Disciplinary action may include administrative fines not to exceed $1,000 per violation; and/or revocation, suspension, or denial of your license(s); and/or such other discipline as may be ordered by the Board. Code of Alabama (1975), § 34-23-33. You have the right to be represented by counsel at your own expense, to respond and present evidence and argument on all material issues, to cross-examine all witnesses who testify against you, and to request that witnesses and/or documents be subpoenaed on your behalf. Please refer to the enclosed Standard Scheduling Order for further information regarding responding to the charges, witnesses, exhibits, and prehearing matters.

STATEMENT OF CHARGES

COMES NOW Complainant Donna C. Yeatman, as Executive Secretary of the Alabama State Board of Pharmacy and, on behalf of the Board, charges Respondent EXEL, INC. d/b/a DHL SUPPLY CHAIN (USA) of as follows:

On October 30, 2019, on December 13, 2020, and on November 19, 2021, you submitted renewal applications and failed to disclose, when required to do so, that, on April 29, 2019, you entered into a Stipulation and Final Agency Order with the Colorado Board of Pharmacy after it was alleged that you submitted a late notice of change of representative in violation of Colorado law. This discipline was not reported to the Board until you submitted your renewal application on November 23, 2022. Said Stipulation and Final Agency Order is attached hereto as Exhibit A.

On October 18, 2022, you entered into a Deferral Agreement in a matter with this Board in case number 21-L-0277. The above-referenced matter constitutes a violation of the said Deferral Agreement. Said Deferral Agreement is attached hereto as Exhibit B.

VIOLATIONS

If proven true, you will be in violation of the following:

Code of Alabama (1975), §34-23-32(a) and Ala. Admin. Code r. 680-X-2-.25(a): by failing to submit applications that contain information as required by the Board and that conform with the requirements of all applicable laws and regulations.

Code of Alabama (1975), §34-23-32(a) and Ala. Admin. Code r. 680-X-2-.23(l)(3): by failing to comply with all applicable state laws and regulations.

PRAYER FOR RELIEF

WHEREFORE, Complainant, in her capacity as the Executive Secretary of the Alabama State Board of Pharmacy, requests that, upon hearing and proof, Respondent be found guilty of the aforementioned violations and that the Alabama State Board of Pharmacy take such disciplinary actions as it deems necessary.

Dated this the 30th day of March, 2023.

ALABAMA STATE BOARD OF PHARMACY

Donna C. Yeatman

By: Donna C. Yeatman, Executive Secretary

EXHIBIT A

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-844

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE OUT-OF-STATE PRESCRIPTION DRUG WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF EXEL INC., DBA DHL SUPPLY CHAIN (USA), REGISTRATION NO. WHO 8288,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Exel Inc., dba DHL Supply Chain (USA)("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2019-844, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as an out-of-state prescription drug wholesaler, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2018).

2. Respondent Outlet was originally registered in the State of Colorado on or about November 19, 2010, being issued registration #WHO 8288, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Outlet's address of record with the Board and current location is 1635 Stone Ridge Drive, Stone Mountain, Georgia.

4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent Outlet failed to timely submit to the Board an application detailing a change in designated representative and fee. In this case, 320 days transpired between March 9, 2018, the date the previous designated representative ceased the position, and January 23, 2019, the date the application and fee were received.

6. On or about February 4, 2019, the Board initiated a complaint against Respondent Outlet because of the delay of 320 days in submitting an application detailing a change in designated representative and fee.

7. Respondent Outlet's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

12-42.5-303. Wholesaler license requirements.

(3)(a) An applicant for a wholesaler license shall provide to the board the following information, and any other information deemed appropriate by the board on a form provided by the board:

(I) The name, full business address, and telephone number of the applicant;

(II) The trade and business names used by the applicant;

(III) The addresses, telephone numbers, and names of the contact persons for all facilities used by the applicant for the storage, handling, and distribution of prescription drugs;

(IV) The type of ownership or operation of the applicant;

(V) The names of the owner and the operator of the applicant, including:
(A) The name of each partner if the applicant is a partnership;
(B) The name and title of each officer and director, the name of the corporation, and the state of incorporation, if the applicant is a corporation;
(C) The name of the limited liability company, if the applicant is a limited liability company, and the name of the parent company, if any, and the state of incorporation or formation of both; or

(D) The name of the sole proprietor and the business entity if the applicant is a sole proprietorship;

(VI) A list of the licenses and permits issued to the applicant by any other state that authorizes the applicant to purchase or possess prescription drugs; and

(VII) The name of the applicant's designated representative for the facility, the fingerprints of the designated representative, and a personal information statement for the designated representative that includes information as required by the board, including but not limited to the information in subsection (5) of this section.

(b) A licensee shall complete and return a form approved by the board at each renewal period. The board may suspend or revoke the license of a wholesaler if the board determines that the wholesaler no longer qualifies for a license.

* * *

Pharmacy Board Rules and Regulations

15.01.14 Change of name, location, or ownership, or designated representative.

c. Any change in the designated representative of a wholesaler shall be reported to the Board on a form supplied by the Board within thirty calendar days of such change. The incoming designated representative must undergo the required background check.

TERMS OF DISCIPLINE

8. Fine with Surcharge. Pursuant to section 12-42.5-124(5)(a)(I), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent Outlet understands and acknowledges that, pursuant to section24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Outlet shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents ($1,150.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board.

9. Compliance. Respondent Outlet shall submit all future applications and appropriate fees to the Board detailing changes in designated representative within the required time frame specified by Board rule or statute in effect at the time of such designated representative change.

10. Other Requirements. Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:

a. promptly pay all Respondent Outlet's own fees and costs associated with this Final Agency Order;

b. comply fully with this Final Agency Order; and

c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

11. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:

a. to have formal notice of hearing and charges served upon it;

b. to respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to sections 12-42.5-123 and 12-42.5-124, C.R.S.; and

d. to appeal this Final Agency Order.

Respondent Outlet freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Outlet to the sanctions imposed herein.

12. Acknowledgments. The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.

13. Violations. Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's registration. The pendency of any suspension

or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.

14. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. Public Record. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

16. Effective Date. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Outlet at Respondent Outlet's address of record with the Board, or (b) service by electronic means on Respondent Outlet at Respondent Outlet's electronic address of record. Respondent Outlet hereby consents to service by electronic means if Respondent Outlet has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Outlet

Mark A. Smalik Dated: 4/18/19

Authorized Representative

Vice President, General Counsel and Secretary

Name / Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 29 day of April, 2019.

State Board of Pharmacy

BY: _____
Dmitry Kunin
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 29th day of April 2019, addressed as follows:

By electronic mail:

Exel Inc. dba DHL Supply Chain USA
1635 Stone Ridge Dr
Stone Mountain, GA 30083-1118

Email: renewals@licenselogix.com; and andrew.post@dhl.com

Kristen Hanko
Agent of the Board

EXHIBIT B

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
EXEL INC. dba DHL SUPPLY CHAIN (USA)	)	**BOARD OF PHARMACY**
	)	
THIRD PARTY LOGISTICS	)	**CASE NO: 21-L-0277**
Permit No. 195360	)	

DEFERRAL AGREEMENT

This Agreement is entered into by and between the Alabama State Board of Pharmacy (Board) and Exel Inc. dba DHL Supply Chain (USA).

WHEREAS, Exel Inc. dba DHL Supply Chain (USA) was timely served with a Statement of Charges and Notice of Hearing (Pending Charges) alleging violations of the Alabama Pharmacy Practice Act. A copy of the Pending Charges is attached hereto as Exhibit "A".

WHEREAS, the parties, through counsel, have engaged in discussions concerning an informal resolution of the Pending Charges.

WHEREAS, the parties have agreed to resolve this matter pursuant to Code of Alabama (1975) 41-22-12(f) by their approval of the following terms:

IT IS THE THEREFORE UNDERSTOOD AND AGREED BY THE PARTIES AS FOLLOWS:

1. The Pending Charges against Exel Inc. dba DHL Supply Chain (USA) shall be deferred until December 31, 2023 (Deferral Period).

2. As a condition to the Deferral described above, Exel Inc. dba DHL Supply Chain (USA) shall pay costs in the amount of Two Thousand Five Hundred Dollars ($2,500.00) within thirty (30) days of the effective date of this Agreement, that being the date it is signed on behalf of the Board. Failure to pay this amount shall be considered a probable cause violation by Exel Inc. dba DHL Supply Chain (USA) as defined below.

3. In the event there are no probable cause violations of the Alabama Pharmacy Practice Act involving Exel Inc. dba DHL Supply Chain (USA) during the Deferral Period set forth above, the Pending Charges shall be dismissed.

4. In the event there is a probable cause violation of the Alabama Pharmacy Practice Act involving Exel Inc. dba DHL Supply Chain (USA) during the Deferral Period set forth above, both the Pending Charges and any new charges shall be noticed and scheduled for a hearing.

5. Neither the Pending Charges nor this Agreement shall be reported as discipline as long as Exel Inc. dba DHL Supply Chain (USA) complies with the conditions of Paragraphs Two and Three of this Agreement.

6. That Exel Inc. dba DHL Supply Chain (USA) expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, and the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to Code of Alabama (1975), §34-23-92(12), Code of Alabama (1975), §41-22-12 and §41-22-20, and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Exel Inc. dba DHL Supply Chain (USA) further waives any objection to the attorney for the Board preparing, drafting or making this Deferral Agreement, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

7. By execution of this Deferral Agreement, Exel Inc. dba DHL Supply Chain (USA) hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Deferral Agreement and Pending Charges.

8. Exel Inc. dba DHL Supply Chain (USA) acknowledges and agrees that it has read this Deferral Agreement and that it fully understand the terms, conditions and contents of the same. Exel Inc. dba DHL Supply Chain (USA) acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Deferral Agreement and is signing this Deferral Agreement on the advice of its attorney.

DONE this the 18th day of October, 2022.

Jennifer Muro Neumann
Jennifer Muro Neumann, P.C.
Post Office Box 381082
Birmingham, Alabama 35238

Chris Phung, R.Ph.,
President
State Board of Pharmacy

DONE this the 17th day of October, 2022. Jennifer Clark

Jennifer H. Clark, Attorney for

Exel Inc. dba DHL Supply Chain (USA)

Allison E. Haeadt

Exel Inc. dba DHL Supply Chain (USA).

By: Allison Haedt

Its: Associate General Counsel

DHL Supply Chain
Regulatory Affairs

360 Westar Boulevard, Westerville, OH 43082

May 3, 2023

To whom it may concern,

Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") is submitting this letter in reference to the question on the application regarding pending complaint, investigation, or disciplinary actions.

Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") is a part of Deutsche Post DHL Group, the world's leading contract logistics provider, and has tens of thousands of employees across North America. At any given time, DHL is a named defendant in civil matters, including employment cases. Based on knowledge and belief of the respondent completing this application after reasonable inquiry, DHL is not involved in any pending criminal proceedings. Nor is DHL part of any pending malpractice claims, civil claims, or lawsuits in connection with drugs/devices.

Attached is a letter from the State Board for the following item:

On April 23, 2023, DHL received a notice from the California State Board of Pharmacy indicating that the Board issued a fine against DHL for its failure to notify the Board of a change in its Designated Representative for the site located at 5920 Corporate Drive, St. Joseph, MO 64507. Please note that the issuance of a fine by the Board is not considered a disciplinary action or reportable and the fine was paid for in full within the allotted time.

Please be assured that DHL takes these matters very seriously and has implemented corrective actions to prevent similar issues from occurring in the future. If you have any concerns regarding the matters set forth in this notice, please do not hesitate to contact DHL Regulatory Affairs at regulatory@dhl.com.

Respectfully,

John Kropczynski, BSE, MBA

John Kropczynski

Director, Regulatory Affairs, America's

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

April 12, 2023

DATED MATERIAL ENCLOSED

EXEL INC_DBA DHL SUPPLY CHAIN (USA)
ATTN: KENNETH SUREDDIN, CEO
5920 CORPORATE DRIVE
ST JOSEPH, MO 64507

RE: CI 2022 99663
EXEL INC_DBA DHL SUPPLY CHAIN (USA)
NPL 1001

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- May 12, 2023: Unless the Citation is contested payment of fine(s) must be received by the Board.
- April 26, 2023: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- May 12, 2023: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Suelynn Yee, Citation and Fine Analyst at (916) 518-3013.

Anne Sodergren
EXECUTIVE OFFICER

By:

Suelynn Yee
Citation and Fine Analyst

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **May 12, 2023.**
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy
Attn: Cashier
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than April 26, 2023 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than May 12, 2023 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have any questions regarding any documents enclosed please contact Suelynn Yee, Citation and Fine Analyst at (916) 518-3013.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No
CI 2022 99663	EXEL INC_DBA DHL SUPPLY CHAIN (USA), NPL 1001

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4160 subd. (g)	A third-party logistics provider shall notify the board in writing, on a form designated by the board, within 30 days of the date when a responsible manager ceases to act as the responsible manager, and shall on the same form propose another designated represenative-3PL to take over and the responsible manager.	$5,000.00

CONDUCT:

Business and Professions Code section 4160(g) requires a third-party logistics provider to notify the Board in writing, on a form designed by the Board, within 30 days of the date when a responsible manager ceases to act as the responsible manager and shall on the same form propose another designated representative-3PL to take over as the responsible manager. Specifically, on February 3, 2023, the Board received an Application for Change of Responsible Manger from Exel INC DBA DHL Supply Chain (USA), which had been signed under penalty of perjury by a corporate officer and the newly designated responsible manager-in-charge (RMG). The form indicated that the prior RMG, Donald Kragel (DRL 40449), dissociated on June 30, 2021 and that Ryan Stocking (DRL 40676) was designated as the new RMG the following day. Exel INC DBA DHL Supply Chain (USA) failed to notify the Board of their dissociated RMG for 583 days (June 30, 2021 – February 3, 2023). Similarly, Exel INC DBA DHL Supply Chain (USA) failed to notify the Board of their new RMG for 582 days (July 1, 2021 – February 3, 2023).

CITATION ISSUED ON: April 12, 2023 | TOTAL AMOUNT OF FINE(S): $5,000.00

PAYMENT OF FINE(S) DUE BY: May 12, 2023

UPS CampusShip: View/Print Label

1. Ensure there are no other shipping or tracking labels attached to your package. Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.

2. Fold the printed label at the solid line below. Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.

3. GETTING YOUR SHIPMENT TO UPS
   Customers with a Daily Pickup
   Your driver will pickup your shipment(s) as usual.

   Customers without a Daily Pickup
   Take your package to any location of The UPS Store®, UPS Access Point(TM) location, UPS Drop Box, UPS Customer Center, Staples® or Authorized Shipping Outlet near you. Items sent via UPS Return Services(SM) (including via Ground) are also accepted at Drop Boxes. To find the location nearest you, please visit the Resources area of CampusShip and select UPS Locations.
   Schedule a same day or future day Pickup to have a UPS driver pickup all your CampusShip packages.
   Hand the package to any UPS driver in your area.

UPS Access Point™
THE UPS STORE
752 N STATE ST
WESTERVILLE ,OH 43082

UPS Access Point™
CVS STORE # 6155
145 S STATE ST
WESTERVILLE ,OH 43081

UPS Access Point™
THE UPS STORE
1491 POLARIS PKWY
COLUMBUS ,OH 43240

FOLD HERE

DHL Supply Chain

Legal Department
360 Westar Boulevard
Westerville, Ohio 43082

May 3, 2023 via UPS

California State Board of Pharmacy
Attn: Cashier
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

RE: Exel dba DHL Supply Chain -- CI 2022 99663
Settlement - $5,000.00

To whom it may concern:

Enclosed please find the following settlement payments:

- a check payable to California State Board of Pharmacy in the amount of $5,000.00.

Please contact the undersigned if you have any questions.

Yours sincerely,

Michal Armstrong
Senior Legal Operations Analyst
Legal Services - Americas
Legal-Services@dhl.com
614.865.8415

Enclosures

CC: Lori Hill
Elaine Darr
John Kropczynski

THE FACE OF THIS DOCUMENT CONTAINS A COLORED PANTOGRAPH ON WHITE PAPER.

Exel Inc.
DBA DHL SUPPLY CHAIN (USA)
360 WESTAR BLVD, WESTERVILLE, OH 43082, UNITED STATES
614-865-8500

CHECK NO. 833712

Bank of America Customer Connection
Bank of America, N. A.
Atlanta, Dekalb County, Georgia

64-1278
611

CONTROL NO.	CHECK DATE	VENDOR NO.
833712	02-MAY-23	240596

Five Thousand Dollars And 00 Cents**********

VOID AFTER 90 DAYS
CHECK AMOUNT
US DOLLAR
**********5,000.00

PAY TO THE ORDER OF
CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE STE 100
SACRAMENTO,CA 95833
UNITED STATES

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $50,000

⑈833712⑈ ⑆061112788⑆ 329 901 5620⑈

VENDOR: 240596

Exel Inc. DBA DHL SUPPLY CHAIN (USA)
360 WESTAR BLVD, WESTERVILLE, OH 43082, UNITED STATES

833712

YOUR INVOICE NO.	INVOICE DATE	DESCRIPTION	NET CHECK AMOUNT
042823	28-APR-23	LEGAL CITATION	5,000.00

Exel Inc. D/B/A DHL Supply Chain (USA)
360 Westar Blvd
Westerville, Ohio 43082

To: Jurisdictional Regulator

This letter is to inform you that, in December 2025, Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") voluntarily surrendered Drug Enforcement Administration ("DEA") registration 007693EXY for its site located at 2020 E Vine Ave., Fresno, CA 93706 (the "Facility") because the Facility had not previously obtained a California Department of Justice (" California DOJ") Controlled Chemical Substance Program ("CCSP") permit. The Facility handles over-the counter ("OTC") drugs including certain pseudoephedrine products which, per federal and state law, are regulated as List 1 Chemicals. DHL has reapplied for the CCSP permit and intends to reapply for a DEA registration upon receiving approval of its California DOJ CCSP permit.

Detailed Explanation:

This facility operates as a Third-Party Logistics (3PL) provider who by federal definition:

> "is an entity that provides or coordinates warehousing or other logistics services on behalf of a manufacturer, wholesale distributor, or dispenser of a product. A 3PL provider does not take ownership of any product. Neither do they have the responsibility to direct the sale or disposition of the product."

In mid-2020, DHL applied for a DEA chemical distributor registration to receive, store and distribute OTC PSE products at the site. DHL was unaware that a California CCSP permit was also required. The site had not obtained a California Board of Pharmacy license because the California BOP does not regulate 3PL's for OTC products. Thereafter, DEA issued a chemical distributor registration for the Facility without this state license in place, and no mention was made of it being a prerequisite.

In late 2023, DEA inspected the Facility and informed DHL that the site needed a CCSP permit issued by the California DOJ. The DHL licensing team immediately submitted an application to the California DOJ. As part of its review of the application, the California DOJ stated that it required purchase and sales data to complete its review of the application. The licensing team notified the California DOJ that it could not provide that data because, as a 3PL, it does not purchase or sell products and only provides distribution services at the direction of suppliers who retain title to the product. Despite several exchanges of information over several months, DHL was unable to satisfy the California DOJ request. Based on the explanation from the California DOJ, the initial and recurring submission of purchasing and sales data is a key part CCSP's permitting process.

Exel Inc. D/B/A DHL Supply Chain (USA)
360 Westar Blvd
Westerville, Ohio 43082

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Most recently, in October 2025, the DEA audited the Facility and asked whether the Facility had obtained the CCSP permit. DHL informed the DEA of the actions it had taken including its communication with California DOJ regarding its efforts obtain the permit. Specifically, DHL explained that because as a 3PL, it was unable to provide the List 1 purchase and sales data the California DOJ requested. The DEA investigator then contacted the California DOJ, who indicated the site should have a CCSP permit. DHL submitted a new CCSP application to California DOJ in December 2025. The California DOJ communicated to the DEA that it would take between 120-180 days to process DHL's application.

Given that it appeared that DHL would not be able to obtain the permit for 6 months, DHL and the DEA mutually agreed the best path forward was for DHL to voluntarily surrender the DEA registration until DHL obtains the CCSP permit.

DHL removed all List 1 inventory from the Facility on December 19, 2025, formally requested the DEA registration be surrendered and, communicated to the California DOJ that List 1 product is no longer being stored at the Facility.

Next Steps:

DHL continues to work with the California DOJ and its customer to satisfy the purchase and sales application requirements. DHL has agreement from the DEA that the Facility can reapply for a DEA permit once the CCSP permit is issued.

Please be assured that DHL takes these matters seriously and implements policies and procedures at its sites to ensure compliance with state and federal laws.

Please contact me if you have any questions or require additional information regarding this matter.

Kind Regards,

John Kropczynski

John Kropczynski, BSE, MBA
Director, Regulatory Affairs
Legal Services, Americas
614-865-8500

COPY:
Allison Haedt
Amanda Wickline
IQVIA
John A. Gilbert, Jr.
Regulatory@DHL.com

DocuSign Envelope ID: B903BFE9-AEC3-43D9-928C-E6913E326D55

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE BOARD OF PHARMACY**
EXEL, INC. d/b/a DHL SUPPLY CHAIN (USA)	)	**CASE NO: 23-L-0050**
Third Party Logistics Permit No. 195360	)	

DEFERRAL AGREEMENT

This Agreement is entered into by and between the Alabama State Board of Pharmacy (Board) and EXEL, Inc. d/b/a DHL Supply Chain (USA).

WHEREAS, EXEL, Inc. d/b/a DHL Supply Chain (USA) was timely served with a Statement of Charges and Notice of Hearing (Pending Charges) alleging violations of the Alabama Pharmacy Practice Act. A copy of the Pending Charges is attached hereto as Exhibit "A".

WHEREAS, the parties, through counsel, have engaged in discussions concerning an informal resolution of the Pending Charges.

WHEREAS, the parties have agreed to resolve this matter pursuant to Code of Alabama (1975) 41-22-12(f) by their approval of the following terms:

IT IS THE THEREFORE UNDERSTOOD AND AGREED BY THE PARTIES AS FOLLOWS:

1. The Pending Charges against EXEL, Inc. d/b/a DHL Supply Chain (USA) shall be deferred until December 31, 2024 (Deferral Period).

2. As a condition to the Deferral described above, EXEL, Inc. d/b/a DHL Supply Chain (USA) shall pay costs in the amount of One Thousand Dollars ($1,000.00) within thirty (30) days of the effective date of this Agreement, that being the date it is signed on behalf of the Board. Failure to pay this amount shall be considered a probable cause violation by EXEL, Inc. d/b/a DHL Supply Chain (USA) as defined below. Payments shall be made payable to Alabama State Board of Pharmacy and mailed to 111 Village Street, Birmingham, Alabama 35242.

3. In the event there are no probable cause violations of the Alabama Pharmacy Practice Act involving EXEL, Inc. d/b/a DHL Supply Chain (USA) during the Deferral Period set forth above, the Pending Charges shall be dismissed.

4. In the event there is a probable cause violation of the Alabama Pharmacy Practice Act involving EXEL, Inc. d/b/a DHL Supply Chain (USA) during the Deferral Period set forth above, both the Pending Charges and any new charges shall be noticed and scheduled for a hearing.

5. Neither the Pending Charges nor this Agreement shall be reported as discipline as long as EXEL, Inc. d/b/a DHL Supply Chain (USA) complies with the conditions of Paragraphs Two and Three of this Agreement.

6. That EXEL, Inc. d/b/a DHL Supply Chain (USA) expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, and the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to Code of Alabama (1975), §34-23-92(12), Code of Alabama (1975), §41-22-12 and §41-22-20, and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. EXEL, Inc. d/b/a DHL Supply Chain (USA) further waives any objection to the attorney for the Board preparing, drafting, or making this Deferral Agreement, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

7. By execution of this Deferral Agreement, EXEL, Inc. d/b/a DHL Supply Chain (USA) hereby releases the Board, its members, agents, representatives, servants, and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Deferral Agreement and Pending Charges.

8. EXEL, Inc. d/b/a DHL Supply Chain (USA) acknowledges and agrees that it has read this Deferral Agreement and that it fully understands the terms, conditions, and contents of the same. EXEL, Inc. d/b/a DHL Supply Chain (USA) acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Deferral Agreement and is signing this Deferral Agreement on the advice of its attorney.

DONE this the 31 day of January, 2024.

Jennifer Muro Neumann
Jennifer Muro Neumann, P.C.
Post Office Box 381082
Birmingham, Alabama 35238

Christy Garmon, Pharm D.
President
State Board of Pharmacy

DONE this the 1st day of February, 2024.

Jennifer Clark
Sydney Willmann
Counsel for EXEL, Inc. d/b/a
DHL Supply Chain (USA)

EXEL, Inc. d/b/a DHL Supply Chain (USA)

By: Allison Haedt
Its: Sr. Associate General Counsel

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	BOARD OF PHARMACY
	)	
EXEL, INC. d/b/a DHL SUPPLY CHAIN (USA)	)	CASE NO: 23-L-0050
	)	
Third Party Logistics	)	
Permit No. 195360	)	

NOTICE OF HEARING

TO: EXEL, INC. d/b/a DHL SUPPLY CHAIN (USA)
1635 Stone Ridge Drive
Stone Mountain, GA 30083

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34, § 34-23-52, § 34-23-92(12), § 34-23-132 and § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on Feb 20, 2024 at 8:00 a.m., at the State Board of Pharmacy Hearing Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why your permit should not be revoked, suspended, or otherwise disciplined based upon your failure to comply with all applicable laws and regulations of the State of Alabama. Disciplinary action may include administrative fines not to exceed $1,000 per violation; and/or revocation, suspension, or denial of your license(s); and/or such other discipline as may be ordered by the Board. Code of Alabama (1975), § 34-23-33. You have the right to be represented by counsel at your own expense, to respond and present evidence and argument on all material issues, to cross-examine all witnesses who testify against you, and to request that witnesses and/or documents be subpoenaed on your behalf. Please refer to the enclosed Standard Scheduling Order for further information regarding responding to the charges, witnesses, exhibits, and prehearing matters.

STATEMENT OF CHARGES

COMES NOW Complainant Donna C. Yeatman, as Executive Secretary of the Alabama State Board of Pharmacy and, on behalf of the Board, charges Respondent EXEL, INC. d/b/a DHL SUPPLY CHAIN (USA) of as follows:

On October 30, 2019, on December 13, 2020, and on November 19, 2021, you submitted renewal applications and failed to disclose, when required to do so, that, on April 29, 2019, you entered into a Stipulation and Final Agency Order with the Colorado Board of Pharmacy after it was alleged that you submitted a late notice of change of representative in violation of Colorado law. This discipline was not reported to the Board until you submitted your renewal application on November 23, 2022. Said Stipulation and Final Agency Order is attached hereto as Exhibit A.

On October 18, 2022, you entered into a Deferral Agreement in a matter with this Board in case number 21-L-0277. The above-referenced matter constitutes a violation of the said Deferral Agreement. Said Deferral Agreement is attached hereto as Exhibit B.

VIOLATIONS

If proven true, you will be in violation of the following:

Code of Alabama (1975), §34-23-32(a) and Ala. Admin. Code r. 680-X-2-.25(a): by failing to submit applications that contain information as required by the Board and that conform with the requirements of all applicable laws and regulations.

Code of Alabama (1975), §34-23-32(a) and Ala. Admin. Code r. 680-X-2-.23(l)(3): by failing to comply with all applicable state laws and regulations.

PRAYER FOR RELIEF

WHEREFORE, Complainant, in her capacity as the Executive Secretary of the Alabama State Board of Pharmacy, requests that, upon hearing and proof, Respondent be found guilty of the aforementioned violations and that the Alabama State Board of Pharmacy take such disciplinary actions as it deems necessary.

Dated this the 30th day of March, 2023.

ALABAMA STATE BOARD OF PHARMACY

Donna C Yeatman

By: Donna C. Yeatman, Executive Secretary

EXHIBIT A

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-844

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE OUT-OF-STATE PRESCRIPTION DRUG WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF EXEL INC., DBA DHL SUPPLY CHAIN (USA), REGISTRATION NO. WHO 8288,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Exel Inc., dba DHL Supply Chain (USA)("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2019-844, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as an out-of-state prescription drug wholesaler, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2018).

2. Respondent Outlet was originally registered in the State of Colorado on or about November 19, 2010, being issued registration #WHO 8288, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Outlet's address of record with the Board and current location is 1635 Stone Ridge Drive, Stone Mountain, Georgia.

4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent Outlet failed to timely submit to the Board an application detailing a change in designated representative and fee. In this case, 320 days transpired between March 9, 2018, the date the previous designated representative ceased the position, and January 23, 2019, the date the application and fee were received.

6. On or about February 4, 2019, the Board initiated a complaint against Respondent Outlet because of the delay of 320 days in submitting an application detailing a change in designated representative and fee.

7. Respondent Outlet's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

12-42.5-303. Wholesaler license requirements.

(3)(a) An applicant for a wholesaler license shall provide to the board the following information, and any other information deemed appropriate by the board on a form provided by the board:

(I) The name, full business address, and telephone number of the applicant;

(II) The trade and business names used by the applicant;

(III) The addresses, telephone numbers, and names of the contact persons for all facilities used by the applicant for the storage, handling, and distribution of prescription drugs;

(IV) The type of ownership or operation of the applicant;

(V) The names of the owner and the operator of the applicant, including:
(A) The name of each partner if the applicant is a partnership;
(B) The name and title of each officer and director, the name of the corporation, and the state of incorporation, if the applicant is a corporation;
(C) The name of the limited liability company, if the applicant is a limited liability company, and the name of the parent company, if any, and the state of incorporation or formation of both; or

(D) The name of the sole proprietor and the business entity if the applicant is a sole proprietorship;

(VI) A list of the licenses and permits issued to the applicant by any other state that authorizes the applicant to purchase or possess prescription drugs; and

(VII) The name of the applicant's designated representative for the facility, the fingerprints of the designated representative, and a personal information statement for the designated representative that includes information as required by the board, including but not limited to the information in subsection (5) of this section.

(b) A licensee shall complete and return a form approved by the board at each renewal period. The board may suspend or revoke the license of a wholesaler if the board determines that the wholesaler no longer qualifies for a license.

* * *

Pharmacy Board Rules and Regulations

15.01.14 Change of name, location, or ownership, or designated representative.

c. Any change in the designated representative of a wholesaler shall be reported to the Board on a form supplied by the Board within thirty calendar days of such change. The incoming designated representative must undergo the required background check.

TERMS OF DISCIPLINE

8. Fine with Surcharge. Pursuant to section 12-42.5-124(5)(a)(I), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent Outlet understands and acknowledges that, pursuant to section24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Outlet shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents ($1,150.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board.

9. Compliance. Respondent Outlet shall submit all future applications and appropriate fees to the Board detailing changes in designated representative within the required time frame specified by Board rule or statute in effect at the time of such designated representative change.

10. Other Requirements. Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:

    a. promptly pay all Respondent Outlet's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

11. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so, Respondent Outlet acknowledges its understanding that it has the following rights:

    a. to have formal notice of hearing and charges served upon it;

    b. to respond to said formal notice of charges;

    c. to have a formal disciplinary hearing pursuant to sections 12-42.5-123 and 12-42.5-124, C.R.S.; and

    d. to appeal this Final Agency Order.

    Respondent Outlet freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Outlet to the sanctions imposed herein.

12. Acknowledgments. The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.

13. Violations. Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's registration. The pendency of any suspension

or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.

14. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. Public Record. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

16. Effective Date. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Outlet at Respondent Outlet's address of record with the Board, or (b) service by electronic means on Respondent Outlet at Respondent Outlet's electronic address of record. Respondent Outlet hereby consents to service by electronic means if Respondent Outlet has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Outlet

Mark A. Smaich Dated: 4/18/19

Authorized Representative

Vice President, General Counsel and Secretary

Name / Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 29 day of April, 2019.

State Board of Pharmacy

BY: _____
Dmitry Kunin
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 29th day of April 2019, addressed as follows:

By electronic mail:

Exel Inc. dba DHL Supply Chain USA
1635 Stone Ridge Dr
Stone Mountain, GA 30083-1118

Email: renewals@licenselogix.com; and andrew.post@dhl.com

Linda Hanko
Agent of the Board

EXHIBIT B

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
EXEL INC. dba DHL SUPPLY CHAIN (USA)	)	**BOARD OF PHARMACY**
	)	
THIRD PARTY LOGISTICS	)	**CASE NO: 21-L-0277**
Permit No. 195360	)	

DEFERRAL AGREEMENT

This Agreement is entered into by and between the Alabama State Board of Pharmacy (Board) and Exel Inc. dba DHL Supply Chain (USA).

WHEREAS, Exel Inc. dba DHL Supply Chain (USA) was timely served with a Statement of Charges and Notice of Hearing (Pending Charges) alleging violations of the Alabama Pharmacy Practice Act. A copy of the Pending Charges is attached hereto as Exhibit "A".

WHEREAS, the parties, through counsel, have engaged in discussions concerning an informal resolution of the Pending Charges.

WHEREAS, the parties have agreed to resolve this matter pursuant to Code of Alabama (1975) 41-22-12(f) by their approval of the following terms:

IT IS THE THEREFORE UNDERSTOOD AND AGREED BY THE PARTIES AS FOLLOWS:

1. The Pending Charges against Exel Inc. dba DHL Supply Chain (USA) shall be deferred until December 31, 2023 (Deferral Period).

2. As a condition to the Deferral described above, Exel Inc. dba DHL Supply Chain (USA) shall pay costs in the amount of Two Thousand Five Hundred Dollars ($2,500.00) within thirty (30) days of the effective date of this Agreement, that being the date it is signed on behalf of the Board. Failure to pay this amount shall be considered a probable cause violation by Exel Inc. dba DHL Supply Chain (USA) as defined below.

3. In the event there are no probable cause violations of the Alabama Pharmacy Practice Act involving Exel Inc. dba DHL Supply Chain (USA) during the Deferral Period set forth above, the Pending Charges shall be dismissed.

4. In the event there is a probable cause violation of the Alabama Pharmacy Practice Act involving Exel Inc. dba DHL Supply Chain (USA) during the Deferral Period set forth above, both the Pending Charges and any new charges shall be noticed and scheduled for a hearing.

5. Neither the Pending Charges nor this Agreement shall be reported as discipline as long as Exel Inc. dba DHL Supply Chain (USA) complies with the conditions of Paragraphs Two and Three of this Agreement.

6. That Exel Inc. dba DHL Supply Chain (USA) expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, and the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to Code of Alabama (1975), §34-23-92(12), Code of Alabama (1975), §41-22-12 and §41-22-20, and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Exel Inc. dba DHL Supply Chain (USA) further waives any objection to the attorney for the Board preparing, drafting or making this Deferral Agreement, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

7. By execution of this Deferral Agreement, Exel Inc. dba DHL Supply Chain (USA) hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Deferral Agreement and Pending Charges.

8. Exel Inc. dba DHL Supply Chain (USA) acknowledges and agrees that it has read this Deferral Agreement and that it fully understand the terms, conditions and contents of the same. Exel Inc. dba DHL Supply Chain (USA) acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Deferral Agreement and is signing this Deferral Agreement on the advice of its attorney.

DONE this the 18th day of October, 2022.

Jennifer Muro Neumann
Jennifer Muro Neumann, P.C.
Post Office Box 381082
Birmingham, Alabama 35238

Chris Phung, R.Ph.,
President
State Board of Pharmacy

DONE this the 17th day of October, 2022. Jennifer Clark

Jennifer H. Clark, Attorney for

Exel Inc. dba DHL Supply Chain (USA)

Allisa E. Hardt

Exel Inc. dba DHL Supply Chain (USA).

By: Allisa Hardt

Its: Associate General Counsel

DHL Supply Chain
Regulatory Affairs

360 Westar Boulevard, Westerville, OH 43082

May 3, 2023

To whom it may concern,

Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") is submitting this letter in reference to the question on the application regarding pending complaint, investigation, or disciplinary actions.

Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") is a part of Deutsche Post DHL Group, the world's leading contract logistics provider, and has tens of thousands of employees across North America. At any given time, DHL is a named defendant in civil matters, including employment cases. Based on knowledge and belief of the respondent completing this application after reasonable inquiry, DHL is not involved in any pending criminal proceedings. Nor is DHL part of any pending malpractice claims, civil claims, or lawsuits in connection with drugs/devices.

Attached is a letter from the State Board for the following item:

On April 23, 2023, DHL received a notice from the California State Board of Pharmacy indicating that the Board issued a fine against DHL for its failure to notify the Board of a change in its Designated Representative for the site located at 5920 Corporate Drive, St. Joseph, MO 64507. Please note that the issuance of a fine by the Board is not considered a disciplinary action or reportable and the fine was paid for in full within the allotted time.

Please be assured that DHL takes these matters very seriously and has implemented corrective actions to prevent similar issues from occurring in the future. If you have any concerns regarding the matters set forth in this notice, please do not hesitate to contact DHL Regulatory Affairs at regulatory@dhl.com.

Respectfully,

John Kropczynski, BSE, MBA

John Kropczynski

Director, Regulatory Affairs, America's

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

April 12, 2023

DATED MATERIAL ENCLOSED

EXEL INC_DBA DHL SUPPLY CHAIN (USA)
ATTN: KENNETH SUREDDIN, CEO
5920 CORPORATE DRIVE
ST JOSEPH, MO 64507

RE: CI 2022 99663
EXEL INC_DBA DHL SUPPLY CHAIN (USA)
NPL 1001

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- May 12, 2023: Unless the Citation is contested payment of fine(s) must be received by the Board.
- April 26, 2023: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- May 12, 2023: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Suelynn Yee, Citation and Fine Analyst at (916) 518-3013.

Anne Sodergren
EXECUTIVE OFFICER

By:

Suelynn Yee
Citation and Fine Analyst

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **May 12, 2023.**
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy
Attn: Cashier
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than April 26, 2023 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than May 12, 2023 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have any questions regarding any documents enclosed please contact Suelynn Yee, Citation and Fine Analyst at (916) 518-3013.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No
CI 2022 99663	EXEL INC_DBA DHL SUPPLY CHAIN (USA), NPL 1001

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4160 subd. (g)	A third-party logistics provider shall notify the board in writing, on a form designated by the board, within 30 days of the date when a responsible manager ceases to act as the responsible manager, and shall on the same form propose another designated represenative-3PL to take over and the responsible manager.	$5,000.00

CONDUCT:

Business and Professions Code section 4160(g) requires a third-party logistics provider to notify the Board in writing, on a form designed by the Board, within 30 days of the date when a responsible manager ceases to act as the responsible manager and shall on the same form propose another designated representative-3PL to take over as the responsible manager. Specifically, on February 3, 2023, the Board received an Application for Change of Responsible Manger from Exel INC DBA DHL Supply Chain (USA), which had been signed under penalty of perjury by a corporate officer and the newly designated responsible manager-in-charge (RMG). The form indicated that the prior RMG, Donald Kragel (DRL 40449), dissociated on June 30, 2021 and that Ryan Stocking (DRL 40676) was designated as the new RMG the following day. Exel INC DBA DHL Supply Chain (USA) failed to notify the Board of their dissociated RMG for 583 days (June 30, 2021 – February 3, 2023). Similarly, Exel INC DBA DHL Supply Chain (USA) failed to notify the Board of their new RMG for 582 days (July 1, 2021 – February 3, 2023).

CITATION ISSUED ON: April 12, 2023 | TOTAL AMOUNT OF FINE(S): $5,000.00

PAYMENT OF FINE(S) DUE BY: May 12, 2023

UPS CampusShip: View/Print Label

1. Ensure there are no other shipping or tracking labels attached to your package. Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.

2. Fold the printed label at the solid line below. Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.

3. GETTING YOUR SHIPMENT TO UPS
   Customers with a Daily Pickup
   Your driver will pickup your shipment(s) as usual.

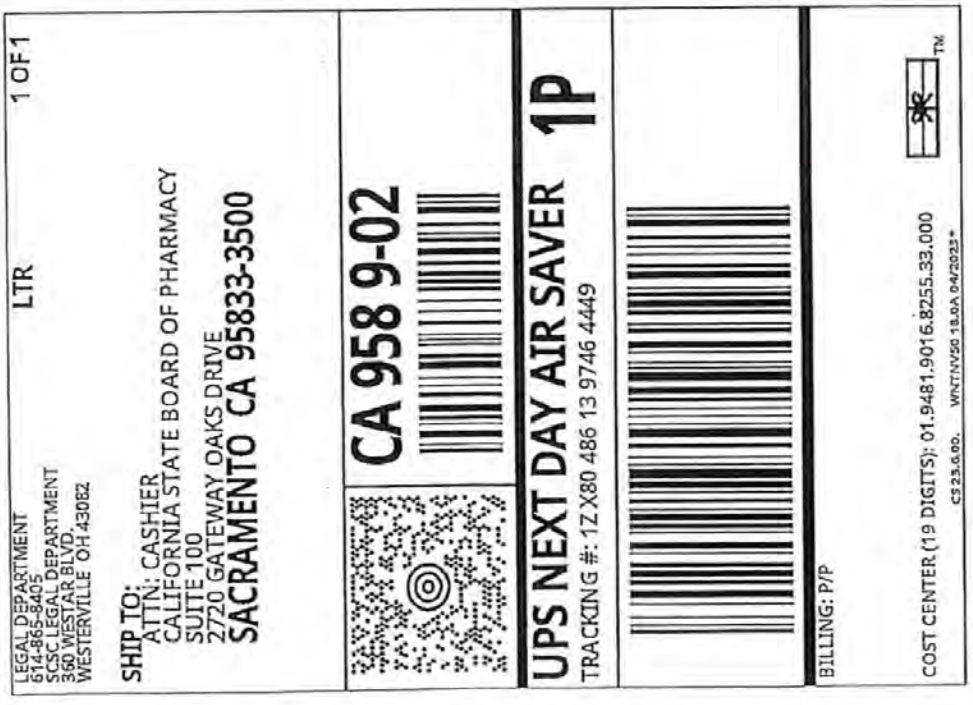
   Customers without a Daily Pickup
   Take your package to any location of The UPS Store®, UPS Access Point(TM) location, UPS Customer Center, Staples® or Authorized Shipping Outlet near you. Items sent via UPS Return Services(SM) (including via Ground) are also accepted at Drop Boxes. To find the location nearest you, please visit the Resources area of CampusShip and select UPS Locations.
   Schedule a same day or future day Pickup to have a UPS driver pickup all your CampusShip packages.
   Hand the package to any UPS driver in your area.

UPS Access Point™
THE UPS STORE
752 N STATE ST
WESTERVILLE ,OH 43082

UPS Access Point™
CVS STORE # 6165
145 S STATE ST
WESTERVILLE ,OH 43081

UPS Access Point™
THE UPS STORE
1491 POLARIS PKWY
COLUMBUS ,OH 43240

FOLD HERE



DHL Supply Chain

Legal Department
360 Westar Boulevard
Westerville, Ohio 43082

May 3, 2023 via UPS

California State Board of Pharmacy
Attn: Cashier
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

RE: Exel dba DHL Supply Chain – CI 2022 99663
Settlement - $5,000.00

To whom it may concern:

Enclosed please find the following settlement payments:

- a check payable to California State Board of Pharmacy in the amount of $5,000.00.

Please contact the undersigned if you have any questions.

Yours sincerely,

Michal Armstrong
Senior Legal Operations Analyst
Legal Services - Americas
Legal-Services@dhl.com
614.865.8415

Enclosures

CC: Lori Hill
Elaine Darr
John Kropczynski

THE FACE OF THIS DOCUMENT CONTAINS A COLORED PANTOGRAPH ON WHITE PAPER.

Exel Inc.
DBA DHL SUPPLY CHAIN (USA)
360 WESTAR BLVD, WESTERVILLE, OH 43082, UNITED STATES
614-865-8500

CHECK NO. **833712**

Bank of America Customer Connection
Bank of America, N. A.
Atlanta, Dekalb County, Georgia

64-1278
611

CONTROL NO.	CHECK DATE	VENDOR NO.
833712	02-MAY-23	240596

Five Thousand Dollars And 00 Cents**********

VOID AFTER 90 DAYS
CHECK AMOUNT
US DOLLAR
**********5,000.00

PAY TO THE ORDER OF
CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE STE 100
SACRAMENTO,CA 95833
UNITED STATES

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $50,000

⑈833712⑈ ⑆061112788⑆ 329 901 5620⑈

VENDOR: 240596

Exel Inc. DBA DHL SUPPLY CHAIN (USA)
360 WESTAR BLVD, WESTERVILLE, OH 43082, UNITED STATES

833712

YOUR INVOICE NO.	INVOICE DATE	DESCRIPTION	NET CHECK AMOUNT
042823	28-APR-23	LEGAL CITATION	5,000.00

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: Sandoz Inc.
Address: 100 College Road West City: Princeton State: NJ Zip: 08540
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Massachusetts
Parent Company (if any): DHL Supply Chain Holdings (USA), LLC
Corporation/Organization Name: Exel Inc. dba DHL Supply Chain (USA)
Mailing Address: 360 Westar Blvd, Dept 555
City: Westerville State: OH Zip: 43082
Telephone: 614.865.8500 Email: regulatory@dhl.com
Contact Person Name: Mark A. Smolik

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of 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.

Exel Inc. dba DHL Supply Chain (USA)

Facility Name

Mark A. Smolik

Print Name of Authorized Person Submitting Application

Mark A. Smolik

→ Original signature of Authorized Person (copies or stamps not accepted)

1/22/26

→ Date

Board Use Only	Date Received: _____	Amount: _____

Exel Inc. dba DHL Supply Chain (USA)

Business Description

Exel Inc. dba DHL Supply Chain (USA) has been at the forefront of innovative supply chain solutions for the life sciences and healthcare industries for 20 years. As a trusted global partner we create agile, highly responsive supply chains capable of transporting critical, sensitive and valuable products, even to the world's most rugged and remote locations.

Our extensive experience of supplying logistical solutions to the life sciences and healthcare sector has enabled us to develop specific expertise in the following areas: Vaccines, Generic Pharmaceuticals, Controlled Substances, Over The Counter (OTC) Medication, and Animal Health. For each of these areas we have experts working with our customers to optimize their supply chains.

A connected global footprint and industry expertise
With over 120 sites in 40 countries and 4,500 dedicated healthcare staff, serving 250 life sciences and healthcare customers worldwide, we're always there to offer a safe pair of hands. We have the scale and experience to implement healthcare logistics solutions across the world.

Quality and regulatory compliance
For our customers, deep sector expertise is vital to track, comprehend, and comply with essential and increasing rules and regulations for the storage, transportation and delivery of pharmaceuticals, medical equipment and patient-specific treatments.

With our Global Quality Assurance group of over 100 individuals driving operational consistency and governance we're always up to date with the latest changes in local and international regulations. Our global network provides highly controlled environments and we ensure full GxP (Good Practice) compliance from origin to destination.

Health, safety and security
We help to achieve high standards on health, safety and security through extensive training and timely monitoring. We offer consulting on global safety regulations and conduct regular inspections and process audits of our facilities.

Exel Inc.
d/b/a DHL Supply Chain (USA)
360 Westar Blvd, Westerville, OH 43082
State of Incorporation: MA
Date of Incorporation: 6/1/1983
EIN: 04-2801160

Title	*Name of Officer	Address	Telephone
Chief Executive Officer and President	Mark Kunar	[redacted]	
Chief Legal Officer and Secretary	Mark Andrew Smolik		

**No percentages owned*

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

Date: February 04, 2026

To Whom It May Concern :

I hereby certify that according to the records of this office,

EXEL INC.

is a domestic corporation organized on **June 01, 1983** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

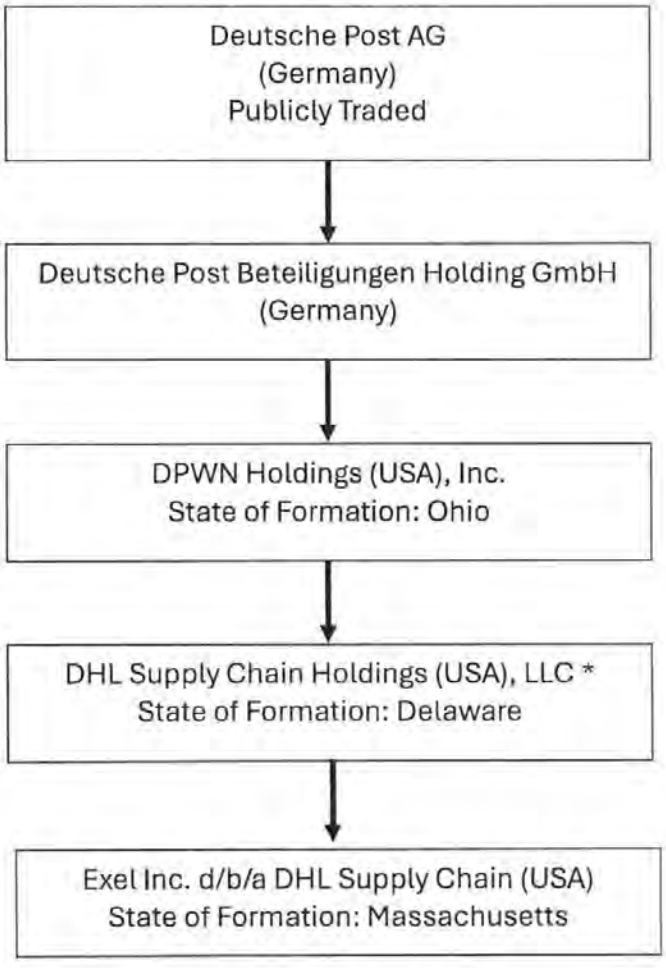
William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 26020042570

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: qle



Ownership is 100% unless otherwise noted.

*DHL Supply Chain Holdings (USA), LLC is the newly added holding company. It is member-managed and has no officers. Given that it is member-managed, it acts through an officer of its sole member, DPWN Holdings (USA), Inc.

Certificate of Registration

Certificate No. 3000010762
(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:

Distributor (Prescription)

EXEL INC. DBA DHL SUPPLY CHAIN (USA)
700 KILLINGER ROAD
ANNVILLE, PA 17003

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 04, 2025
Expiration Date: The Last Day of June, 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.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RE0714964	08-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	01-14-2026

EXEL INC. DBA DHL SUPPLY CHAIN (USA)
700 KILLINGER ROAD
ANNVILLE, PA 17003

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
RE0714964	08-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	01-14-2026

EXEL INC. DBA DHL SUPPLY CHAIN (USA)
700 KILLINGER ROAD
ANNVILLE, PA 17003

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
RE0714964	08-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	01-14-2026

EXEL INC. DBA DHL SUPPLY CHAIN (USA)
700 KILLINGER ROAD
ANNVILLE, PA 17003

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:

RIDER

To be attached to and form part of:

Bond Number 016075066

dated April 15, 2017

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of EXEL, INC. DBA DHL SUPPLY CHAIN (USA)
(Principal)

and in favor of THE STATE OF NEVADA
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The following site locations to be added:

- **700 Killinger Road, Annville, PA 17003**
- **9475 Distribution Drive, Clayton, IN 46118**

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 25th day of August, 2025.

Signed, Sealed & Dated this 28th day of August, 2025.

EXEL, INC. DBA DHL SUPPLY CHAIN (USA)
(Principal)

By: _____

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Pedro Gonzalez Jr., Attorney-in-Fact

Liberty Mutual. SURETY

POWER OF ATTORNEY

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8213642-016018

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Pedro Gonzalez, Jr.

all of the city of Miami state of FL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 8th day of April, 2025.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
Nathan J. Zangerle, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 8th day of April, 2025 before me personally appeared Nathan J. Zangerle, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2029
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, 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 28th day of August, 2025.

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.

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 04/23/2025

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 Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 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:	National Union Fire Ins Co of Pittsburgh	19445
INSURER B:	AIU Insurance Company	19399
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Exel Inc. DBA DHL Supply Chain (USA)
360 Westar Boulevard
Westerville OH 43082-7627 USA

COVERAGES **CERTIFICATE NUMBER:** 570112220506 **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			GL012335774	05/01/2025	05/01/2026	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$2,000,000
	OTHER:							
A	AUTOMOBILE LIABILITY			CA 012335772 AOS	05/01/2025	05/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
B	X ANY AUTO			CA 012335773 MA	05/01/2025	05/01/2026	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			WC012335776 AOS	05/01/2025	05/01/2026	X PER STATUTE OTH-ER	
B	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH) N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WC012335777 WI	05/01/2025	05/01/2026	E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE-EA EMPLOYEE	$1,000,000
							E.L. DISEASE-POLICY LIMIT	$1,000,000
A	Excess Workers Compensation			WC012335778 OH WA WY	05/01/2025	05/01/2026	EL Each Accident EL Disease - Ea Emp	$1,000,000 $1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

See Attached List of Named Insured. Additional Insured is afforded in accordance with the provisions of the General Liability and Auto Liability policies , where Exel Inc. dba DHL Supply Chain has specifically agreed by written contract to provide Additional Insured status.

CERTIFICATE HOLDER

Exel Inc. dba DHL Supply Chain (USA)
360 Westar Boulevard
Westerville OH 43082-7627 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 : 1-2M

Certificate No : 570112220506

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AGENCY CUSTOMER ID: 570000054594
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	Exel Inc. DBA DHL Supply Chain (USA)
POLICY NUMBER	
See Certificate Number: 570112220506	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570112220506	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insured List

First Named Insured: Exel Inc. d/b/a DHL Supply Chain (USA)
DPWN Holdings (USA), Inc.
Power Packaging, Inc.
Hyperion Properties, Inc.
Exel Freight Connect Inc. dba DHL Tansport Brokerage
Tibbett & Britten Group North America, LLC
Advance Logistics Inc.
Genesis Logistics Inc.
Heartland Logistics Inc.
KLS Logistics Inc.
SLG Holdco Inc,
Satellite Logistics Group, Inc
Royal Service Transport Inc.
Key Fleet LLC
Hillebrand Last Mile USA, Inc
Trillium Supply Chain

Including any subsidiary corporations thereof, or any tier, as now or hereafter constituted and any other legal entity in which the Named Insured has fifty percent or more ownership interest or in which the Named Insured exercises management or financial control.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Exel Inc. dba DHL Supply Chain (USA)

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 700 Killinger Road

City: Annville State: PA Zip: 17003

Mailing Address (if different from physical address): 360 Westar Blvd., Dept. 555

City: Westerville State: OH Zip: 43082

Telephone: 7175126627 Website: www.dhl.com

Licensing Company Email: dhl@iqvia.com

Section 2: Personal Information

First: Joseph Middle: C Last: Eger

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 700 Killinger Road

City: Annville State: PA Zip: 17003

Telephone: 7179011379 Email: joe.eger@dhl.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)	
Gettysburg Area High school		08/04 – 06/08	
Address	**City**	**State**	**Zip**
1130 Old Harrisburg Rd	Gettysburg	PA	17325
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
06/19 - 01/26	[redacted]	Manchester	PA	[redacted]
09/18 - 06/19		Gettysburg	PA	
10/13 - 09/18		Shermansdale	PA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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)
Exel Inc. dba DHL Supply Chain (USA)			02/2026 - Present
Business Address	**City**	**State**	**Zip**
700 Killinger Road	Annville	PA	17050
Phone	**Title**	**Number of Employed Hours**	
717-901-1379	Operations Manager	600	

Description of Duties

Billing and reporting for daily, weekly and monthly operations. Bridging gaps in QA and Operational opportunities to ensure no service failure. Assist with serialization implementation and process flow. Develop Supervisors and provide necessary tools for future growth.

Business Name			From - To (MM/YY – MM/YY)
Exel Inc. dba DHL Supply Chain (USA)			03/2022-01/2026
Business Address	**City**	**State**	**Zip**
260 Salem Church Rd	Mechanicsburg	PA	17050
Phone	**Title**	**Number of Employed Hours**	
717 901 1379	Operations Manager	6000+	

Description of Duties

To manage and promote a safety-first culture where teams are encouraged to be flexible and to strive for continuous improvement while innovating to address the needs of multiple stakeholders. Participates in RFP and customer pursuits. Financially responsible for Facility. Leads network charters for volume volatility and order profile improvements.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description 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, Joseph Eger, **certify that as the designated representative for**

Exel Inc. dba DHL Supply Chain (USA),

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JE I am at least 21 years of age;
3. JE I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JE I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JE I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JE I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JE I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Joseph Eger

Print Name (First, Last)

→ Original Signature (electronic, copies or stamps not accepted)

2/6/2026

→ Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph Eger

Print Name (First, Last)

→ Original Signature (electronic, copies or stamps not accepted)

→ Date 2/6/2026

Please have this section completed in the presence of a Notary Public.

State of Pennsylvania, ss. County of Cumberland

I, Joseph Eger, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

→ **Original Signature**

→ **Date** 2/6/2026

Subscribed and Sworn to before me this 6 day of Feb 2026

→ **Notary Public Signature** Deidre Boarman

Commonwealth of Pennsylvania - Notary Seal
Deidre Boarman, Notary Public
Cumberland County
My commission expires May 10, 2028
Commission number 1445651
Member, Pennsylvania Association of Notaries

(Seal)

Employee List:

Kodi Dickey
Michael Posey
Joe Eger

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: Joseph Eger — MDEG License # (if applicable): NA

Physical Address: 700 Killinger Road

City: Annville — State: PA — Zip: 17003

Mailing Address (if different from physical address): 360 Westar Blvd., Dept. 555

City: Westerville — State: OH — Zip: 43082

Telephone: 7175126627 — Website: www.dhl.com

Licensing Company Email: regulatory@dhl.com

Section 2: Personal Information

First: Joseph — Middle: C — Last: Eger

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ■ M ☐ F ☐ X

Mailing Address: 700 Killinger Road

City: Annville — State: PA — Zip: 17003

Telephone: [redacted] — Email: joe.eger@dhl.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)	
Gettysburg Area High school		08/04 – 06/08	
Address	**City**	**State**	**Zip**
1130 Old Harrisburg Rd	Gettysburg	PA	17325
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
06/19 - 01/26	[redacted]	Manchester	PA	[redacted]
09/18 - 06/19		Gettysburg	PA	
10/13 - 09/18		Shermansdale	PA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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)	
Exel Inc. dba DHL Supply Chain (USA)			02/2026 - Present	
Business Address	**City**		**State**	**Zip**
700 Killinger Road	Annville		PA	17050
Phone	**Title**		**Number of Employed Hours**	
717-901-1379	Operations Manager		600	

Description of Duties

Billing and reporting for daily, weekly and monthly operations. Bridging gaps in QA and Operational opportunities to ensure no service failure. Assist with serialization implementation and process flow. Develop Supervisors and provide necessary tools for future growth

Business Name			From - To (MM/YY – MM/YY)	
Exel Inc. dba DHL Supply Chain (USA)			03/2022-01/2026	
Business Address	**City**		**State**	**Zip**
260 Salem Church Rd	Mechanicsburg		PA	17050
Phone	**Title**		**Number of Employed Hours**	
717 901 1379	Operations Manager		6000+	

Description of Duties

To manage and promote a safety-first culture where teams are encouraged to be flexible and to strive for continuous improvement while innovating to address the needs of multiple stakeholders. Participates in RFP and customer pursuits. Financially responsible for Facility. Leads network charters for volume volatility and order profile improvements.

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description 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 # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		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)

2/6/2026

→ Date

I, Joseph Eger, **certify that as the MDEG Administrator for**

Exel Inc. dba DHL Supply Chain (USA),

that I (initial that you have read and meet the following requirements):

1. JE Have a high school diploma or its equivalent;
2. JE Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JE Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JE Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph Eger

Print Name (First, Last)

→ Original Signature (electronic, copies or stamps not accepted)

→ 2/6/2026

Date

Board Use Only	Date Received: 2/11/2026

H114-25 (rev. 04-25)

Commonwealth of Pennsylvania
Department of Health (DOH)
(717) 787-4779 FAX (717)-231-4790

Drug, Device, & Cosmetic Program
2525 7th Street, Suite 210D
Harrisburg, PA. 17110

DRUG, DEVICE, & COSMETIC COMPLIANCE INSPECTION REPORT

FIRM NAME: Exel Inc, DBA DHL Supply Chain (USA) DATE: 1/9/26 CHANGE ☐		PA DOH REGISTRATION: 300061076 2	EXP. DATE: 6/30/2026
ADDRESS: 700 Killinger Rd		PA DOH LICENSE: N/A	EXP. DATE
CITY: Annville PA ZIP CODE: 17003	COUNTY: Lebanon	FDA REGISTRATION: N/A	EXP. DATE
OWNER/PARENT (if different than above): DHL	LEAD PERSON INTERVIEWED: Michael Posey	DEA REGISTRATION: PENDING	EXP. DATE
PHONE: 717 512 6627	TITLE: General MGR	PA L&I LICENSE: N/A	EXP. DATE
HOURS OF OPERATION: G-2, 3-11 M-F	ID OF PERSON INTERVIEWED: PA DL 33809513	PA DOS LICENSE: N/A	EXP. DATE
TOTAL EMPLOYEES/FACILITYSIZE: 25-30	INSPECTOR NAME: T. Ritchie	OTHER REGISTRATION	EXP. DATE

Initial Inspection	X	Type of Action/Pursuant to:	X Controlled Substance, Drug, Device, & Cosmetic Act, Act 64 of 1972
Investigation/Compliance			Wholesale Prescription Drug Distributors License Act, Act 145 of 1992
Follow-up			Noncontrolled Substance Registration & Reporting Act
Disaster			Other

TYPE of FIRM

- Manufacturer-Drugs
- Manufacturer-Devices
- Manufacturer-Cosmetics
- Transfiller/Mfr. Medical Gases
- Relabeler/Repackager
- Virtual Manufacturer
- 503B/outsourcing facility
- X Distributor-Drugs
- Distributor-Medical Gases
- Distributor-Devices
- Distributor-Cosmetics
- Retailer-Medical Gases
- Retailer-Drugs, Medicinals,
- Practitioner/Institution
- Medicated Feed Plant/Agri.
- Research/Training
- Other:

PRODUCTS

- X Prescription Drugs (RX)
- X Controlled Substances
- API (Active Pharm Ingred.)
- X List I Chemicals
- X OTC Drugs/Medicinals
- Cosmetics/Cosmeceuticals
- Veterinary-Prescription
- Veterinary- OTC
- Medical Gases
- X RX Devices
- X OTC Devices
- Biologics/Blood Products
- Radiation Emitting product
- Medicated Feed
- Other:

SUBTYPE

- Contract manufacturer
- Wholesaler
- Reverse distributor
- X 3PL/Third Party logistics
- Intra-company transfers
- DME/Durable Medical
- Optical
- Assistive Hearing devices
- Dental Lab
- Convenient device kit
- Prosthetics
- Orthotics
- Reprocessor/Reuser
- Samples
- Clinical Trial/Investigation
- Foreign Import/Export
- Other:

MISC.

Traditional 3PL
Contract Distributor

FACILITY, PHYSICAL CONTROLS, & STAFF

"X" denotes firm meets standard in this area. "N" denotes deficiency in this area. " / " denotes not applicable

- X Physical Condition
- X Adequate Equipment
- X Physical Security
- X Staff Security/Limited Access
- X Temperature system/Logs
- X Ventilation/Humidity
- X Running Water/Restroom
- X Cleanliness/Pest-Free
- X Quarantine/Hold Area
- X Appropriate Storage
- X Registration/Licenses
- X Perm. Site (deed/lease > 6m)
- X Qualified Staff & Supervision
- X Name/ID/qualifications of manager: Michael Posey PA DL 33809513 3 Yrs. experience

STOCK, RECORDS, & POLICIES

- X Inventory control/Errors
- X Suspect Product Policy
- X Recall Policy
- X Return Goods Policy
- X Emergency Policy/Reporting
- X Track and Trace System
- X Receiving Records/Pedigree
- X Distributing Records
- X Authorized trading/transfer
- X Disposal/Destruction Records
- / Controlled Substance Rec
- / Labels/Prescription Order
- / Surety Bond

QUALITY CONTROL/PRODUCT

- X Adulterated/Expired
- X Misbranded
- X Contraband

Manufacturing/Repack Only

- Adherence to GMP
- Validation: Equipment
- Raw Materials
- Intermediaries
- Finished Prod.
- Sterile/X Contamination
- Product Label/Identifiers
- Batch Record/Lot No.

Virtual mfr. only
Label Code
Physical mfr. Site info:

FEI _____
(physical mfr site)

NOTES

Personnel standards met. Physical standards met.
Record keeping/Track/trace standards met.
Written policy/Procedure standards met

PASS **FAIL** or **PASS-pending** (pending corrections made noted above & date corrections must be made _____)

Signature of Inspector

Signature of Firm Representative

1/9/2026
Date

4MM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (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	* 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: Dry Eye Rescue

Physical Address: 1200 S. Rogers, Circle Ste 16

City: Boca Raton State: FL Zip: 33487

Mailing Address (if different from physical address): —

City: — State: — Zip: —

Telephone: 704-421-1636 Website: www.dryeyerescue.com

Name of Designated Representative (DR): Connor Villas.

Licensing Company Email: compliance@dryeyerescue.com DR Email: connor@dryeyerescue.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

[signature] 1-12-2026

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: N/A

Address: — City: — State: — Zip: —

Name: N/A

Address: — City: — State: — Zip: —

Name: N/A

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: Florida

Parent Company (if any): —

Corporation/Organization Name: Dry Eye Rescue LLC

Mailing Address: 1200 S. Rogers Circle, Ste 16

City: State: FL Zip: 33487

Telephone: [redacted] Email: aaron@dryeyerescue.com

Contact Person Name: Aaron Evans, O.D.

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: —

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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.

Dry Eye Rescue, LLC

Facility Name

Connor Villas

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

1-12-2026

Date

Board Use Only	Date Received: 2/9/26	Amount: $1000 ck 1203

DRY EYE RESCUE, LLC.

NEVADA DRUG DISTRIBUTOR APPLICATION

SUPPORTING DOCUMENTATION:

ENTITY AND OWNERSHIP INFORMATION

[redacted]

DRY EYE RESCUE LLC | ENTITY OWNERSHIP

Members:

- Aaron J. Evans | Ownership 100% (SSN: [redacted])

DOB:

[redacted]

Home Address:

[redacted]

Business Address:

1200 S. Rogers Circle, Suite 14

Boca Raton, Florida 33498

State of Incorporation:

Florida

FEIN:

84-4019037

State of Florida
Department of State

I certify from the records of this office that DRY EYE RESCUE, LLC is a limited liability company organized under the laws of the State of Florida, filed on December 5, 2019, effective December 1, 2019.

The document number of this limited liability company is L19000297822.

I further certify that said limited liability company has paid all fees due this office through December 31, 2026, that its most recent annual report was filed on February 8, 2026, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Third day of March, 2026

Secretary of State

Tracking Number: 7007593379CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

DRY EYE RESCUE, LLC.

NEVADA DRUG DISTRIBUTOR APPLICATION

SUPPORTING DOCUMENTATION:

COPY OF ALL ACTIVE STATE LICENSES

(FL – RESIDENT STATE)

(OTHER ACTIVE NON RESIDENT STATE LICENSES)

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

dbpr STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

2220339 ISSUED: 01/09/2026
Rx Drug Wholesale Distributor
DRY EYE RESCUE, LLC

Signature
LICENSED UNDER CHAPTER 499, FLORIDA STATUTES
EXPIRATION DATE: DECEMBER 31, 2027

Ron DeSantis, Governor

Melanie S. Griffin, Secretary

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER: 2220339

EXPIRATION DATE: DECEMBER 31, 2027

THE Prescription Drug Wholesale Distributor HEREIN HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 499, FLORIDA STATUTES

DRY EYE RESCUE, LLC
1200 SOUTH ROGERS CIRCLE
SUITE 14
BOCA RATON FL 33487

ISSUED: 01/09/2026

Always verify licenses online at MyFloridaLicense.com
Do not alter this document in any form.
This is your license. It is unlawful for anyone other than the licensee to use this document.

DBPR On-Line Services

If you need to mail additional information to DBPR please include this coversheet.

License Type:	**Prescription Drug Wholesale Distributor**
Application Type:	**Print License Certificate**
File Number:	**3409**
Application Number:	**4446**
License Number:	**2220339**
Application Date:	**01/05/2026 (mm/dd/yyyy)**

Mail To:
Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399

If you have any questions please call our Customer Contact Center at 850-487-1395.

State of Florida
Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399

[redacted]

Thank you for submitting your print request online.

[redacted]

License Type:	**Prescription Drug Wholesale Distributor**
Application Number:	**4446**
Application Type:	**Print License Certificate**
Application Date:	**01/05/2026 (mm/dd/yyyy)**
License Number:	**2220339**
File Number:	**3409**

[redacted]

Main Address:	**1200 SOUTH ROGERS CIRCLE** **SUITE 14** **BOCA RATON, FL** **33487** **US**
Routing Instruction:	

License Related Addresses

Name:	**Connor Ross Villas**
Applicant Contact:	**1200 SOUTH ROGERS CIRCLE** **SUITE 14** **BOCA RATON, FL** **33487** **US**
Fax Number	
Routing Instruction:	
Name:	**Aaron James Evans**
Emergency Contact:	**5640 RICO DRIVE** **BOCA RATON, FL** **33487** **US**
Routing Instruction:	
Physical Location Address:	**1200 SOUTH ROGERS CIRCLE** **SUITE 14**

BOCA RATON, FL

33487

US

Routing Instruction:

By submission of this application you attested to the following:
Each application for a license or renewal of a license issued by the Department of Business and Professional Regulation shall be signed under oath or affirmation by the applicant, or owner or chief executive of the applicant without the need for witnesses unless otherwise required by law.

I certify that I am empowered to execute this application as required by section 559.79, Florida Statutes. I understand that my signature on this application has the same legal effect as if made under oath. All information contained on this application is true and correct.

I understand that falsification of any information on this application may result in administrative action, including a fine, suspension or revocation of the license.

Florida dbpr Department of Business & Professional Regulation

DBPR ONLINE SERVICES

Main Menu | Update Profile | Logoff | Contact Us

Logged in as **Villas, Connor Ross**

Prescription Drug Wholesale Distributor #2220339

Contact Details

Application Summary

Print License Certificate - Address Detail Summary

Press "Next" when finished adding/changing addresses.

Press "Cancel" to cancel this application and return to the main menu.

General Addresses

Main Address	Address:	**1200 SOUTH ROGERS CIRCLE** **SUITE 14** **BOCA RATON , FL** **Palm Beach** **33487** **US**

License Specific Addresses

Applicant Contact	Name:	**Connor Ross Villas**
	Address:	**1200 SOUTH ROGERS CIRCLE** **SUITE 14** **BOCA RATON , FL** **Palm Beach** **33487** **US**
Emergency Contact	Name:	**Aaron James Evans**
	Address:	**5640 RICO DRIVE** **BOCA RATON , FL** **Palm Beach** **33487** **US**
Physical Location Address	Name:	**DRY EYE RESCUE, LLC**
	Address:	**1200 SOUTH ROGERS CIRCLE** **SUITE 14** **BOCA RATON , FL** **Palm Beach** **33487** **US**

Next Cancel

The State of Florida is an AA/EEO employer. Copyright 2007-2013 State of Florida. Privacy Statement

Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provides may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public.
Please see our Chapter 455 page to determine if you are affected by this change.

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

Dry Eye Rescue

Wholesaler Out-of-State

WHO.0008862 — **Number**
01/20/2026 — **Issue Date**
Active — **Credential Status**
10/31/2026 — **Expire Date**

Verify this credential at: dpo.colorado.gov

Division Director: Sam Delp — Credential Holder Signature

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy

Dry Eye Rescue

Wholesaler Out-of-State

WHO.0008862 — **Number**
01/20/2026 — **Issue Date**
Active — **Credential Status**
10/31/2026 — **Expire Date**

Verify this credential at: dpo.colorado.gov

Division Director: Sam Delp — Credential Holder Signature

1560 Broadway, Suite 1350, Denver, CO 80202 P 303.894.7800 F 303.894.7693 dpo.colorado.gov

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.drugwholesalers@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:

DRY EYE RESCUE LLC
1200 S ROGERS CIR STE 14
BOCA RATON, FL 33487-5703

Email on file to be used for receiving all notices from this office:

connor@dryeyerescue.com

1139234

STATE OF CONNECTICUT ✦ DEPARTMENT OF CONSUMER PROTECTION

Be it known that

DRY EYE RESCUE LLC

1200 S ROGERS CIR STE 14
BOCA RATON, FL 33487-5703

has satisfied the qualifications required by law and is hereby issued a

WHOLESALER OF DRUGS, COSMETICS & MEDICAL DEVICES

Controlled Substances: No **Rx Legend Drugs: Yes** **Non Rx Legend Drugs: Yes** **Medical Devices: Yes**

Cosmetics: Yes **Medical Gases and Oxygen: No** **Durable Medical Equipment (DME): No**

Registration #: CSW.0005821
Effective Date: 01/12/2026
Expiration Date: 06/30/2026

verify online at www.elicense.ct.gov

Bryan T. Cafferelli, Commissioner

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently. Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

dbpr STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

2220339 ISSUED: 01/09/2026
Rx Drug Wholesale Distributor
DRY EYE RESCUE, LLC

Signature
LICENSED UNDER CHAPTER 499, FLORIDA STATUTES
EXPIRATION DATE: DECEMBER 31, 2027

Ron DeSantis, Governor

Melanie S. Griffin, Secretary

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER: 2220339 **EXPIRATION DATE: DECEMBER 31, 2027**

THE Prescription Drug Wholesale Distributor HEREIN HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 499, FLORIDA STATUTES

DRY EYE RESCUE, LLC
1200 SOUTH ROGERS CIRCLE
SUITE 14
BOCA RATON FL 33487

ISSUED: 01/09/2026

Always verify licenses online at MyFloridaLicense.com
Do not alter this document in any form.
This is your license. It is unlawful for anyone other than the licensee to use this document.

MISSISSIPPI

Board of Pharmacy

Permit #
19237 / 16.5a

Drug Facility

Wholesale Distributor (Non-Resident)

Dry Eye Rescue
DBA Vision Rescue
1200 S. Rogers Circle
Suite 16
Boca Raton, FL 33487

Permit Holder:
Connor R Villas

This permit is not transferable or assignable.

Issued: 01/14/2026
Renewed: 01/14/2026
Expires: 12/31/2026

Susa McCoy
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

Dry Eye Rescue, LLC.
1200 S. Rogers Circle, Suite 16,
Boca Raton, FL 33487

THIS IS TO CERTIFY THAT

Dry Eye Rescue, LLC.

is licensed by the New Mexico Board of Pharmacy
in accordance with provisions of laws in the State of New Mexico

License Number	License Type
WD20220481	Wholesale Drug Distributor

Expiration Date
12/31/2027

ORIGINAL ISSUE DATE: 01/16/2026

The bearer is prohibited by law from using this consolidated card to give the impression that they are in any way connected with a governmental agency

before posting license, fold here and remove upper portion

License is hereby granted to operate a ***Wholesale Drug Distributor*** in accordance with provisions under chapter 61-11-14, 26, 30 NMSA 1978 Comp., Laws of New Mexico at the address and for the period shown hereon.

License Number: **WD20220481**

Original Issue Date: **01/16/2026**
Expiration Date: **12/31/2027**

Dry Eye Rescue, LLC.

1200 S. Rogers Circle, Suite 16
Boca Raton, FL 33487

William Lord **CHAIRMAN**

NON-TRANSFERABLE

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.

Dry Eye Rescue, LLC.

Dry Eye Rescue

1200 S Rogers Cir Ste 16

Boca Raton, FL 33487-5703

License Number: 0130000838

License Type: Wholesaler - Category 2

Sub-Category: FS – Full Service (Nonresident)

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
Connor Villas	

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

State of West Virginia

Board of Pharmacy

Wholesale Drug Distributor Permit

July 1, 2024 - June 30, 2026 Date Issued: 1/5/2026

Dry Eye Rescue, LLC
Dry Eye Rescue

1200 S. Rogers Circle
Suite 16
Boca Raton, FL 33487

LICENSE # WD0560798

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 523000X

Application/License No. _____

DRY EYE RESCUE, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1200 S Rogers Circle, Suite 16, Boca Raton FL 33487 (Address of Applicant/Principal), as PRINCIPAL, and Westfield Insurance Company (Surety Company), a corporation organized under the laws of the state of Ohio (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Park Circle, Westfield Center OH 44251 (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 01/28/2026 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this **28th** day of **January**, 20**26**.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Joshua Kayser, Attorney-in-fact
print name

WESTFIELD NATIONAL INSURANCE CO. SEAL

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A Retaliatory
Nevada Resident Agent

THIS POWER OF ATTORNEY SUPERCEDES ANY PREVIOUS POWER BEARING THIS SAME POWER # AND ISSUED PRIOR TO 08/21/25, FOR ANY PERSON OR PERSONS NAMED BELOW.

POWER NO. 2400012 01

General Power of Attorney

CERTIFIED COPY

Westfield Insurance Co.
Westfield National Insurance Co.
Ohio Farmers Insurance Co.

Westfield Center, Ohio

Know All Men by These Presents, That WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, corporations, hereinafter referred to individually as a "Company" and collectively as "Companies," duly organized and existing under the laws of the State of Ohio, and having its principal office in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint
MATTHEW BOCKLAGE, BRAD BULLERDIECK, SEDA GULER, BERNARDO C. SCORZA GASPAR, ROBERT J. WOLF, BLAKE OLIVER, MARK KARR, JOSHUA KAYSER, LIAM COLEMAN, JOINTLY OR SEVERALLY

of COLUMBIA and State of MOits 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, recognizances, undertakings, consents of surety, or other instruments or contracts of suretyship in any penal limit, and to bind any of the Companies thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the applicable Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of each of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY:

"Be It Resolved, that the President, any Senior Executive, any Secretary or any Fidelity & Surety Operations Executive or other Executive 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:

The 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 of 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 as binding upon the Company as if signed by the President and sealed and attested by the Corporate Secretary."

"Be it Further Resolved, that the signature of any such designated person and the 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 signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." (Each adopted at a meeting held on February 8, 2000).

In Witness Whereof, WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY have caused these presents to be signed by their Vice President, Surety and their corporate seals to be hereto affixed this 21st day of AUGUST A.D., 2025

Corporate Seals Affixed

WESTFIELD INSURANCE COMPANY
WESTFIELD NATIONAL INSURANCE COMPANY
OHIO FARMERS INSURANCE COMPANY

By: Gary W. Stumper, Vice President, Surety

State of Ohio
County of Medina ss:

On this 21st day of AUGUST A.D., 2025, before me personally came Gary W. Stumper to me known, who, being by me duly sworn, did depose and say, that he resides in Medina, OH; that he is Vice President, Surety of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, the companies described in and which executed the above instrument; that he knows the seals of said Companies; that the seals affixed to said instrument are such corporate seals; that they were so affixed by order of the Boards of Directors of said Companies, and that he signed his name thereto by like order.

Notarial Seal Affixed

David A. Kotnik, Attorney at Law, Notary Public
My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

State of Ohio
County of Medina ss:

I, Kathleen Golovan, Chief Administrative Officer & Corporate Secretary of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; and furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Westfield Center, Ohio, this **28th** day of **January** A.D., **2026**

Kathleen Golovan, Chief Administrative Officer & Corporate Secretary

BPOAC2 (combined) (07-25)

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 Dry Eye Rescue, LLC.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 1200 S. Rogers Circle, Ste 14

City Boca Raton State FL Zip 33487

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 704-421-1636 Website www.dryeyerescue.com

Licensing Company Email Connor@dryeyerescue.com

Section 2: Personal Information

First Connor Middle R Last Vilas

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 1200 S. Rogers Circle, Ste 14

City Boca Raton State FL Zip 33487

Telephone 704-421-1636 Email Connor@dryeyerescue.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 3: Use 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
Lincoln Memorial University, School of Law	601 W. Summit Hill Drive	Knoxville	TN	37902		Doctor of Jurisprudence (J.D.)
University of Tennessee	1331 Circle Park Drive	Knoxville	TN	37996	08/2012 - 05/2016	Bachelor of Arts in Communication Studies (B.A.)
University of Tennessee	1331 Circle Park Drive	Knoxville	TN	37996	08/2012 - 05/2016	Bachelor of Arts in Political Science (B.A.)
Sun Valley High School	5211 Old Charlotte Hwy	Monroe	NC	28110	08/2008 - 05/2012	High School Diploma
—	—	—	—	—	—	—

Section 4: List all residences you have had for the last 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
01/2026 - Pre	[redacted]	Delray Beach	FL	[redacted]
12/2022 - 01/2		Knoxville	TN	
05/2021 - 12/20		Clayton	NC	
10/2019 - 05/20		Raleigh	NC	
08/2017 - 10/20		Knoxville	TN	
05/2012 - 08/20		Charlotte	NC	
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—

Section 7) A designated representative must provide proof that he or she has been employed for at least 6,000 hours in manufacturing (NAC 639.5005) or wholesaling (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 relevant to the above.

Business Name			From - To (MM/YY – MM/YY)
Dry Eye Rescue			05/2024 - Present
Business Address: 1200 S Rogers Circle, Ste 16	City: Boca Raton	State: FL	Zip: 33487
Phone: 561-330-5448	Title: Exec Dir of Business & Legal Aff.	Number of Employed Hours: 3,700	
Description of Duties: Legal compliance, Certified Designated Representative, DCSA Reporting, Sourcing, M&A			

Business Name			From - To (MM/YY – MM/YY)
Stag Medical & Ophthalmic Supply			5/5/2019 – 5/1/2024
Business Address: 6325 Falls of Neuse Rd	City: Raleigh	State: NC	Zip: 27609
Phone: 919-322-8490	Title: Director of Operations	Number of Employed Hours: 10,200	
Description of Duties: Sourcing, FDA Reporting, Inventory Mangement, Customer Service & Vendor Negotiations			

Business Name			From - To (MM/YY – MM/YY)
—			—
Business Address: —	City: —	State: —	Zip: —
Phone: —	Title: —	Number of Employed Hours: —	
Description of Duties: —			

Business Name			From - To (MM/YY – MM/YY)
—			—
Business Address: —	City: —	State: —	Zip: —
Phone: —	Title: —	Number of Employed Hours: —	
Description 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 6: Arrests, Convictions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to 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)

02-25-26
Date

I, Connor Villas, **certify that as the designated representative for** Dry Eye Rescue LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CRV I am at least 21 years of age;
3. CRV 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. CRV I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CRV I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CRV 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. CRV I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

CONNOR, VILLAS
Print Name (First, Last)

Connor Villas
Original Signature (electronic, copies or stamps not accepted)

02/25/2026
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.

CONNOR, VILLAS

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02-25-2026

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach

I, connor villas, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/25/26

Date

Subscribed and Sworn to before me this 25 day of February 2026

Notary Public Signature

JOSEFINA BORN
NOTARY PUBLIC
MY COMMISSION EXPIRES 7-25-2026
STATE OF FLORIDA
COMMISSION NUMBER HH 244751

[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 I: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site DIY EYE RESUE LLC

Pharmacy/MDEG/Wholesaler/Dispersing Practitioner License # (if applicable) _____

Physical Address 1200 S ROGERS CIRCLE SUITE 14

City BOCA RATON State FL Zip 33487

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 704-421-1036 Website www.diyeyeresue.com

Licensing Company Email connor@diyeyeresue.com

Section II: Personal Information

First AARON Middle J Last EVANS

Alias(es, nicknames, name changes, etc.) —

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City BOCA RATON State FL Zip 33487

Telephone [redacted] Email AARON@DIYEYERESUE.COM

Are you a citizen of the United States? ☒ Yes ☐ No

Section III: Military Service (NRS 622.320)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		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 IV: Delinquent Support Requirement (NRS 425.520, NRS 630.120)	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 B: List 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)	
J.M. Tate High School		1995-1999	
Address: 1771 Tate Rd	City: Cantonment	State: FL	Zip: 32533
Diploma/Degree obtained, if any: High School diploma			

School Name		From - To (MM/YY – MM/YY)	
Florida State University		1999-2003	
Address: 222 S Copeland St	City: Tallahassee	State: FL	Zip: 32304
Diploma/Degree obtained, if any: Bachelors			

School Name		From - To (MM/YY – MM/YY)	
Nova Southeastern University		2004-2008	
Address: 3300 S University Dr	City: Fort Lauderdale	State: FL	Zip: 33328
Diploma/Degree obtained, if any: Optometry 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 C: List all residences you have had for the last 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
10/12-9/19	[redacted]	Boca Raton	FL	[redacted]
10/19-Pres	[redacted]	Boca Raton	FL	

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business [illegible] 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)
Visual Eyes II, LLC			2009 - present
Business Address	**City**	**State**	**Zip**
333 Plaza Real	Bola Raton	FL	33432
Phone	**Title**		
954-591-1337	CEO		
Description of Duties			
Strategy & vision, operations & leadership & financial performance.			

Business Name			From - To (MM/YY – MM/YY)
Aaron J Evans OD PA			2009 - present
Business Address	**City**	**State**	**Zip**
1200 S Rogers Circle #16	Bola Raton	FL	33487
Phone	**Title**		
954-591-1337	CEO		
Description of Duties			
Strategy, vision, operations, leadership & financial performance.			

Business Name			From - To (MM/YY – MM/YY)
Dry Eye Rescue LLC			2019 - present.
Business Address	**City**	**State**	**Zip**
1200 S Rogers Circle #16	Bola Raton	FL	33487
Phone	**Title**		
954-591-1337	CEO		
Description of Duties			
Strategy, vision, operations, leadership & financial performance.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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.

1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to 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:

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.

AARON EVANS

Print Name (First, Last)

Aaron Evans — 2/26/26

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 Palm Beach

I, AARON EVANS, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Aaron Evans. — 2/26/26

Original Signature — **Date**

Subscribed and Sworn to before me this 26 day of February 26

Josefina Born

Notary Public Signature

JOSEFINA BORN
NOTARY PUBLIC
MY COMMISSION EXPIRES 7-25-2028
STATE OF FLORIDA
COMMISSION NUMBER HH 284781

(Seal)

DRY EYE RESCUE, LLC - EMPLOYEES		
Name	**Title**	**Team**
Aaron J. Evans, OD	Chief Executive Officer	Executive
Josefina Bom	Office Manager	Administration
Connor Villas	Exec Director of Business & Legal Affairs	RX
Dennis Evans	Director of Provider Relations	Customer Relations
Ryan Grant	National Sales Manager	Customer Relations
Monique Mickiewicz	Client Success Manager	Customer Relations
Maddison Schulte	Client Success Specialist	Customer Relations
Kelly Klein	Customer Support	Customer Relations
Lisa Gourdet	Customer Support	Customer Relations
Oscar Diaz	Chief Technology Officer	Information Technology
Thiago Pinhero	Director of Marketing	Marketing
Katherine Garcia	Marketing Manager	Marketing
Dago Lopez	Technical Operations Manager	Marketing
Jonathan Mora	Senior Graphic Designer	Marketing
Joseph Darroux	Production Manager	Marketing
Juan Vegara	Media Producer	Marketing
Colton Johnson	Fulfillment Manager	Fulfillment
William Mubiru	Fulfillment Specialist	Fulfillment
Sandra Carrera	Fulfillment Specialist	Fulfillment
Craig Leverone	Fulfillment Specialist	Fulfillment
Cameron Grant	Fulfillment Specialist	Fulfillment

Detail by Entity Name

Florida Limited Liability Company
DRY EYE RESCUE, LLC

Filing Information

Document Number	L19000297822
FEI/EIN Number	84-4019037
Date Filed	12/05/2019
Effective Date	12/01/2019
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	10/14/2020

Principal Address

1200 S. Rogers Circle
Suite 16
BOCA RATON, FL 33487

Changed: 03/13/2021

Mailing Address

1200 S. Rogers Circle
Suite 16
BOCA RATON, FL 33487

Changed: 03/13/2021

Registered Agent Name & Address

EVANS, AARON J
1200 S. Rogers Circle
Suite 16
BOCA RATON, FL 33487

Name Changed: 10/14/2020

Address Changed: 03/13/2021

Authorized Person(s) Detail

Name & Address

Title MGR

EVANS, AARON J
5640 RICO DRIVE
BOCA RATON, FL 33487

Annual Reports

Report Year	Filed Date
2023	04/10/2023
2024	02/28/2024
2025	01/17/2025

Document Images

01/17/2025 – ANNUAL REPORT	View image in PDF format
02/28/2024 – ANNUAL REPORT	View image in PDF format
04/10/2023 – ANNUAL REPORT	View image in PDF format
04/27/2022 – ANNUAL REPORT	View image in PDF format
05/13/2021 – ANNUAL REPORT	View image in PDF format
10/14/2020 – REINSTATEMENT	View image in PDF format
12/05/2019 – Florida Limited Liability	

Electronic Articles of Organization For Florida Limited Liability Company

L19000297822
FILED 8:00 AM
December 05, 2019
Sec. Of State
crico

Article I

The name of the Limited Liability Company is:

DRY EYE RESCUE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

6413 CONGRESS AVE
SUITE 130
BOCA RATON, FL. US 33487

The mailing address of the Limited Liability Company is:

6413 CONGRESS AVE
SUITE 130
BOCA RATON, FL. US 33487

Article III

The name and Florida street address of the registered agent is:

AARON J EVANS
6413 CONGRESS AVE
SUITE 130
BOCA RATON, FL. 33487

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: AARON J. EVANS

Article IV

L19000297822
FILED 8:00 AM
December 05, 2019
Sec. Of State
crico

The name and address of person(s) authorized to manage LLC:

Title: MGR
AARON J EVANS
5640 RICO DRIVE
BOCA RATON, FL. 33487

Article V

The effective date for this Limited Liability Company shall be:

12/01/2019

Signature of member or an authorized representative

Electronic Signature: AARON J EVANS

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.

DRY EYE RESCUE, LLC.

NEVADA DRUG DISTRIBUTOR APPLICATION

SUPPORTING DOCUMENTATION:

COPY OF FDA ANNUAL REPORT REGISTRATION

/ WDD Home (index.cfm)

Wholesale Distributor and Third-Party Logistics Providers Reporting

About this Database (https://www.fda.gov/Drugs/DrugSafety/DrugIntegrityandSupplyChainSecurity/DrugSupplyChainSecurityAct/ucm423749.htm) | Back to Search Page (index.cfm)

Search Results for: "dry eye"

Show 10 rows CSV

Filter:

Facility Name	Facility Type	License Number	License State	License Expire	Reporting Year	Address	Facility Contact Name	Facility Contact Email
Dry Eye Rescue LLC DBA: **Dry Eye Rescue; Vision Rescue**	WDD	CSW.0005821	US-CT	06/26/2026	2026	1200 S. Rogers Circle Boca Raton FL	Connor Villas	connor@dryeyerescue.com
Dry Eye Rescue LLC DBA: **Dry Eye Rescue; Vision Rescue**	WDD	2220339	US-FL	12/31/2027	2026	1200 S. Rogers Circle Boca Raton FL	Connor Villas	connor@dryeyerescue.com
Dry Eye Rescue LLC DBA: **Dry Eye Rescue; Vision Rescue**	WDD	19237	US-MS	12/31/2026	2026	1200 S. Rogers Circle Boca Raton FL	Connor Villas	connor@dryeyerescue.com
Dry Eye Rescue LLC DBA: **Dry Eye Rescue; Vision Rescue**	WDD	WD20220481	US-NM	12/31/2027	2026	1200 S. Rogers Circle Boca Raton FL	Connor Villas	connor@dryeyerescue.com
Dry Eye Rescue LLC DBA: **Dry Eye Rescue; Vision Rescue**	WDD	130000838	US-OH	06/30/2027	2026	1200 S. Rogers Circle Boca Raton FL	Connor Villas	connor@dryeyerescue.com
Dry Eye Rescue LLC DBA: **Dry Eye Rescue; Vision Rescue**	WDD	WD0560798	US-WV	06/30/2026	2026	1200 S. Rogers Circle Boca Raton FL	Connor Villas	connor@dryeyerescue.com

DRY EYE RESCUE, LLC.

NEVADA DRUG DISTRIBUTOR APPLICATION

SUPPORTING DOCUMENTATION:

FEDERAL BACKGROUND CHECKS FOR OWNER & DESIGNATED REPRESENTATIVE

UNIVERSAL BACKGROUND
7720 N. 16th Street, Suite 450, Phoenix, AZ 85020
1-877-263-8033 | www.universalbackground.com

Report Requested By:
Visual Eyes

Consumer Report - Order # 43942204

Name:	Aaron James Evans	SSN:	***-**-0739
Address:	5640 Rico Drive Boca Raton, FL 33487	DOB:	09/05/****
		Phone:	(954)591-1337
		Email:	ajevans87@gmail.com

Summary for Aaron James Evans

Search Type	Details	Status
Social Security Address/Alias Trace		See Details
USA CriminalSearch and USA Offender		No Record
OFAC Specially Designated Nationals		No Record
County Criminal Court Search	PALM BEACH, FL	No Record
County Criminal Court Search	MIAMI-DADE, FL	No Record

Report Detail for Aaron James Evans

Social Security Address/Alias Trace #128083222

Date Ordered	01/08/2026	Date Completed	01/08/2026
Validation	This is a valid Social Security Number. Issued in Florida between 1991 and 1992. (This is a valid Social Security Number. Issued in Florida between 1991 and 1992.)		
Status	No Discrepancy Detected		

The SSN is associated with the name provided.

The information contained in the Social Security Number Address/Alias Trace is a research tool and is not considered a consumer report or investigative consumer report. While the trace is useful to establish an association between the name and SSN provided, it does not provide a definitive match or verification. It should not be used as a factor for taking any adverse action against this individual.

USA CriminalSearch and USA Offender #128083224

Date Ordered	01/08/2026	Date Completed	01/08/2026
Status	No Record Found		

> USA OffenderSearch

* Criminal records researched include delayed and historical archive databases which can affect availability in some jurisdictions.

> USA CriminalSearch

* Criminal records researched include delayed and historical archive databases which can affect availability in some jurisdictions.

OFAC Specially Designated Nationals #128083225

Date Ordered	01/08/2026	**Date Completed**	01/08/2026
Status	No Record Found		

No results were found for Evans, Aaron in the OFAC database.

County Criminal Court Search **#128083226**

Date Ordered	01/08/2026	**Date Completed**	01/08/2026
Status	No Record Found		
Jurisdiction/Location	PALM BEACH, FL		
Scope of Search	Records were searched for a minimum of 7 years		

County Criminal Court Search **#128083227**

Date Ordered	01/08/2026	**Date Completed**	01/08/2026
Status	No Record Found		
Jurisdiction/Location	MIAMI-DADE, FL		
Scope of Search	Records were searched for a minimum of 7 years		

This information is a consumer report or investigative consumer report as defined by the federal Fair Credit Reporting Act (FCRA)and applicable state laws. This report does not guarantee the accuracy or truthfulness of the information, but only that it is accurately copied from public records. The end user of this report agrees to comply with the Fair Credit Reporting Act (FCRA), and all other federal, state and local laws governing the confidentiality and dissemination of this information. If any adverse action may be taken based in whole or in part on this consumer report, the end-user is obligated to follow the adverse action procedures as outlined in the FCRA and applicable state and local laws. AZ DPS License #1001268

Para informacion en espanol, visite www.consumerfinance.gov/learnmore (http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore** (http://www.consumerfinance.gov/learnmore) **or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

  In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore (http://www.consumerfinance.gov/learnmore) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore (http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore (http://www.consumerfinance.gov/learnmore).

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address form the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.

- The following FCRA right applies with respect to nationwide consumer reporting agencies.

  CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

  You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

  As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

  A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore (http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Assistant General Counsel for Office of Aviation Consumer Protection Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Division Regional Office
6. Small Business Investment Companies	Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416

	100 F St NE Washington, DC 20549
8. Institutions that are members of the Farm Credit System	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357

2/2023

UNIVERSAL
BACKGROUND

7720 N. 16th Street, Suite 450, Phoenix, AZ 85020
1-877-263-8033 | www.universalbackground.com

Report Requested By:
Visual Eyes

Consumer Report - Order # 43729120

Name:	Connor Ross Villas	**SSN:**	***-**-0250
Address:	7920 Oak Ridge Hwy Knoxville, TN 37931	**DOB:**	05/10/****
		Phone:	(704)421-1636
		Email:	

Summary for Connor Ross Villas

Search Type	Details	Status
Social Security Address/Alias Trace		See Details
USA CriminalSearch and USA Offender		No Record
OFAC Specially Designated Nationals		No Record
County Criminal Court Search	KNOX, TN	No Record
County Criminal Court Search	JOHNSTON, NC	No Record
County Criminal Court Search	WAKE, NC	No Record
County Criminal Court Search	MECKLENBURG, NC	No Record
County Criminal Court Search	JEFFERSON, AL	No Record
County Criminal Court Search	BERKELEY, SC	No Record

Report Detail for Connor Ross Villas

Social Security Address/Alias Trace #127525536

Date Ordered	12/15/2025	**Date Completed**	12/15/2025
Validation	This is a Valid Social Security Number. (This is a Valid Social Security Number Issued in North Carolina between 1994 and 1995.)		
Status	No Discrepancy Detected		

The SSN is associated with the name provided

The information contained in the Social Security Number Address/Alias Trace is a research tool and is not considered a consumer report or investigative consumer report. While the trace is useful to establish an association between the name and SSN provided, it does not provide a definitive match or verification. It should not be used as a factor for taking any adverse action against this individual.

USA CriminalSearch and USA Offender #127525538

Date Ordered	12/15/2025	**Date Completed**	12/22/2025
Status	No Record Found		

› USA CriminalSearch

* Criminal records researched include delayed and historical archive databases which can affect availability in some jurisdictions.

› USA OffenderSearch

* Criminal records researched include delayed and historical archive databases which can affect availability in some jurisdictions.

OFAC Specially Designated Nationals #127525539

Date Ordered	12/15/2025	**Date Completed**	12/15/2025
Status	No Record Found		

No results were found for Villas, Connor in the OFAC database.

County Criminal Court Search #127525553

Date Ordered	12/15/2025	**Date Completed**	12/22/2025
Status	No Record Found		
Jurisdiction/Location	KNOX, TN		
Scope of Search	Records were searched for a minimum of 7 years		

County Criminal Court Search #127525554

Date Ordered	12/15/2025	**Date Completed**	12/15/2025
Status	No Record Found		
Jurisdiction/Location	JOHNSTON, NC		
Scope of Search	Records were searched for a minimum of 7 years		

County Criminal Court Search #127525555

Date Ordered	12/15/2025	**Date Completed**	12/15/2025
Status	No Record Found		
Jurisdiction/Location	WAKE, NC		
Scope of Search	Records were searched for a minimum of 7 years		

County Criminal Court Search #127525556

Date Ordered	12/15/2025	**Date Completed**	12/15/2025
Status	No Record Found		
Jurisdiction/Location	MECKLENBURG, NC		
Scope of Search	Records were searched for a minimum of 7 years		

County Criminal Court Search #127525557

Date Ordered	12/15/2025	**Date Completed**	12/15/2025
Status	No Record Found		
Jurisdiction/Location	JEFFERSON, AL		
Scope of Search	Records were searched for a minimum of 7 years		

County Criminal Court Search #127525558

Date Ordered	12/15/2025	**Date Completed**	12/15/2025
Status	No Record Found		
Jurisdiction/Location	BERKELEY, SC		
Scope of Search	Records were searched for a minimum of 7 years		

Reporting Act (FCRA)and applicable state laws. This report does not guarantee the accuracy or truthfulness of the information, but only that it is accurately copied from public records. The end user of this report agrees to comply with the Fair Credit Reporting Act (FCRA), and all other federal, state and local laws governing the confidentiality and dissemination of this information. If any adverse action may be taken based in whole or in part on this consumer report, the end-user is obligated to follow the adverse action procedures as outlined in the FCRA and applicable state and local laws. AZ DPS License #1001268

Para información en español, visite www.consumerfinance.gov/learnmore (http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore** (http://www.consumerfinance.gov/learnmore) **or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

  In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore (http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore (http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore (http://www.consumerfinance.gov/learnmore).

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address form the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore (http://www.consumerfinance.gov/learnmore)

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Assistant General Counsel for Office of Aviation Consumer Protection Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Division Regional Office
6. Small Business Investment Companies	Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Institutions that are members of the Farm Credit System	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090

DRY EYE RESCUE, LLC.

NEVADA DRUG DISTRIBUTOR APPLICATION

SUPPORTING DOCUMENTATION:

COPY OF LASTEST REGULATORY STATE INSPECTION

2601 Blair Stone Road
Tallahassee, Florida 32399-1047
(850) 717-1800
www.myfloridalicense.com

ENTRY NOTICE AND ON-SITE INSPECTION REPORT

DBA Name:		Form Date:	Dec 17, 2025 11:06 - Dec 18, 2025 11:05
Full Legal Name:	DRY EYE RESCUE, LLC	Permit Number:	Rank:
Inspection Reason:	New Bus -X	Telephone Number:	704-421-1636
Address:	1200 SOUTH ROGERS CIRCLE, SUITE 14 BOCA RATON FL 33487	Inspection Visit ID:	13578125
File Number:	3409		
Permit Type:	3322		

INSPECTION RESULT Completed

Inspection Authority 499.051 F.S., 61N-1.019, F.A.C. (03/10/2017)

Person Receiving Report/Title Connor Villas, CDR

Facility Hours 61N-1.015(2)(c), F.A.C.

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open	8:00am	8:00am	8:00am	8:00am	8:00am	8:00am	Closed
Close	5:00pm	5:00pm	5:00pm	5:00pm	5:00pm	12 Noon	Closed

FACILITY/STORAGE [(Rx drug establishments) FS 499.01(2) and 499.0121(1)(b),(d),(e)]

1. Is the establishment a residence? [F.S. 499.012(1)(b)]	No	
2. Lighting adequate? [(OTC drug manufacturers) FS 499.01(2)(n)3 and 21 CFR 211.44] [(Cosmetic manufacturers) 61N-1.010(2)(e), F.A.C.]	Yes	
3. Pest Free? [(OTC drug manufacturers) FS 499.01(2)(n)3 and 21 CFR 211.56] [(Cosmetic manufacturers) 61N-1.010(2)(b), F.A.C.]	Yes	On A Mission Pest Solutions
4. Clean and orderly? [(OTC drug manufacturers) 61N-1.014(4), F.A.C.] [(Cosmetic manufacturers) 61N-1.010(2)(a), F.A.C.]	Yes	

RECORD KEEPING [F.S. 499.0121(6)] [61N-1.012 F.A.C.]

5. All records computer based?	Yes	
6. Location of hard copy?		On-site
7. All records manual?	No	Electronic as per Villas, See notes.
8. On-site storage?	Yes	
9. Shares facility?	No	
10. If yes to #9, separate records?	N/E	

PRESCRIPTION DRUG ESTABLISHMENT

11. Is the name identical to another person authorized to purchase legend drugs? [F.S. 499.012(1)(c)] [61N-1.015(2)(b), F.A.C.]	No	
12. Is the person a broker only as defined under [61N-1.001(2)(d), F.A.C.]?	No	

SECURITY [(Rx drug establishments) FS 499.0121(2)(a), (b) and 499.0121(10)(b) or 61N-1.013(1), F.A.C.]

13. Access restricted? [(OTC drug manufacturers) FS 499.01(2)(n)3 and 21 CFR 211.28(c)] [(Cosmetic manufacturers) 61N-1.010(4)(f), F.A.C.]	Yes	See Security tab in notes.
14. Drug facility alarmed?	Yes	

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15. Telephone monitoring?	Yes	
16. Controlled substance cage (CIII-CV)? [21 CFR 1301.72]	N/E	No DEA Lic.
17. Controlled Substance CII vault? [21 CFR 1301.72]	N/E	No DEA Lic.

STORAGE [(Rx drug establishments) FS 499.0121(3)(5) or 61N-1.013(3)(4), F.A.C.] [(OTC drug manufacturers) 61N-1.014, F.A.C., and/or FS 499.01(2)(n)3 and 21 CFR 211.46] [(Cosmetic manufacturers) 61N-1.010(2), F.A.C.]

18. Quarantine area?	Yes	Photograph in department shared drive.
19. Air conditioner?	Yes	
20. Method of monitoring?		Data loggers. see notes
21. Refrigeration present?	Yes	
22. Handles drugs or cosmetics requiring refrigeration?		Yes
23. Method of monitoring refrigeration?		Data loggers. See notes
24. Freezer present?	No	
25. Handles drugs or cosmetics requiring freezing?	No	
26. Method of monitoring freezing temperatures?		N/A

WRITTEN POLICIES AND PROCEDURES [(Rx drug establishments and OTC manufacturers) FS 499.0121(6)(8)(10), 499.01(2) and/or 21 CFR Part 211] [(Cosmetic manufactures) 61N-1.010, F.A.C.]

27. Exist?	Yes	
28. Rx drug annual examination? [F.S. 499.0121(5)(a)2]	Yes	Vilias states bi-weekly and digitally in real time.
29. Drug FIFO inventory?	Yes	
30. Recalls/emergencies?	Yes	
31. Natural disasters for Rx drug establishments?	Yes	
32. Receipt and distribution business records?	Yes	
33. Transaction Information, History and Statement (T3) for Rx drug products?	Yes	

INBOUND PRESCRIPTION DRUG BUSINESS RECORDS (Purchases and/or Receipts) [FS 499.0121(6)(b)] [61N-1.012(1)(a),(2)(a), F.A.C.]

34. What are firm's all-inclusive inbound business records that it receives from its Rx drug source(s) per firm for this establishment?	Invoice, packing slip

OUTBOUND PRESCRIPTION DRUG BUSINESS RECORDS (Sales or Otherwise) [FS 499.0121(6)(b)] [61N-1.012(1)(a),(2)(a), F.A.C.]

35. What are firm's all-inclusive typical outbound business records (e.g., sales invoice, packing list, etc.) that it provides to the purchaser and recipient for each Rx drug distribution from this establishment according to firm?		Invoice, packing slip
36a. Did firm provide its all-inclusive outbound business records for one (1) of its typical Rx drug distribution?	No	New business
36b. If yes to 36a, what is the tracking number (e.g., sales invoice or order number, etc.) and distribution date for this provided distribution document?		N/a
37. Of the document(s) provided in 36a, which document contains the minimum required recordkeeping business elements according to firm?		N/a

38. For the document type referenced in 37 regarding this establishment's outbound Rx drug distributions:

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38a. Did firm mark "A" next to the field that lists the seller's name and address?	N/E	New business
38b. Did firm mark "B" next to the field that lists the seller's Florida permit number?	N/E	New business
38c. Did firm mark "C" next to the field that lists the shipper's name and address when different from the seller?	N/E	New business
38d. Did firm mark "D" next to the field that lists the distribution date?	N/E	New business
38e. Did firm mark "E" next to the field that lists the name, strength, dosage form, quantity, and (when assigned) the National Drug Code (NDC) of the Rx drug?	N/E	New business
38f. Did firm mark "F" next to the field that lists the financial data?	N/E	New Business
38g. Did firm mark "G" next to the field that lists the purchaser's name, address, and Florida permit number?	N/E	New business
38h. Did firm mark "H" next to the field that lists the physical recipient's name, address and permit or license number, when the recipient is different from the purchaser?	N/E	New business

N/E = Not Evaluated

Inspection Notes

Inspection
Notes

Dry Eye Rescue,
LLC

1200 S. Rogers Circle, Suite
14

Boca Raton, Florida
33487

Phone:
704-421-1636

connor@dryeyerescue.com

License Type:
3322

File Number:
3409

FEIN:
84-4019037

This inspection report is due to an application submitted to DBPR-DDC by Dry Eye Rescue, LLC to obtain a 3322 permit (Prescription Drug Wholesale Distributor Permit). Dry Eye Rescue, LLC is located 1200 S. Rogers Circle, Suite 14, Boca Raton,

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Tallahassee, Florida 32399-1047
(850) 717-1800
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Florida 33487 and is a new business.

Inspector Anthony Raineri entered the facility located at the address above at approximately 9:50am on 12/18 2025. The Inspector was met by Connor Villas, CDR and Josefina Born, Compliance Specialist. Inspector Raineri presented his credentials and Bill of Rights upon entering the facility to both members of Dry Eye Rescue, LLC. While touring the facility Katherine Garcia, Marketing/Inv. Specialist joined the team to answer questions.

For the purpose of this report, Inspector Anthony Raineri will be referred to as Inspector, Connor Villas, CDR of Dry Eye Rescue, LLC will be referred to as Villas, Aaron Evans, CEO of Dry Eye Rescue, LLC will be referred to as Evans, DBPR will be referred to as the Department or DBPR, and Dry Eye Rescue, LLC will be referred to as the Firm.

Corporate Structure:

_Aaron J. Evans- CEO/Registered Agent

Firms Owners:

_Aaron J. Evans (100%)

Operating Divisions of Dry Eye Rescue, LLC include:

_Dry Eye Rescue

_Dry Eye Rescue Pro

_Vision Rescue

_Vision Rescue Pro

Key Employees and Titles.

_Aaron J. Evans-CEO * (Key Personnel)

_Connor Villas- CDR * (Key

Personnel)

_Josefina Born-Compliance Specialist

_Dennis Evans- Director of Provider Relations

_Oscar Diaz- Chief Technology Officer

_Thiago Pinhero- Marketing Director

_Ryan Grant- National Sales Manager

_Colton Johnson- Fulfillment Manager

_Katherine Garcia- Marketing Manager

_Joseph Darroux- Production Manager

_Jonothan Mora- Senior Designer

_Monique Mickiewicz- Client Success Manager

(24 F/T employees and 3 P/T employees)

CDR: Connor Ross Villas, DBPR License Number 8812868, Issued 9/26/2025. (Key Personnel)

Operation: According to Villas, the Firm is currently operating but it is only distributing OTC products. Villas states that the Firm is waiting to receive its DBPR 3322 Permit to begin operating as a Prescription Drug Wholesale Distributor.

Business Model: The Firm will operate as a pharmaceutical wholesale distributor serving eye care professionals and institutions. Their business model focuses on providing FDA-approved prescription ophthalmic pharmaceuticals and related prescription products to licensed eye care providers including optometrists, ophthalmologists, and qualified institutional purchasers.

DEA: The Firm is not registered with the DEA.

Controlled Substances: The Firm does not plan to distribute controlled substances and is not registered with the DEA.

FDA: waiting FDA registration completion

Business Hours: Monday – Friday 8:00am – 5:00pm, Saturday 8:00am-12Noon, (Closed Sunday).

Chapter 499/61N: The Firm has a copy of Chapter 499/61N

Off-site locations: Villas states the Firm does not have any off-site locations for storage, warehousing, and distribution.

Facility: The Firms facility is leased. The facility is approximately 20,000 sq ft and consists of offices, warehouse, receiving area, shipping area, quarantine area, restrooms. Villas states that the Firm does not share this space with another business.

Lease: Villas provided the Inspector with a copy of the lease. The lease names Dry Eye Rescue, LLC as the Assignee for the business address listed above in this report. The lease is effective 5/1/2024.

Security: Access to prescription drugs are restricted. The Firm has a biometric fingerprint authentication system that requires authorized employees to use a fingerprint to gain access to all areas where prescription drugs are stored or distributed. The facility is equipped with motion detectors and multiple digital cameras. All exterior doors have deadbolts and strike plates to ensure secure entrance. Exterior and Interior lighting illuminates all areas of the building. The Firm is serviced by LV Security Associates Inc of Pompano Beach, Florida. In case of a security breach, Aaron Evans, CEO or Connor Villas, CDR will be notified. Contact phone numbers are listed below in the Emergency Contact tab.

Perimeter Lighting: Sufficient perimeter lighting is in place as described above in Security tab.

IT Security: In house IT technology officer backs up information and keeps secure.

Emergency Contact (after hours): Aaron Evans, (cell) 954-591-1337 and Connor Villas, (cell) 704-421-1636.

Restricted Access to Prescription Drugs: Only authorized employees are allowed access to areas where prescription drugs exist. A biometric fingerprint of the authorized individual is required to access these areas. Limited access is addressed above in the Security tab of the report.

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Personnel: The Firm verifies the identity of personnel and their eligibility and references before hire along with a level 2 background screening. The Firm ensures no disciplinary actions or convictions regarding healthcare, drugs, or fraud exists regarding personnel. All personnel is educated and trained for job specific positions and all documents are kept on file.

Pest Control: The Inspector was provided with an invoice verifying pest control services for the Firms listed address. The pest control company is, On A Mission Pest Solutions, 1261 Gondola Court, Boynton Beach, Florida 33426.

Records: Villas states records are electronic and stored on-site. Records will be held for at least 6 years. Records for prescription drugs will be maintained separately from OTC and retail operations within the company's electronic recordkeeping system.

Temperature/Humidity: The Firm is equipped with Elitech electronic data logging devices. These devices maintain continuous automated data logs. Temperature and Humidity readings are verified twice daily including the afternoon hours between 2-4pm. These devices are located in the main and storage areas along with the refrigerated storage area. Photographs of these devices exist in the Inspectors shared
drive.

Products: Villas provided the Inspector with a product list the Firm plans to distribute. The list mostly is comprised of Oral Antibiotics along with Ophthalmic Solutions, Ointment, and Injections. The Inspector did not note any controlled substances on the Firms listing of products.

Receiving/Storage: The Firm ensures all prescription drug products are verified and received only from authorized vetted trading partners. The prescription products are scanned at receiving capturing product information such as , NDC, Lot number, and Expiration date. After product is inspected/verified it is stored under conditions recommended by the manufacture or USP.

Distribution/Shipping: As orders are fulfilled, the Firm scans prescription drug products and the system (Cin7) generates the required transaction documentation (T1, TH, TS) for each outbound shipment. Product is then packed and shipped via Fed-Ex.

Common Carrier: The Firm plans to use Fed-Ex as its vendor to ship Prescription Drug products to its customers.

Customers: The Firms intended customers are; Optometrists, Ophthalmologists, Eye Care Providers, and Wholesale Distributors.

Vendors/Suppliers: Currently, the Firm does not have any suppliers of prescription drugs. They are waiting on their 3322 permit. The Inspector stated the due diligence process regarding vendors/suppliers and the Florida requirements regarding vendors/suppliers for prescription drug wholesale distributors. ?????? who do you plan to use ??? must be permitted with dbpr ????????

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Wholesale Distributor:
499.0121(15)(a)

_Does Firm have policies/procedures for credentialing physicians/pharmacies?
YES

_Records of Past Credentialing? New Business, but they will keep records on-file.

_Policies/procedures for identifying and preventing suspicious transactions?
YES

Due Diligence of Suppliers: The Firms vetting procedures as written in the SOP
_Firm verifies FDA registration.
_Firm verifies state licenses.
_Firm obtains Reference and History Checks such as FDA warnings or State Disciplinary actions or Compliance issues.
_Firm ensures the Supplier can provide complete T3 documents and documentation.
_Firm has a designated representative for on going vetting and annual reviews.

Due Diligence of Customer: The Firms vetting procedures as written in the SOP
_Customers are vetted for a current license to posses and dispense prescription drugs in their state. (Ex. Ophthalmologists, Optometrists)
_Practice Verification: Verify physical address and legitamacy.
_Credential Documentation: Copies of licenses and registrations.
_Order Pattern Monitoring: Monitor customer ordering patterns to identify unusual orders or orders that may indicate diversion.
_Annual Re-verfication: All customers and licenses are re-verified at least once annually to ensure compliance/legitimacy.

List of Responsible Persons in Charge of Wholesale Drug Distribution, Storage, and Handling:

-Aaron J. Evans-
CEO

_Connor Ross Villas-
CDR

Inventory: Villas states inventory will be manually taken bi-weekly and digitally in real time. The Firm currently does noy have an inventory of prescription drugs but a list was provided to the Inspector of intended prescription drugs the Firm plans to distribute. (See products tab in this report for intended prescription drug distribution)

FIFO: The Firm has in place a first in/first out (expired) policy in place.

SOP's: Villas provided the Inspector with SOP copies of: Receipt, Storage, Distribution, Security, Inventory, FIFI, Loss/Theft, Recalls, Records, Crisis, Quarantine, DSCSA, Due Diligence, and Temp/Humidity
etc..

Loss/Theft: The Firm ensures a timely detection, reporting, segregation, and destruction of prescription drug losses, thefts, and outdated products. If product is suspected to be stolen/theft, personnel will immediately report any missing product to the CDR. The CDR will confirm and investigate and notify local law enforcement and FDA and/or DBPR within 15 days. The Inspector stated to Villas to update SOP regarding loss/theft to be sure to notify DBPR within 3 days regarding loss/theft.
61N-1.013(6)

DSCSA: All prescription drugs received by the Firm will be accompanied by T1, TH, and TS from authorized trading partners. The Firm will verify that all suppliers are registered with the FDA and verified in the FDA system. The Inspector stated that firms shipping RX drug into Florida must be permitted with DBPR.
????????

Inbound Documents: Inbound documents will consist of invoices and packing slips when Firm begins to operate. Documents will be accompanied by T3
information.

Outbound Documents: Outbound documents will consist of invoices and packing slips when Firm begins operation. Documents will be accompanied by T3 information.

Returned Products: Returned products are placed immediately in quarantine. The Firm records the reason for the return and product is destroyed or returned to supplier. Return logs are retained by the Firm for 6 years.

Reverse Distributor: If product is outdated, damaged, rejected etc.. the Firm will place in quarantine area which is clearly marked and secure. In most cases damaged or rejected will be sent back to vendor unless otherwise directed to reverse distribute to the Firms Reverse Distributor. Outdated products are sent to the Reverse Distributor for destruction of product. The Firm will keep on file a Certificate of Destruction.

Recalls: Upon supplier notice, the Firm segregates affected product immediately. A recall case ID number is assigned, and customers are notified if required to do so. The product will be destroyed or returned according to supplier notification. The recall logs will be kept on-file for 6 years.

Complaints: The Firm has a policy that addresses customer complaints and
resolutions.

Emergencies/Crisis: The Firm has an SOP (Section 9) which addresses emergencies/Crisis. The document is basic in stating evacuate, activate back-up systems and complete post incident reviews and assess damages. It does state a backup system exists for refrigeration and security but IT backup and security is not addressed in this section.

Quarantine: The facility maintains a dedicated locked metal cabinet for quarantine of prescription drugs. The cabinet is clearly

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labeled Quarantine. The Firm will store their outdated, damaged, deteriorated, adulterated/misbranded, and recalled in this secure cabinet. A photograph of this cabinet exists in the Inspectors shared drive.

Re-label: The Firm does not intend to re-label rx products.

Re-package: The Firm does not intend to re-package rx products.

Export: The Firm does not intend to export rx products.

Compounding: The Firm does not intend to compound products.

Tour of the Facility: The facility was clean, well lit and secure.

THE FOLLOWING IS FOR EDUCATIONAL PURPOSES:

Rx drugs should be sold and shipped only to recipients authorized, licensed, or permitted to purchase and/or to receive Rx drugs. Please refer to Sections 499.005(15) and 499.0051(4), F.S. and Rule 61N-1.001(2)(c), F.A. C. Firm should also review 21 U.S.C. 360eee-1(c)(3) and 360eee(2)(23).

Authorized Rx drug sources for a prescription drug wholesale distributor: Both the shipper and seller (if different) generally must be permitted or otherwise authorized under s. 499.01, F.S., to distribute Rx drugs or combination products (e.g., medical convenience kits) with Rx drugs into or within Florida.

If a prescription drug wholesale distributor establishment uses a non-common carrier freight forwarder, located in Florida, to export its Rx drugs, the freight forwarder must be permitted or authorized under Section 499.01(2)(j), F.S. to export Rx drugs as a freight forwarder. Rx drug exportations should also comply with federal, state, and local regulations. The freight forwarder should provide the prescription drug wholesale distributor establishment a copy of the exportation documentation (e.g., validated airway bill or bill of lading). Please note that a freight forwarder permittee (Permit 27 establishment) is only authorized to physically receive Rx drugs that are owned by another person, but is not authorized to purchase Rx drugs. A freight forwarder is defined under Section 499.003(20), F.S.

Any Rx drugs that were donated or supplied at a reduced price to a charitable organization or purchased by a health care entity (as defined under s. 499.003(21), F.S., to include, for example, a medical practitioner, a hospital pharmacy, a nursing home pharmacy, a special closed system pharmacy, or any other "closed pharmacy") should not be wholesale distributed by a prescription drug wholesale distributor unless authorized under s. 499.01(2)(h)1.c., F.S. Please refer to the prohibited act under s. 499.005(21), F.S., and criminal act under s. 499.0051(12)(f), F.S.

Rx drug business records should be maintained with minimum required elements, including compliance with s. 499.0121(6)(b),(10), F.S. and Rule 61N-1.012(1)(2), F.A.C., for receipts, purchases, distributions, brokering, reverse distributions or destruction transfers, intracompany transfers, and customer return records. There should be minimum required recordkeeping elements on firm's business record(s) for each Rx drug distribution including the following:

(a) The seller's name, address, and (when not exempted) Florida permit number,

(b) The shipper's address and permit number (when different from the seller),

(c) The purchaser's name and Florida permit number,

(d) The permit number, name and address of the physical recipient, when different from the purchaser,

(e) The name, strength, quantity, and (if assigned) the NDC number of the Rx drug,

(f) The distribution date,

(g) The financial data, and

(h) DEA registration numbers, when applicable.

Business records should be complete and accurately reflect the name of the purchaser, physical recipient, and source. The license or permit number reflected on your distribution business record should correspond to the actual customer. If the customer is an establishment, the reflected license number generally must belong to an establishment. Additionally, for distribution records for Rx drugs purchased by a health care clinic establishment (a Permit 60 establishment), please refer to Section 499.01(2)(r)1., F.S., for additional required recordkeeping elements. For those business records, they should have both the license number of the designated qualifying practitioner, the permit number of the health care clinic establishment, and both of their names along with the other required recordkeeping elements. Please refer to Sections 499.0121(6), 499.005(18), and 499.0051(12)(d), F.S.,

Florida dbpr

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and Rule 61N-1.012(1)(2)(a)(d), F.A.C. for details.

A prescription drug wholesale distributor establishment must comply with the product tracking and tracing requirements of s. 499.0121(6)(g), F.S., and Rule 61N-1.030, F.A.C.

A prescription drug wholesale distributor establishment should perform and maintain required records for its due diligence with its Rx drug suppliers and purchasers in accordance to s. 499.0121(13)(15), F.S. These due diligence records should also be readily available for inspection.

A prescription drug wholesale distributor establishment, that engages in the distribution of controlled substances, must comply with the controlled substance reporting (CSR) requirements of s. 499.0121(14), F.S. This report shall be electronically submitted monthly by the 20th of the next month.

A prescription drug wholesale distributor that handles controlled substances must comply with DEA regulations. Refer to s. 499.0121(10), F.S.

A complete and accurate record of all stock of prescription drugs on hand must be made annually. A physical inventory must be conducted at least annually unless perpetual inventory records are maintained, in which case the physical inventory may be conducted on a biennial basis in accordance to Rule 61N-1.012(2)(e), F.A.C.

Prescription drug business records must be maintained for at least 6 years from the date of the disposition of the prescription drugs in accordance to s. 499.0121(6)(f), F.S.

Temperature and humidity monitoring records for Rx drugs should be maintained in accordance to s. 499.0121(3), F.S. and Rule 61N-1.013(3), F.A.C. Drugs and medical devices should be stored in accordance to Rules 61N-1.013 and 61N-1.014, F.A.C.

An establishment permitted under Ch. 499, F.S., should be available for inspection by the Department during the establishment's business hours in accordance to s. 499.051, F.S.

Florida dbpr

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Establishments that handle drugs and/or medical devices should be maintained in a clean and orderly manner in accordance to s. 499.0121(1)(d), F.S., and Rule 61N-1.014(4), F.A.C.

A quarantine area should be clearly marked and designated separate and apart so that products therein shall not be confused with usable products held for sale. Any product stored outside the quarantine area is a product held for sale or other distribution. Please refer to s. 499.0121(1)(c),(5), F.S., and Rules 61N-1.013(4) and 61N-1.014(2), F.A.C.

A prescription drug wholesale distributor establishment must be equipped with an alarm system to detect entry after hours and a security system that will provide suitable protection against theft and diversion. The establishment should also have restricted access to Rx drugs. Please refer to s. 499.0121(1)(b),(2), F.S. and Rule 61N-1.013(1), F.A.C.

A prescription drug wholesale distributor should not have activities with unapproved, adulterated, and/or misbranded drugs in violation of Sections 499.005(1)(2)(3)(4) and 499.023, F.S. Please also refer to Sections 499.006 and 499.007, F.S.

The purchase or sale of prescription drugs for wholesale distribution in exchange for currency is prohibited. Please refer to s. 499.005(7) or 499.0051(12)(i), F.S.

A permit for a prescription drug wholesale distributor may not be issued to the address of a health care entity or to a pharmacy. Please refer to s. 499.012(1)(d), F.S. If you suspect that your company might fit into either of these categories, please contact the Division of Drugs, Devices and Cosmetics in Tallahassee, Florida immediately to discuss options.

The name for a prescription drug wholesale distributor permit may not include any indicia of attainment of any educational degree, any indicia that the permittee possesses a professional license, or any name or abbreviation that the department determines is likely to cause confusion or mistake or that the department determines is deceptive, including that of any other entity authorized to purchased prescription drugs. A prescription drug wholesale distributor that applies for or renews its permit may not use an identical name used by any other establishment or licensed person authorized to purchase prescription drugs in Florida. Please refer to s. 499.012(1)(c),(14), F.S., for additional details.

No commingling of operational systems including all records, inventory, storage areas, and quarantine areas.

(a) Sharing with another company: A prescription drug wholesale distributor establishment that shares a facility with another person or business shall keep its operational systems subject to Ch. 499, F.S., separate and distinct from the other person or business.

(b) Multiple activities within the same company: A prescription drug wholesale distributor establishment that also conducts other business activities not permitted under Ch. 499, F.S., shall keep all of its operational systems subject to Ch. 499, F.S., separate and distinct from the other business activities.

Please refer to Rule 61N-1.012(12), F.A.C., for additional details.

A permit for a prescription drug wholesale distributor must be posted in a conspicuous place on the licensed premises in accordance to s. 499.012(7), F.S.

A current copy of the Florida Drug and Cosmetic Act and Regulations for Drugs, Devices, and Cosmetics should be available at the permitted establishment. Please refer to Rule 61N-1.012(5), F.A.C.

A prescription drug wholesale distributor must establish, maintain, and adhere to written policies and procedures. Please refer to the requirements, including, for example, Sections 499.0121(8), 499.012(8)(p), and 499.0121(15), F.S., and Rules 61N-1.015(4), 61N-1.012(2)(e), 61N-1.013(6), and 61N-1.030(7), F.A.C.

A permitted prescription drug wholesale distributor establishment must notify the department in writing within 3 working days of discovery of any significant loss or theft of prescription drugs in accordance to Rule 61N-1.013(6), F.A.C.

A prescription drug wholesale distributor establishment must notify the department when its designated representative is no longer employed within 10 business days after the last date of the designated representative's employment. A prescription drug wholesale distributor establishment may not operate under its prescription drug wholesale distributor permit for more than 10 business days after its CDR leaves the employment of the prescription drug wholesale distributor establishment, unless the company employs a replacement CDR and notifies the department within 10 business days of the replacement's identity. For additional details, please refer to Section 499.012(15), F.S., and Rule 61N-1.015(7)(e)7, F.A.C. You must use the Notification of Designated Representative Form for communicating changes in the designated representative. This form (DBPR-DDC-105) is available online at the department's web site or contact the division at (850) 717 – 1800 if you need assistance.

1. Changes in ownership, name, or address:

(a) A permit issued by the department is nontransferable. A prescription drug wholesale distributor establishment should notify the department prior to any change in ownership, as defined in Rule 61N-1.001(2)(e), F.A.C. An application for a new permit is required when a majority of the ownership or controlling interest of a permitted establishment is transferred or assigned or when a lessee agrees to undertake or provide services to the extent that legal liability for operation of the establishment will rest with the lessee. The application for the new permit must be made before the date of sale, transfer, assignment, or lease.

(b) A permit is valid only for the name and address to which it is issued. The name in which a permit is issued will be changed, at no cost, upon notification to the department. Notification to the department regarding the change of address of a permitted establishment must be in writing and made before making a change of address. A Change of Address or Name Change Form is

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(850) 717-1800
www.myfloridalicense.com

available on the department's web site or contact the division at (850) 717 -1800 if you need assistance. If the establishment also wishes to operate under another name at the same address or also operate at another address for prescription drug activities under Ch. 499.01, F.S., it should obtain another permit, prior to such activity.

(c) Please refer to s. 499.012(6), 499.005(22), and 499.0051(12)(g) F.S., and Rule 61N-1.015(2)(5), F.A.C., for additional details.

A prescription drug wholesale distributor establishment shall annually provide to the department two (2) separate reference lists of vendors from whom the prescription drug wholesale distributor purchases Rx drugs: (a) manufacturers and (b) wholesale distributors. A prescription drug wholesale distributor shall notify the department no later than 10 days after any change to either list. These two lists need not appear in completely separate documents, but the information (manufacturer vs. wholesale distributor) should be separate. Please refer to Section 499.0121(7), F.S. Please note that the Prescription Drug Purchase List should only relate to Rx drugs, so please do not include non-Rx drug suppliers on the lists.

A prescription drug wholesale distributor establishment should notify the department prior to closure of the establishment, in accordance with Section 499.012(6)(c), F.S. and Rule 61N-1.015(5), F.A.C. Notification shall include the name and address of the person to contact for up to two (2) years after the closing of the business for access to required records. Additionally, the establishment must return the permit to the department and indicate the disposition of the prescription drugs, including the name, address and inventory.

A prescription drug wholesale distributor must establish and maintain a list of officers, directors, managers and designated representatives, and other persons in charge of wholesale drug distribution, storage, and handling, including a description of their duties and a summary of their qualifications.

A prescription drug wholesale distributor applicant should not operate as Rx drug wholesale distributor, including purchasing, receiving, brokering, distributing, warehousing, selling, and/or transferring Rx drugs in or from Florida, as a wholesale distributor, until a prescription drug wholesale distributor permit is issued or until the establishment holds some other valid permit or license under Florida law for the particular activity. For additional details, please see Sections 499.005(1)(2)(4)(22), 499.0051(12)(g), 499.006(10), and 499.01, F.S.

If this establishment wishes to repackage and/or relabel drugs for further distribution or manufacture drugs, please refer to s. 499.01(2)(a)(b)(n) and 499.015, F.S., depending on firm's intended activities. Before operating, a permit is also required for each person and establishment that intends to operate as a cosmetic manufacturer, as referenced under s. 499.01(2)(p), F.S. Please note that s. 499.005(22), F.S., prohibits operating without a permit when required under Part I of Ch. 499, F.S.

Rule 61N-1.012(2)(d)(8)(9), F.A.C: Documentation provided to the department may not be redacted, altered or otherwise defaced. Additionally, records to document the distribution of Rx drugs should be created at the time of the distribution and not retroactively created. Originals or true copies of required records should be maintained for which the elements are not changed, even after there is a change in address, name, permit number, item number, etc. in the computer for the distributions occurring prior to this change. For example, if an Rx drug distribution was made to Company A at "Address #1" on January 1, and then the

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company moved on March 1 to "Address #2." Even if the customer's information was changed in your computer on February 1, your distribution records for that January 1 transaction should reflect the customer's address at the time of the transaction (at "Address #1"), not the new address (not "Address #2").

Rx drug business records should be readily available for inspection. Please refer to Sections 499.0121(6), 499.051, 499.005(5), and 499.0051(12)(a), F.S., and Rules 61N-1.019, 61N-1.001(2)(s), and 61N-1.012(6), F.A.C.

A prescription drug wholesale distributor must establish, maintain, or have the capability to create a current inventory, including that of prescription drugs, in accordance to s. 499.0121(6)(d), F.S.

Licensee or Owner Signature

Connor Villas
7203 S Rogers Circle #14
Boca Raton, FL 33487
7044211636
Dec 18, 2025 11:05

Inspector Signature

Anthony Rainen
Dec 18, 2025 10:58

mber 18, 2025 at 11:05:46 AM EST
ition
License #:
Inspector: Anthony Rainen

4NN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ 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: ELEVATE SOLUTIONS GROUP LLC

Physical Address: 850 Douglas Hills Rd

City: Lithia Springs State: GA Zip: 30122

Mailing Address (if different from physical address): 7900 TROON CIR SW

City: Austell State: GA Zip: 30168

Telephone: 678-648-3795 Website: ESGWORKS.COM

Name of Designated Representative (DR): PAUL LARATE

Licensing Company Email: paul.larate@esgworks.com DR Email: _____

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:

Paul Lanate

Original Signature (electronic, copies or stamps not accepted)

05NOV2025

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: Alcon Laboratories, Inc.
Address: 6201 South Freeway City: Forth Worth State: TX Zip: 76134

Name: Bausch + Lomb
Address: 400 Somerset Corporate Blvd. City: Bridgewater State: NJ Zip: 08807

Name: CooperVision
Address: 209 High Point Drive #100 City: Victor State: NY Zip: 14564

Name: Johnson and Johnson Vision
Address: 7500 Centurion Pkwy, Suite 100 City: Jacksonville State: FL Zip: 32256

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: GEORGIA
Parent Company (if any):
Corporation/Organization Name: ELEVATE SOLUTIONS GROUP LLC
Mailing Address: 7900 TROON CIR SW
City: AUSTELL State: GA Zip: 30168
Telephone: 678-648-3795 Email: paul.larate@esgworks.com
Contact Person Name: Paul Larate

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.

Elevate Solutions Group LLC

Facility Name

Paul Larate

Print Name of Authorized Person Submitting Application

Paul Larate

Original signature of Authorized Person (copies or stamps not accepted)

05NOV2025

Date

Board Use Only	Date Received: 11/12/25	Amount: $1000 CK 1008

ELEVATE
SOLUTIONS GROUP

Elevate Solutions Group Officers

Michael G. Shippel, CEO

[redacted]

Michael J. Sinclair, President

[redacted]

50% Ownership

Control Number : 17108387

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Elevate Solutions Group, LLC
a **Domestic Limited Liability Company**

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	30198067
Date Inc/Auth/Filed	10/12/2017
Jurisdiction	Georgia
Print Date	11/05/2025
Form Number	211

Brad Raffensperger

Brad Raffensperger
Secretary of State

STATE OF GEORGIA
Georgia Board of Pharmacy
Manufacturing Pharmacy
LICENSE NO. PHMA000636 Status: Active

Elevate Solutions Group

7900 Troon Circle SW
Austell GA 30168

Expires: 06/30/2027
Issued: 02/14/2024

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Manufacturing Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.
Please notify the Board if you have a change of address.

STATE OF GEORGIA
Georgia Board of Pharmacy
Manufacturing Pharmacy
LICENSE NO. PHMA000636 Status: Active
Elevate Solutions Group
7900 Troon Circle SW
Austell GA 30168

Expires: 06/30/2027
Issued: 02/14/2024
Real-time license verification is available at gadch.mylicense.com/verification

STATE OF GEORGIA
Georgia Board of Pharmacy
Third Party Distributor
LICENSE NO. PHTPL000044 Status: Active

Elevate Solutions Group

7900 Troon Circle SW
Austell GA 30168

Expires: 06/30/2027
Issued: 02/14/2024

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Third Party Distributor** 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
Third Party Distributor
LICENSE NO. PHTPL000044 Status: Active
Elevate Solutions Group
7900 Troon Circle SW
Austell GA 30168

Expires: 06/30/2027
Issued: 02/14/2024
Real-time license verification is available at gadch.mylicense.com/verification

Client#: 198518 ELEVSOLU

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/04/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Lauren Murphy	
Propel Insurance 1201 Pacific Avenue; Suite 1000 COM Senior Care Hayes Tacoma, WA 98402-4321	PHONE (A/C, No, Ext): 404 595-3290	FAX (A/C, No): 866 577-1326
	E-MAIL ADDRESS: Lauren.Murphy@propelinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Amerisure Mutual Insurance Company	23396
INSURED Elevate Solutions Group LLC 7900 Troon Circle Austell, GA 30168	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			CPP21253570102	03/01/2025	03/01/2026	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$300,000
							MED EXP (Any one person)	$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$1,000,000
	POLICY PRO-JECT LOC						GENERAL AGGREGATE	$2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$2,000,000
								$
A	AUTOMOBILE LIABILITY			CA21253560102	03/01/2025	03/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY X SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB OCCUR			CU21253580102	03/01/2025	03/01/2026	EACH OCCURRENCE	$5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$5,000,000
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A		WC21253590005	03/01/2025	03/01/2026	PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N						E.L. EACH ACCIDENT	$1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Operations at 7900 Troon Circle, Austell, GA 30168 and 850 Douglas Hills Rd, Lithia Springs, GA 30122

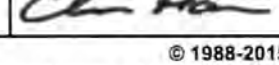
CERTIFICATE HOLDER

Nevada Board of Pharmacy
985 Damonte Ranch Pkwy Ste 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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Liberty Mutual SURETY

BOND RIDER

To be attached to and form a part of :

Bond No.: 999441816

Cross Ref Bond No.:

Type of Bond: Pharmaceutical Wholesaler Surety Bond

Dated effective: 10/22/2025

Executed by: Elevate Solutions Group LLC

, as Principal,

And by: The Ohio Casualty Insurance Company , as Surety,

In favor of: Nevada Board of Pharmacy

985 Damonte Ranch Pkwy Ste 206, Reno, NV 89521

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to:

Changing: Adding warehouse location

~~XXX~~: 850 Douglas Hills Rd

Lithia Springs, GA 30122

~~XX~~:

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective: 12/4/2025

Signed and Sealed on: 12/5/2025

Surety Name: The Ohio Casualty Insurance Company

By: Terrie L Conard

Terrie L. Conard, Attorney-in-Fact

THE OHIO CASUALTY INSURANCE COMPANY INCORPORATED 1919 NEW HAMPSHIRE

Agency Name: Propel Insurance

Agency Address: 151 Major Reynolds Pl, Suite 210 Knoxville, TN 37919

Liberty Mutual SURETY

POWER OF ATTORNEY

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8213254-973770**

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, Alexa Manley; Andrew James Carretto; Audrey M. Turner; Christopher Amos Hayes; Frank W. Hafner, III; Justin Dean Price; Lori J. Kelly; Marian C. Newman; Sherri W. Hill; Terrie L. Conard; W.D. Morris, Jr.; Wesley V. Dasher, Jr.

all of the city of Columbia state of SC 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 3rd day of March, 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 3rd day of March, 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 5th day of December, 2025.

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.

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. **999441816**

Application/License No. _____

Elevate Solutions Group LLC

Applicant/Principal

doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 7900 Troon Cir SW, Austell, GA 30168

Address of Applicant/Principal

as PRINCIPAL, and The Ohio Casualty Insurance Company, a

Surety Company

corporation organized under the laws of the state of New Hampshire

State of Incorporation

and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is

175 Berkeley Street, Boston, Massachusetts 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 October 22, 2025

Effective Date

WHEREAS, the provisions of Nevada Revised Statue (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 22nd day of October, 2025.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY COMPANY

THE OHIO CASUALTY INSURANCE COMPANY INCORPORATED 1919 NEW HAMPSHIRE

Surety Company's Representative

Alexa Manley, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

SIGNED and SEALED in the presence of:

Witness Sherri W. Hill

Witness

Witness Elizabeth Long

Countersigned by:

No Longer Required
Nevada Resident Agent

LMS-21913 11/20

Posted February 20, 2020

Liberty Mutual. SURETY

POWER OF ATTORNEY

The Ohio Casualty Insurance Company

Principal: Elevate Solutions Group LLC
Agency Name: Propel Insurance Agency, LLC Bond Number: 999441816
Obligee: Nevada State Board of Pharmacy
Bond Amount: ($100,000.00) One Hundred Thousand Dollars And Zero Cents

KNOW ALL PERSONS BY THESE PRESENTS: that The Ohio Casualty Insurance Company, a corporation duly organized under the laws of the State of New Hampshire (herein collectively called the "Company"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint **Alexa Manley** in the city and state of **Columbia, SC**, 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 Company in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of the Company has been affixed thereto this 22nd day of October, 2025.

The Ohio Casualty Insurance Company

By: _____
Nathan J. Zangerle, Assistant Secretary

STATE OF PENNSYLVANIA
COUNTY OF MONTGOMERY ss

On this 22nd day of October, 2025, before me personally appeared Nathan J. Zangerle, who acknowledged himself to be the Assistant Secretary of The Ohio Casualty 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 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-law and Authorizations of The Ohio Casualty Insurance Company, which is 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 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.

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 or electronic signatures of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, wherever appearing upon a certified copy of any power of attorney or bond issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of The Ohio Casualty Insurance Company do hereby certify that this power of attorney executed by said Company 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 Company this 22nd day of October, 2025

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.

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: Elevate Solutions Group LLC MDEG License # (if applicable): _____

Physical Address: 850 Douglas Hills Rd

City: Lithia Springs State: GA Zip: 30122

Mailing Address (if different from physical address): 7900 Troon Cir SW

City: Austell State: GA Zip: 30168

Telephone: 678-648-3795 Website: www.esgworks.com

Licensing Company Email: paul.larate@esgworks.com

Section 2: Personal Information

First: Paul Middle: Joseph Last: Larate

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Duluth State: GA Zip: [redacted]

Telephone: [redacted] Email: paul.larate@esgworks.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Georgia Institute of Technology		10/96-05/01	
Address	**City**	**State**	**Zip**
225 North Ave	Atlanta	GA	30332
Diploma/Degree obtained, if any			
Bachelor of Science, Industrial and Systems Engineering			

School Name		From - To (MM/YY – MM/YY)	
West Henderson High School		08/92 - 06/96	
Address	**City**	**State**	**Zip**
3600 Haywood Road	Hendersonville	NC	28791
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
05/20 - current	[redacted]	Duluth	GA	[redacted]
From - To (MM/YY – MM/YY)		City	State	
10/03 - 05/20		Duluth	GA	
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

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)	
Elevate Solutions Group LLC			05/23 - current	
Business Address		**City**	**State**	**Zip**
7900 Troon Circle SW		Austell	GA	30168
Phone	**Title**		**Number of Employed Hours**	
678-648-3795	General Manager		5,200	
Description of Duties				
Oversee floor operations, kitting, storing and shipping of contact lens fitting sets				

Business Name			From - To (MM/YY – MM/YY)	
Alcon Laboratories, Inc.			01/05 - 04/23	
Business Address		**City**	**State**	**Zip**
11460 Johns Creek Parkway		John's Creek	GA	30097
Phone	**Title**		**Number of Employed Hours**	
678-415-6857	Head of Distribution		37,856	
Description of Duties				
Oversee floor operations, kitting, storing and shipping of contact lenses				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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:

Paul J. Lanate
Original Signature (electronic, copies or stamps not accepted)

05 NOV 2025
Date

I, Paul Joseph Larate, **certify that as the MDEG Administrator for**

Elevate Solutions Group LLC,

that I (initial that you have read and meet the following requirements):

1. P.L. P.L. Have a high school diploma or its equivalent;
2. P.L. P.L. 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. P.L. P.L. 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. P.L. P.L. 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.

Paul Larate

Print Name (First, Last)

Paul Larate

Original Signature (electronic, copies or stamps not accepted)

November 5, 2025

Date

Board Use Only	Date Received: 11/12/25

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: Elevate Solutions Group LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 850 Douglas Hills Rd

City: Lithia Springs State: GA Zip: 30122

Mailing Address (if different from physical address): 7900 Troon Cir SW

City: Austell State: GA Zip: 30168

Telephone: 678-648-3795 Website: www.esgworks.com

Licensing Company Email: paul.larate@esgworks.com

Section 2: Personal Information

First: Paul Middle: Joseph Last: Larate

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Duluth State: GA Zip: [redacted]

Telephone: [redacted] Email: paul.larate@esgworks.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Georgia Institute of Technology		10/96 - 05/01	
Address	City	State	Zip
225 North Ave	Atlanta	GA	30332
Diploma/Degree obtained, if any			
Bachelor of Science, Industrial and Systems Engineering			

School Name		From - To (MM/YY – MM/YY)	
West Henderson High School		08/92 - 06/96	
Address	City	State	Zip
3600 Haywood Rd	Hendersonville	NC	28791
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
05/20 - current	[redacted]	Duluth	GA	[redacted]
From - To (MM/YY – MM/YY)		City	State	
10/03 - 05/20		Duluth	GA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Elevate Solutions Group LLC			05/23 - Current	
Business Address		**City**	**State**	**Zip**
7900 Troon Cir SW		Austell	GA	30168
Phone	**Title**		**Number of Employed Hours**	
678-648-3795	General Manager		5,200	
Description of Duties				
Oversee floor operations, kitting, storing and shipping of contact lens fitting sets				

Business Name			From - To (MM/YY – MM/YY)	
Alcon Laboratories, Inc.			01/05 - 04/23	
Business Address		**City**	**State**	**Zip**
11460 Johns Creek Pkwy		John's Creek	GA	30097
Phone	**Title**		**Number of Employed Hours**	
678-415-6857	Head of Distribution		37,856	
Description of Duties				
Oversee floor operations, kitting, storing and shipping of contact lenses				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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:

Paul J. Lanata

Original Signature (electronic, copies or stamps not accepted)

09 OCT 2025

Date

I, Paul Joseph Larate, **certify that as the designated representative for**

Elevate Solutions Group LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. P.L. I am at least 21 years of age;
3. P.L. 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. P.L. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. P.L. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. P.L. 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. P.L. I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Paul Larate

Print Name (First, Last)

Paul J. Lamato

Original Signature (electronic, copies or stamps not accepted)

October 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.

Paul Larate

Print Name (First, Last)

Paul Larate — 09 OCT 2025

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Cobb

I, Paul Larate, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Paul Larate — 09 OCT 2025

Original Signature — **Date**

Subscribed and Sworn to before me this 9 day of Oct, 2025.

Lisa M Ellis

Notary Public Signature

LISA M. ELLIS
My Commission Expires
NOTARY PUBLIC
October 19, 2026
PAULDING COUNTY, GEORGIA
(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: Elevate Solutions Group LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 850 Douglas Hills Rd

City: Lithia Springs State: GA Zip: 30122

Mailing Address (if different from physical address): 7900 Troon Cir SW

City: Austell State: GA Zip: 30168

Telephone: 678-648-3795 Website: www.esgworks.com

Licensing Company Email: paul.larate@esgworks.com

Section 2: Personal Information

First: Michael Middle: Gordon Last: Shippel

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITI: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Alpharetta State: GA Zip: [redacted]

Telephone: [redacted] Email: mike.shippel@esgworks.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 Maryland at College Park		06/90 - 08-92	
Address	City	State	Zip
7999 Regents Drive	College Park	MD	20742
Diploma/Degree obtained, if any			
Bachelor of Science, Finance			

School Name		From - To (MM/YY – MM/YY)	
Milton High School		08/84 - 05/88	
Address	City	State	Zip
13025 Birmingham Highway	Milton	GA	30004
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
06/17 - Present	[redacted]	Alpharetta	GA	[redacted]
09-11 - 06/17		Alpharetta	GA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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)
Elevate Solutions Group, LLC			10/17 - Present
Business Address	**City**	**State**	**Zip**
3070 Windward Plaza, Suite F403	Alpharetta	GA	300005
Phone	**Title**		
678-446-6867	CEO		

Description of Duties

Responsible for all areas of the organization including Administration, Sales, Marketing, Finance, Manufacturing and Operations

Business Name			From - To (MM/YY – MM/YY)
Creative Displays, LLC			08/05 - 10/17
Business Address	**City**	**State**	**Zip**
1005 Alderman Drive, Suite 104	Alpharetta	GA	30005
Phone	**Title**		
678-446-6867	CEO		

Description of Duties

Responsible for all areas of the organization including Administration, Sales, Marketing, Finance and Operations

Business Name			From - To (MM/YY – MM/YY)
Accuitis, Inc.			08/08 - Present
Business Address	**City**	**State**	**Zip**
3070 Windward Plaza, Suite F403	Alpharetta	GA	30005
Phone	**Title**		
678-446-6867	CFO, Board of Directors		

Description of Duties

Finance

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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.

Michael Shippel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10-09-2025

Date

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Cobb

I, Michael Shippel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

10-09-2025

Date

Subscribed and Sworn to before me this 9 day of Oct, 2025

Notary Public Signature

LISA M. ELLIS
My Commission Expires
NOTARY PUBLIC
October 19, 2026
PAULDING COUNTY, GEORGIA

(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: Elevate Solutions Group LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 850 Douglas Hills Rd

City: Lithia Springs State: GA Zip: 30122

Mailing Address (if different from physical address): 7900 Troon Cir SW

City: Austell State: GA Zip: 30168

Telephone: 678-648-3795 Website: www.esgworks.com

Licensing Company Email: paul.larate@esgworks.com

Section 2: Personal Information

First: Michael Middle: James Last: Sinclair

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITI: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Smyrna State: GA Zip: [redacted]

Telephone: [redacted] Email: michael.sinclair@esgworks.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 Georgia		1991-93	
Address	**City**	**State**	**Zip**
Holmes-Hunter Academic Building	Athens	GA	30602-6113
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Ohio Institute of Technology		1984-87	
Address	**City**	**State**	**Zip**
	Columbus	OH	
Diploma/Degree obtained, if any			
BS, Computer Information Systems			

School Name		From - To (MM/YY – MM/YY)	
St Francis DeSales High School		1980-84	
Address	**City**	**State**	**Zip**
4212 Karl Rd	Columbus	OH	43224
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
11/2021 - Present	[redacted]	Greensboro	GA	[redacted]
8/2025 - Present		Smyrna	GA	
8/2023 - 8/2025		Atlanta	GA	
12/2019-9/2023		Mableton	GA	
2011-12/2019		Mableton	GA	
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)
Elevate Solutions Group, LLC (formerly Creative Displays, LLC)			8/2017 - Present
Business Address	**City**	**State**	**Zip**
7900 Troon Cir SW	Austell	GA	30126
Phone	**Title**		
678-648-3795	Owner/President		
Description of Duties			
Direct the operations of the company			

Business Name			From - To (MM/YY – MM/YY)
Elevate CMO			2009-2017
Business Address	**City**	**State**	**Zip**
1315 Glen Cedars Dr	Mableton	GA	30168
Phone	**Title**		
404-271-9851	CMO		
Description of Duties			
Independent consultant and interim Chief Marketing Officer for many companies			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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)

10-13-2025
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.

MICHAEL SINCLAIR

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10-13-2025

Date

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Cobb

I, Michael Sinclair, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10-13-2025

Date

Subscribed and Sworn to before me this 13 day of October, 2025

Notary Public Signature

LISA M. ELLIS
My Commission Expires
NOTARY PUBLIC
October 19, 2026
PAULDING COUNTY, GEORGIA

(Seal)

ELEVATE SOLUTIONS GROUP - EMPLOYEE LIST

Last Name	First Name	Emp Id
Acosta Banegas	Sonia	[redacted]
Almaraz Reyes	Margarita	
Alvarado	Laura	
Alvarado Calvo	Mia	
Alvarez	Darlene	
Alvarez	Leslie	
Aracena de Campos	Keiry	
Arias	Catherine	
Arnold	Deiontae	
Arreola	Rosa	
Avila Torres	Elisa	
Bailey	Robert	
Barrera Cuellar	Ximena	
Barrett	Victoria	
Bastos Zambrano	Yorgelis	
Biviano	Ashly	
Blue	Ashley	
Bohannon	Norvell	
Bonilla	Guadalupe	
Bravo Sequera	Yoselin	
Cabrera	Iris	
Calderon Angeles	Sissi	
Camacho Pena	Ligia del Carmen	
Camacho Sutachan	Monica	
Cambron	Veronica	
Carrillo Rojas	Ma Elena	
Carter	Cecil	
Casavant	James	
Castlin	Orlenthia	
Castro de Ramirez	Juana	
Catapano	Matthew	
Cayetano Sanchez	Ingrid	
Contreras Vazquez	Luz Maria Mabel	
Cortez Pineda	Nalivet	
Cruz Gomez	Yesenia	
Cruz Palomeque	Rubia	
Culpepper	Jeffrey	
Davis	Victor	
de la Rosa	Mariella	
De Menezes	Pedro	
Delgado	Maria	
Desousa	Christopher	
DeVita	Jake	
Diaz Sanchez	Julia	
Ellis	Lisa	
Ellis	Michael	

Elrod	Richard
Eras	Miriam
Esteben Calderon	Vanessa
Ferreyra	Alexis
Ferreyra	Anthony
Ferreyra	Kevin
Fitzgerald	Andrew
Flores	Fanny
Flores de Ordonez	Alba
Flores Grande	Merlin
Flores Lara	Flor
Flores Martinez	Dania
Fluellen	Darien
Francois	Syljacques
Furuta	Makoto
Galdamez Guardado	Meylen
Garcia Moreno	Patricia
Garcia Velasco	Julia
Gardner	Christopher
Gibson	Shawn
Gil Capabires	Nayrobis
Green	Nathaniel
Gregory	Michael
Guillory	Mark
Hall	Bryant
Henry	Darian
Hernandez	Jessy
Hernandez	Marvin
Hernandez Cabrera	Carolyn
Hernandez Carmona	Paola
Horn	Robyn
Howery	Fred
Hurtado Perez	Antonio
Hurtado Perez	Fernando
Irias	Karen
Jacobs	Terence
Jamison	Edward
Jenkins	Kenneth
Jimenez	Eminor
Jimenez Diaz	Maria
Jiron	Rolando
Jose Monjaraz	Norma
Juarez Perez	Edwin
Kayter	Colleen
Key	Jeffrey
Khan	Sharmin
Klava	Justin

Knight	Andre	[redacted]
Knight	De'Andre	
Knight	Quan	
Kokan	Alexander	
Lambert	Zavion	
Langnes	Shane	
Larate	Paul	
Lawrence	Craig	
Lee	Vanhpinh	
Lightcap	Daniel	
Lopez	Betty	
Lopez Alas	Maritza	
Machado	Yoselin	
Macias	Judith	
Malik	Asamah	
Manuel Ali	Orvin	
Manuel Morales	Edwin	
Martinez Vega	Nidia	
Marulanda Lopez	Francy	
Massey	Roxanne	
Mathenge	David	
Mayorca Falla	Nicolle	
Mayorquin Vasquez	Nixon	
Mazariegos Villatoro	Margari	
McKinzie	Cody	
Mejia	Yamileth	
Melendez Herrera	Karla	
Mendez	Deodora	
Mendez	Natalia	
Mendoza	Mireya	
Meneses	Gloria	
Miller	Brian	
Molina	Glenda	
Molina	Milagros	
Morales	Jennifer	
Morales campos	Jacqueline	
Moreno Gonzales	Dennise	
Morgan	Timothy	
Munoz Lopez	Ana	
Munoz Ruiz	Estefani Michelle	
Murcia	Angie	
Myrick	David	
Myrie	Angela	
Nelson Jr.	Clyde	
Oden	Jeremiah	
Ortiz Garcia	Montserrat	
Ortiz Valencia	Yessica	

Pacheco de Rivera	Marina	[redacted]
Pacheco Ozuna	Janira	
Peralta	Anyelina	
Perez	Leonardo	
Perez Hernandez	Giovmar	
Perez Hernandez	Lesdy Aracely	
Perez Vazquez	Adamaris	
Pinto Vasquez	Maria	
Pounds	Keith	
Ramirez	Linday	
Ramirez	Linsay	
Rankin	Jermeka	
Regidor Morales	Ashley	
Retes Romero	Maria de los Angeles	
Rhoads	Bradley	
Robinson	Keenan	
Roden	Travis	
Romero Ramirez	Jaqueline	
Russell	Michael	
Salinas Martinez	Selin	
Sanders	Beverly	
Serrano Galeano	Angela	
Shell	Kristina	
Shih	Jason	
Shippel	Kelley	
Shippel	Michael	
Shutzberg	Leonard	
Simpson	Rashun	
Sinclair	Connie	
Sinclair	Michael	
Sisk	Charles	
Smith	Gregory	
Smith	Orson	
Solano Garibo	Yahaira	
Solis	Cruz	
Sotelo	Monserrat Guadalupe	
Soto	Maria	
Soto Ramirez	Maria	
Suarez	Thania	
Thomas	Dia	
Thurman	Ladaran	
Towry	Phillip	
Valenzuela Illan	Martha	
Vazquez Canseco	Adali	
Vazquez Roblero	Marleny	
Villeda Miranda	Marta	
Walker	Lajuan	

ELEVATE
SOLUTIONS GROUP

List of Indebtedness of Elevate Solutions Group

- Synovus Bank (equipment)
- Mitsubishi Financial Services (equipment)
- Bank of Montreal – (equipment & vehicle)
- Ford Credit (vehicle)

400

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler	* 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: Jams Rx

Physical Address: 7152 Windsor Blvd Suites L-P

City: Gwynn Oak, MD 21244 State: _____ Zip: _____

Mailing Address (if different from physical address): Same

City: _____ State: _____ Zip: _____

Telephone: 410-645-8140 Website: WWW.JamsRx.com

Name of Designated Representative (DR): Jasmine Johnson

Licensing Company Email: licensing@JamsRx.com DR Email: licensing@JamsRx.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 + Dental	☑ Warehouse
☑ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: Dentals		☐ 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
April 19, 2016	April 21, 2016	FL	Coconut Creek	Broward

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2016-006231	Florida Dept of Business + Professional Regulation

Reason/Charge
Failure to update address - Fined $3000

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
FDBPR	Fined $3000

Name of Business/Industry/Entity
JamsRt Coconut Creek

Provide explanation below:

See attached

Amy Bigyano

Original Signature (electronic, copies or stamps not accepted)

1-20-2026

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
4/16/2016	4/21/2016	FL	Coconut Creek	Broward
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2016-006231		FDBPR		
Reason/Charge				
Failed to submit updated Unit # and was fined				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Jams Wholesale Distribution Services LLC			$3K fine	
Name of Business/Industry/Entity				
Jams Wholesale Distribution Services LLC				

Provide explanation below:

See attached final order and explanation.

Original Signature (electronic, copies or stamps not accepted)

1/20/2026
Date

JAMSRx

RE: ***Disciplinary Action Explanation***

Thank you for the opportunity to provide additional context regarding the previously resolved violation associated with Jams Wholesale Pharmaceutical Distribution.

At the time of the issue, our business was operating within a flex-space commercial building. These types of facilities are designed to accommodate growing and changing tenants, which often results in companies expanding into new sections of the building as needed. As Jams Wholesale grew, we relocated from Unit 16 to another section within the same larger building, referred to as Unit 23. From our perspective, this was simply a shift within a continuous commercial space, and we did not initially realize that this change in unit designation would require an update to our license.

However, we fully understand and respect that the State views each unit number as a distinct location for regulatory and licensing purposes. Once this was brought to our attention, we acknowledged the oversight, paid the corresponding fine of $3000 (as outlined in the JamsRx Final Order provided), and promptly updated our license to reflect the correct unit number as requested.

Since that time, we have expanded further into additional units within the same building. In each case, we have diligently ensured that all necessary changes were properly reported and approved by the State. As reflected on our current license, all active unit numbers are clearly listed, even though operationally we continue to work within a single, unified space. This approach reflects the structural layout of the building, which is subdivided by unit numbers for leasing purposes.

We are committed to maintaining full compliance with all applicable regulations and have implemented additional internal protocols to ensure any future changes in our operations are promptly communicated and reflected in our licensing documentation.

Thank you for your time and consideration. Please let me know if any further information is needed.

Sincerely,
Peter Bizzarro-Manager
Jams Wholesale Pharmaceutical Distribution
licensing@jamsrx.com

FILED
Department of Business and Professional Regulation
Deputy Agency Clerk
CLERK Brandon Nichols
Date 4/21/2016
File # 2016-03053

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATI

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS

Petitioner,

Case No.: 2016-006231

v.

JAMS WHOLESALE DISTRIBUTION SERVICES, LLC,

Respondent.
_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between JAMS Wholesale Distribution Services, LLC (Respondent) and the Department, attached hereto and incorporated by reference. This Final Order and Settlement Agreement are to resolve alleged violations of Section 499.012(6), Florida Statutes (2014-2015) failing to notify the Department of a change in address before making the change; Section 499.005(18), Florida Statutes (2014-2015), failing to maintain records that complied with the provisions set forth in Section 499.0121(6), Florida Statutes and Rule 61N-1.012(2), Florida Administrative Code; and Section 499.0121(3)(b), Florida Statutes (2014-2015), failing to properly utilize appropriate manual, electromechanical or electronic temperature and humidity

recording equipment, devices or logs used to document proper storage of prescription drugs as required by Rule 61N-1.013(3)(c).

This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

DONE and ORDERED this 21st day of April, 2016, in Tallahassee, Florida.

KEN LAWSON, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____

Reginald D. Dixon
Division Director
Drugs, Devices and Cosmetics

Prepared by:

Kathryn E. Price
Assistant General Counsel
Division of Drugs, Devices and Cosmetics

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by United States Mail to: Michael J. Glazer, Esquire, at Ausley McMullen, P. O. Box 391, Tallahassee, Florida 32301, this 21st day of April, 2016.

By: Brandon M. Nichols
Agency Clerk's Office

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v.

Case No.: 2016-006231

JAMS WHOLESALE DISTRIBUTION SERVICES, LLC,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (this "agreement") as disposition of the alleged violations described in the Notice of Violation for case number 2016-006231 (the "allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation (hereafter, "Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. JAMS Wholesale Distribution Services, LLC (hereafter, "Respondent") is permitted as a prescription drug wholesale distributor by the Department, having been issued permit number 22:20188.

RECEIVED
APR 19 2016
Drugs, Devices and Cosmetics

2. Respondent's address of record is 4811 Lyons Technology Parkway, Unit 23, Coconut Creek, Florida 33073.

3. Respondent was issued a Notice of Violation/Intent to Deny on March 18, 2016, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent admits that the allegations, if proved, would constitute violations of Chapter 499, Florida Statutes.

SETTLEMENT TERMS

6. Respondent agrees to immediately cease any practices that are in violation of Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of Three Thousand Dollars ($3000). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 1940 North Monroe Street, Suite 26A, Tallahassee, Florida, 32399-1047, Attention: Janetta Sampson, Senior Legal Assistant**. Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to Petitioner's execution of this agreement.

8. Respondent affirms that the violations alleged in the Notice of Violation letter issued in case number 2016-006231, have been corrected.

9. The acceptance of this settlement agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

10. It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

11. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2016-006231. The final order shall be final disposition in this proceeding, and shall constitute final agency action with respect thereto.**

12. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of this Settlement Agreement and the final order in which the agreement is incorporated.

13. Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

14. This agreement may be executed in any number of counterparts including, without limitation, telecopies, and facsimile transmission copies, all of which together shall constitute a single document.

15. The parties agree that this agreement represents a fair, appropriate and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

16. The terms and provisions of this agreement are severable, and if any term or provision is declared or deemed void, invalid, illegal or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

17. It is expressly understood that this settlement agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts the settlement and adopts it in a final order.

18. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals, and as duly designated representatives, to fully bind such principals.

JAMS WHOLESALE DISTRIBUTION SERVICES, LLC

By: _____

Name: Peter Bracken

Title: Contract Desg. Rep

Date: 4/18/17

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES AND COSMETICS

By: _____

Name: REGINALD D. DIXON

Title: DIRECTOR

Date: 4/21/16

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 - Manufacturer List

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida

Parent Company (if any): Jams ~~Drug~~ Wholesale Distribution Services LLC

Corporation/Organization Name: N/A

Mailing Address: 4811 Lyons Technology Pkwy Units 23,24,25,26,10,11

City: Coconut Creek State: FL Zip: 33073

Telephone: [redacted] Email: Licensing@JamsRx.com

Contact Person Name: Jasmine Johnson

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.

Jams Rx

Facility Name

Jasmine Johnson

Print Name of Authorized Person Submitting Application

Amy Bigams

Original signature of Authorized Person (copies or stamps not accepted)

1-20-2026

Date

Board Use Only	Date Received: 1/22/2026	Amount: $100 CC

Amy Bizzarro
Managing Owner-100%
Home Address: [redacted]
Drive Parkland, [redacted]

Peter Bizzarro Manager
[redacted]

Jasmine Johnson
Distribution Center Manager / CDR
[redacted]

Business Address of the Facility:
JAMS Wholesale Distribution Services LLC DBA JAMSRX
7152 Windsor Boulevard Suites L-P Gwynn Oak, MD 21244
B#: 410-645-8140
FEIN #: 27-2397597
State of Incorporation: Florida

State of Florida
Department of State

I certify from the records of this office that JAMS WHOLESALE DISTRIBUTION SERVICES, LLC is a limited liability company organized under the laws of the State of Florida, filed on January 15, 2025, effective January 7, 2025.

The document number of this limited liability company is L25000023388.

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 Fifteenth day of August, 2025

Secretary of State

Tracking Number: 8852541160CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

Details

Demographic Information

Name: JAMSRX

Address Information

Address: 7152 Windsor Blvd
L-P

City: Windsor Mill **State:** MD **Zip:** 21244

Maryland License\Permit Information

Number: D07824 **Type:** Distributor **Subtype:** **Status:** Active

Original Issued: 1/14/2026 **Date Renewed:** **Expires:** 5/31/2027

No Speciality Information

Board Orders

Clicking on the corresponding link will allow documents to be viewed.

No Related Documents

****Please refer to the Board's *Formal Disciplinary Action* page for the listing of all disciplinary actions.****

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 602-209631-7

Application/License No. LICENSE APPLIED FOR

JAMS WHOLESALE DISTRIBUTION SERVICES, LLC DBA JAMSRX (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 7152 WINDSOR BOULEVARD, SUITES L-P, GWYNN OAK, MD 21244 (Address of Applicant/Principal), as PRINCIPAL, and UNITED STATES FIRE INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of DELAWARE (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 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 NOVEMBER 1, 2025 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 8TH day of OCTOBER, 2025.

APPLICANT/PRINCIPAL
JAMS WHOLESALE DISTRIBUTION SERVICES, LLC DBA JAMSRX

Authorized Representative

SURETY COMPANY
UNITED STATES FIRE INSURANCE COMPANY

Surety Company's Representative

DAVID C. JOSEPH, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

POWER OF ATTORNEY
UNITED STATES FIRE INSURANCE COMPANY
PRINCIPAL OFFICE - MORRISTOWN, NEW JERSEY

06367

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:

Clark Fitz – Hugh, Kristine Donovan, Stephen Beahm, Conway C. Marshall, Amanda Riedl, David C. Joseph, Catherine C. Kehoe, Elizabeth Schott, Jessica Palmeri, Kelli Cross, Sara S. DeJarnette, Andre Autin, Victoria Scruggs

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 11th day of September, 2025.

UNITED STATES FIRE INSURANCE COMPANY

Matthew E. Lubin, President

State of New Jersey }
County of Morris }

On this 11th day of September, 2025, 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.

ETHAN SCHWARTZ
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES 6/25/2029
COMMISSION: #50223171

Ethan Schwartz (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 8th day of OCTOBER 2025

UNITED STATES FIRE INSURANCE COMPANY

Michael C. Fay, Senior Vice President

CONTACT INFORMATION: Bond Verifications: surety@cfins.com / Claims: SuretyClaimsSupport@cfins.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 Jams RX

Pharmacy/Wholesaler License # (if applicable) D07824

Physical Address 7152 Windsor Blvd. Suites L-P

City Gwynn Oak State MD Zip 21244

Mailing Address (if different from physical address) same

City same State same Zip same

Telephone 410-645 8140 Website WWW. Jamsrx.com

Licensing Company Email licensing@jamsrx.com

Section 2: Personal Information

First Jasmine Middle Angelica Last Johnson

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City Owings Mills State MD Zip [redacted]

Telephone 410-645-8140 Email licensing@jamsrx.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)	
Delaware State University		2010-2012	
Address	**City**	**State**	**Zip**
1200 N Dupont Hwy	Dover	DE	19901
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Pikesville High School		2004-2008	
Address	**City**	**State**	**Zip**
7621 Labyrinth Road	Pikesville	MD	21208
Diploma/Degree obtained, if any			
yes			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 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
01/26-Present	[redacted]	Owings Mills	MD	[redacted]
11/21-12/25		Coconut Creek	FL	
11/20 -11/21		Coconut Creek	FL	
01/20 -11/20		Coconut Creek	FL	
01/19 - 01/20		Coconut Creek	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

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)	
Jams RX			12/2018 - Present	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
See Attached Resume				

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				

Continue on next page if additional space is needed.

JASMINE JOHNSON

Coconut Creek, FL
[redacted]

EXPERIENCE

Jams Wholesale Distribution, Florida—*Warehouse Manager*

Dec 2018 - PRESENT

- Directs all inventory control and shipping operations and warehouse inventory control and shipping operations personnel through the Inventory Control and Shipping Operations Managers.
- Supervises receiving operations personnel in coordination with the Receiving Manager.
- Coordinates warehouse operations with Receiving Manager to ensure cohesion of inventory control and shipping operations with receiving operations.
- Coordinates technical requirements and ensures technical cohesion with Information Technology Manager.
- Works in any position as needed in the warehouse related to inventory control, receiving and shipping operations.
- Supervises the workflow, identifies bottlenecks and inefficiencies across all warehouse operations in coordination with the Receiving Operations Manager. Reports on same to Operations Manager.
- Supervises work schedules, reviews approval of vacation/sick day/off day requests for all warehouse personnel. Reports on same to Operations Manager.
- Supervises all disciplinary actions of personnel including hire/fire authority within the confines and at the direction of the Human Resources Department. Reports on same to Operations Manager.
- Ensures personnel are properly trained for their positions and in Safety Policies and Procedures in coordination with the company Safety & Security Officer. Ensures adherence to all company policies and procedures, particularly those related to regulatory compliance and safety; supervises adherence to said policies and procedures across said operational departments.
- Ensures warehouse cleanliness and the orderly maintenance of all work areas.
- Supervises supplies requests for departments and repairs and

SKILLS

Microsoft Office (Word, Excel, PowerPoint, Outlook), Leadership, Communication, Problem Solving, Copiers, Printers, WMS, VAWD, DSCSA

AWARDS

Forklift operations certified

Project Management certified

upgrades to facilities and equipment to the Warehouse Maintenance Manager.

- Conducts warehouse operational meetings, deploys efficiency modifications, collects reports on issues and performance of inventory control and shipping operations. Coordinates said meetings with Receiving Manager. participates in receiving operations meetings. Reports on all meetings and outcomes to Operations Manager.

- Supervises interviews of new personnel for inventory and shipping operations and liaises with Human Resources Department regarding same. Report on same to Operations Manager.

EDUCATION

Pikesville High, Baltimore

2004 - 2008

Delaware State University, Delaware

2010 - 2012

Business Name N/A			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name N/A			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name N/A			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name N/A			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name N/A			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to 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, Jasmine Johnson, **certify that as the designated representative for**

Jams RX,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JJ I am at least 21 years of age;
3. JJ 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. JJ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JJ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JJ 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. JJ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jasmine Johnson
Print Name (First, Last)

Jasmine Johnson
Original Signature (electronic, copies or stamps not accepted)

1/20/2026
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.

Jasmine Johnson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/20/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Maryland, ss. County of Baltimore

I, Jasmine Johnson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/20/2026

Date

Subscribed and Sworn to before me this 20 day of January 2026

Notary Public Signature

RENA TRESTMAN
Notary Public
Baltimore County
Maryland
My Commission Expires Feb. 12, 2029

(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 JAMSRx

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) not applicable

Physical Address 7152 Windsor Boulevard Suites L-P

City Gwynn Oak State MD Zip 21244

Mailing Address (if different from physical address) same

City same State same Zip same

Telephone 410-645-8140 Website www.jamsrx.com

Licensing Company Email licensing@jamsrx.com

Section 2: Personal Information

First Amy Middle Joan Last Bizzarro

Alias(es, nicknames, name changes, etc.) _____

Date of Birt[redacted] SSN or ITIN[redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City Parkland State FL Zip[redacted]

Telephon[redacted] Email licensing@jamsrx.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)	
SUNY Brockport		9/1984 - 5/1992	
Address	City	State	Zip
	Brockport	NY	
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			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2019 - Pres	[redacted]	Parkland	FL	[redacted]
From - To (MM/YY – MM/YY)		City	State	Zip
10/2017 - 4/2019		Parkland	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

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties	SEE Attached Resume		

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

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 # 6 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
4/16/2016	4/21/2016	FL	Coconut Creek	Broward

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2016-006231	FDBPR

Reason/Charge
Failure to sibmit updated Unit # and was fined

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Jams Wholesale Distribution Services	$3000.00 Fine

Name of Business/Industry/Entity
Jams Wholesake Distribution Services

Provide explanation below:

See attached final order and explanation.

Amy Bizzarro
Original Signature (electronic, copies or stamps not accepted)

1/20/2026
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.

Amy Bizzarro
Print Name (First, Last)

Amy Bizzarro
Original Signature (electronic, copies or stamps not accepted)

1/20/2026
Date

Please have this section completed in the presence of a Notary Public.

State of Maryland, ss. County of Baltimore

I, Amy Bizzarro, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Amy Bizzarro
Original Signature

1/20/2026
Date

Subscribed and Sworn to before me this 20th day of January 2026

Rena Trestman
Notary Public Signature

RENA TRESTMAN
Notary Public
Baltimore County
Maryland
My Commission Expires Feb 12 2029

(Seal)

Amy Bizzarro

[redacted]

PROFILE

Owner and Designated Representative of JAMS Wholesale Distribution Services LLC.

WORK HISTORY

Jams Wholesale Distribution Services LLC. - Coconut Creek, FL ***04/2010 – Present***

Wholesale company selling Pharmaceutical products to other distributors and local Pharmacies.

- Oversee the day to day operations of ordering, stocking pharmaceutical products.
- Manages T3 data, tracking authenticity of product and keeping supply chain safe using RFXL software.
- Implementing and monitoring the policy and procedure manual.
- Responsible for keeping up to date with all product recalls and using quarantine procedures when product integrity is questioned.
- Obtain all necessary paperwork from vendors and customers for both initial set-up and ongoing monitoring.
- Monitor internal business operations that could affect license requirements.
- Ensure all employees are aware of and compliant with SOP's including training of new and/or updated procedures
- Obtained VAWD accreditation for facility

Glaxxo Smithkline – Westchester County, N.Y. 10709 ***1999 - 2000***

Sold to 300 plus physicians in territory on a part time basis.

- Promoted to Executive rep
- Consistently exceeded all goals
- Surpassed full time sales reps in rankings
- Ranked #1 for main product Avandia
- Ranked #2 for Relafen
- Ranked #3 for Augmentin Adult
- Ranked #5 for Augmentin Pediatric
- Chosen as a member of the Diversity team
- Selected for Executive Development Program

Glaxxo Smithkline - Neuroscience Sales Representative ***1998 - 1999***
Westchester County, N.Y. 10709

Specialty sales force calling on only Psychiatrists, Neurologists and Infectious Disease Specialists.

- Promoted to Senior Neuroscience Rep.
- Upon managers request maintained growth in empty territory in addition to own.

Glaxxo Smithkline - Hospital Sales Representative ***1997 - 1998***
Westchester County, N.Y. 10709

Worked on formulary approvals and promoting products to doctors' residents, medical student and nurses.

- Won Platinum tier award (top award in company for sales).
- Ranked #2 Nationally.
- Received formulary approval for Avandia.
- Set up trial of drugs (BID vs. TID) at hospital.
- Ran company workshops.
- Exceeded all goals.

Glaxxo Smithkline French-Pharmaceutical Sales Representative ***1993 - 1997***
Westchester County, N.Y. 10709

Promoted products to primary care doctors on a daily basis

- Silver tier winner for above average sales.
- Won District Customer Focused Selling Award.
- Received Special Merit Fund Reward from President of company.
- Worked on Hospital formulary approvals.
- Mentor for new hires.
- Assisted in recruiting, hiring and interviewing of potential reps.
- Chose by product management to speak on Q&A audio tape about products.

EDUCATION

SUNY Brockport ***Sep 1989 - May 1992***
Brockport, NY

Bachelor of Science; Communications Major

SKILLS

- Proficient in E-pedigree software-Tracelink.
- Able to keep product supply chain closed and safe
- Management skills and understanding of policies and procedures.
- Proficient in Lotus Notes, Windows, Excel and Word.

REFERENCES

Available on request.

JAMSRx Employee List

Employee Name	Title
Jasmine Johnson	Designated Representative/Warehouse Manager
Jade Harris	Warehouse Employee/Backup Designated Representative
Ayshia Cornish	Warehouse Employee
Jessica Gordon	Warehouse Employee
Hunter Kurgan	Warehouse Employee
Marcus Compton	Warehouse Employee
Brooke Ruth	Warehouse Employee
Brianna Ruth	Warehouse Employee
Diana Sanchez	Warehouse Employee
Hannah Kraft	Warehouse Employee

MARYLAND
Department of Health
Wes Moore, Governor - Aruna Miller, Lt. Governor - Laura Herrera Scott, M.D., M.P.H, Secretary

MARYLAND BOARD OF PHARMACY
4201 Patterson Avenue, Baltimore, Maryland 21215-2299
Kristopher Rusinko, PharmD, Board President, Deena Speights-Napata, Executive Director

PHARMACY OPENING INSPECTION FORM

Maryland Pharmacy Permit Number	:	D07824
Inspection Date	:	01/14/2026
Corporate Pharmacy Name	:	JAMSRX
Pharmacy Name-Doing Business as (d/b/a) or Trade Name	:	
Street Address	:	7152 Windsor Blvd, Windsor Mill, MD, 21244
Business Telephone Number	:	410-645-8140
Business Fax Number	:	754-227-2910
Arrival Time	:	13:22
Departure Time	:	13:37
Name of Inspector	:	Elizabeth M Reynolds

1. PHYSICAL REQUIREMENTS AND EQUIPMENT

○ Yes ○ No ◉ N/A	The pharmacy has a Class A prescription balance and weights, or a prescription balance with equivalent or superior sensitivity. COMAR 10.34.07.01A
◉ Yes ○ No ○ N/A	The pharmacy has a refrigerator(s), solely for the storage of drugs requiring refrigeration, with a thermometer or a temperature monitoring device. COMAR 10.34.07.01B
○ Yes ○ No ◉ N/A	The pharmacy has additional equipment to enable it to prepare and dispense prescriptions properly consistent with its scope of practice. COMAR 10.34.07.02
○ Yes ○ No ◉ N/A	The pharmacy has hot and cold running water.
◉ Yes ○ No ○ N/A	The pharmacy has a library of current reference sources consistent with its scope of practice that is accessible to all appropriate personnel. COMAR 10.34.07.03
◉ Yes ○ No ○ N/A	The pharmacy has online resources. HO §12-403(b)(15)
◉ Yes ○ No ○ N/A	The pharmacy possesses the current edition of The Maryland Pharmacy Laws and Regulations. HO §12-403(b)(10)(ii)

2. SECURITY COMAR 10.34.05

◉ Yes ○ No	The pharmacy is designed to prevent unauthorized entry when the prescription area is closed during any period that the rest of the establishment is open. (If yes, briefly describe how access is restricted.) COMAR 10.34.05.02A (5)

This facility has locked doors that prevent entry after the facility is closed. This facility requires badge access to enter the facility. The facility has motion sensors, door sensors, and glass break sensors in addition to the security alarm.

◉ Yes ○ No	The pharmacy and/or pharmacy department has a security system. COMAR 10.34.05.02A (2)

Opening Inspection:
- ◉ Pass
- ○ Fail
- ○ Pending for Review

INSPECTOR'S COMMENTS:

This opening inspection was reviewed with designated representative Jasmine Johnson.

This is an opening inspection for a brand-new distributor, JamsRX. The office hours of operation will be 9am-5pm closed Saturday and Sunday, the warehouse hours of operation will be 6am-9pm, closed Saturday and Sunday. This facility will be warehousing and distributing non-controlled medications and OTC products. See attached list of products. Per designated representative Jasmine Johnson, this facility will not be warehousing or distributing any Controlled medications.

The above physical and security requirements were observed to met. The alarm system was tested on site - see attached alarm report with badge access report and list of authorized personnel.

Please refer to the Board's License Verification Page for the facility permit number.

Note that this facility has 60 days from the date of permit activation to become operational. If an extension is required this must be requested in writing.

These matters may be forwarded to the Board for review.

Inspector Signature: Elizabeth M Reynolds

Pharmacist Name (Print): N/A Jasmine Johnson, designated representative Date: 01/14/2026

Received a copy of this inspection report:

Supporting Documents.

D07824_01142026_974_JAMS INVENTORY BALTIMORE.xlsx
D07824_01142026_974_JAMS Security Camera Explanation MD.pdf
D07824_01142026_974_JamsRX Alarm report with address and badge access report.pdf
D07824_01142026_974_JamsRX list of authorized personnel with badge access.pdf
D07824_01142026_974_jamsrx_application.pdf
D07824_01142026_974_Jasmine Johnson bagde access log from phone app.PNG
D07824_01142026_974_State of Maryland Mail - Jamsrx - Applicant 149935 - Distributor Opening Inspection Required.pdf
D07824_01142026_974_State of Maryland Mail - JAMSRx Inspection Follow Up_ Applicant _ 149935_email as of 1-7-2026.pdf

Vendor Names	Address
ACCORD HEALTHCARE INC	8041 ARCO CORPORATE DR SUITE 200 RALEIGH NC 27617
ACELLA PHARMACEUTICALS LLC	1880 MCFARLAND PKWY STE 110 ALPHARETTA GA 30005
ADVAGEN PHARMA	50 MILLSTONE RD. BUILDING 200 EAST WINDSOR NJ 08520
AJANTA PHARMA USA INC	400 CROSSING BOULEVARD STE 102 BRIDGEWATER NJ 08807
ALEMBIC PHARMACEUTICALS INC	550 HILLS DR STE 104B BEDMINSTER NJ 07921
ALVOGEN INC.	44 WHIPPANY RD MORRISTOWN NJ 07960
AMICI PHARMA, INC.	425 BROADHOLLOW RD STE 315 MELVILLE NY 11747
AMNEAL PHARMACEUTICAL	118 BEAVER TRL GLASGOW KY 42141
ANALOG PHARMA	2 RESEARCH WAY STE 1B DUCHESNAY NJ 08540
ANI PHARMACEUTICALS INC	210 MAIN ST BAUDETTE MN 56623
APOTEX CORPORATION	2400 N COMMERCE PKWY STE 400 WESTON FL 33326
APOTEX CORPORATION IN	2516 AIRWEST BLVD PLAINFIELD IN 46168
ARMAS PHARMACEUTICALS INC	303 W MAIN STREE SUITE 300 FREEHOLD NJ 07728
ASCEND LABORATORIES	339 JEFFERSON RD PARSIPPANY NJ 07054
AUROBINDO PHARMA USA INC	203B WINDSOR CENTER DRIVE EAST WINDSOR NJ 08520
BAUSCH & LOMB AMERICAS	400 SOMERSET CORPORATE BLVD 8TH FLOOR BRIDGEWATER NJ 08807
BAUSCH HEALTH BHUS	400 SOMERSET CORPORATE BLVD BRIDGEWATER NJ 08807
BE PHARMACEUTICALS, INC	203 NEW EDITION COURT CARY NC 27511
BIONPHARMA INC.	400 ALEXANDER RD STE 2-4B PRINCETON NJ 08540
BRECKENRIDGE PHARMACEUTICAL INC.	200 CONNELL DRIVE SUITE 4200 BERKELEY HEIGHTS NJ 07922
CAMBER PHARMACEUTICALS	1031 CENTENNIAL AVE PISCATAWAY NJ 08854
CAMERON PHARMACEUTICALS	12305 WESTPORT RD STE 205 LOUISVILLE KY 40245
CARACO PHARMACEUTICAL LABS	270 PROSPECT PLAINS RD CRANBURY NJ 08512
CARLSBAD TECHNOLOGY INC.	5922 FARNSWORTH CT CARLSBAD CA 92008
CARNEGIE PHARMACEUTICALS LLC	600 DELRAN PKWY DELRAN NJ 08075
CIPLA USA INC	10 INDEPENDENCE BLVD STE 300 WARREN NJ 07059
CLAY PARK LAB/PERRIGO	515 EASTERN AVE ALLEGAN MI 49010
COSETTE PHARMACEUTICALS	1877 KAWAI ROAD LINCOLNTON NC 28092
CRANBURY PHARMACEUTICALS, LLC	2031 US HIGHWAY 130 SUITE F MONMOUTH JUNCTION NJ 08852
CROWN LABORATORIES INC	207 MOCKINGBIRD LANE JOHNSON CITY TN 37604
DAVA PHARMACEUTICALS	PARKER PLAZA 400 KELBY ST FORT LEE NJ 07024
DEVATIS INC	300 SOUTH EL CAMINO REAL, SUITE 209 SAN CLEMENTE CA 92672
DR REDDYS LABORATORIES	600 COLLEGE RD E PRINCETON NJ 08540
EDENBRIDGE PHARMACEUTICALS	1 UPPER POUND RD SUITE D250 PARSIPPANY NJ 07054

Vendor Names	Address
ACCORD HEALTHCARE INC	8041 ARCO CORPORATE DR SUITE 200 RALEIGH NC 27617
ELITE LABORATORIES INC	165 LUDLOW AVE NORTHVALE NJ 07647
ENCUBE ETHICALS INC	200 MEREDITH DR STE 101A DURHAM NC 27713
ENDO USA INC	9 GREAT VALLEY PARKWAY MALVERN PA 19355
EPIC PHARMA LLC	227-15 N CONDUIT AVE LAURELTON NY 11413
FALCON/SANDOZ PHARMA LTD	100 COLLEGE RD W PRINCETON NJ 08540
FLORIDA PHARMACEUTICAL PRODUCTS LLC	6111 BROKEN SOUND PKWY NW STE 160 BOCA RATON FL 33487
FOSUN PHARMA	104 CARNEGIE CTR STE 204 PRINCETON NJ 08540
FOUGERA & COMPANY	100 COLLEGE RD W PRINCETON NJ 08540
GAVIS PHARMACEUTICALS	111 S CALVERT ST BALTIMORE MD 21202
GLENMARK PHARMACEUTICALS INC USA	750 CORPORATE DR MAHWAH NJ 07430
GRANULATION TECHNOLOGY, INC.	12 INDUSTRIAL ROAD FAIRFIELD NJ 07004
GRANULES PHARMACEUTICALS INC	3701 CONCORDE PKWY CHANTILLY VA 20151
HEPALINK USA	2050 CABOT BLVD WEST SUITE 200 LANGHORNE PA 19047
HERITAGE PHARMACEUTICALS	1 TOWER CENTER BLVD STE 1700 E BRUNSWICK NJ 08816
HIKMA PHARMACEUTICAL USA INC.	2130 ROHR ROAD LOCKBOURNE OH 43137
HN PHARMA INC.	15815 MONTE STREET STE 104 SYLMAR CA 91342
I3 PHARMACEUTICALS	200 PARK AVE WARMINSTER PA 18974
INGENUS PHARMACEUTICALS LLC	4901 VINELAND ROAD ORLANDO FL 32811
JUBILANT CADISTA PHARMACEUTICALS	790 TOWNSHIP LINE ROAD STE:325 YARDLEY PA 19067
KVK TECH	110 TERRY DR NEWTOWN PA 18940
LANNETTKREMERS COMPANY INC.	1101 C AVE W SEYMOUR IN 47274
LASER PHARMACEUTICALS	1015 NINE NORTH DR STE 400 ALPHARETTA GA 30004
LAURUS GENERICS INC.	400 CONNELL DRIVE SUITE 5200 BERKELEY HEIGHTS NJ 07922
LEADING PHARMACEUTICALS	26 B MADISON ROAD FAIRFIELD NJ 07004
LIFESTAR PHARMA	1200 MACARTHUR BLVD MAHWAH NJ 07430
LIFSA DRUGS, LLC	317 GEORGE STREET 3RD FL NEW BRUNSWICK NJ 08901
LUPIN PHARMACEUTICAL INC	5801 PELICAN BAY BLVD SUITE 500 NAPLES FL 34108
MACLEODS PHARMA USA INC.	500 COLLEGE RD SUITE 250 PRINCETON NJ 08540
MAJOR PHARMACEUTICALS INC. RUGBY	8401 BEARING DR STE 100 INDIANAPOLIS IN 46268
METHOD PHARMACEUTICALS LLC	419 BANK STREET STE 110 SAUTHLAKE TX 76092
MICRO LABS USA INC	220 DAVIDSON AVE. STE 402 SOMERSET NJ 08873
MODAVAR PHARMACEUTICALS	1016 16TH ST NW SUITE 602 WASHINGTON DC 20036
NEPHRON PHARMACEUTICALS	4500 12TH STREET EXT WEST COLUMBIA SC 29172

Vendor Names	Address
ACCORD HEALTHCARE INC	8041 ARCO CORPORATE DR SUITE 200 RALEIGH NC 27617
NIVAGEN PHARMACEUTICALS	3050 FITE CIR STE 100 SACRAMENTO CA 95827
NORDIC PHARMA INC	1205 WESTLAKES DR STE 275 BERWYN PA 19312
NORTHSTAR RX	4200 BINION WAY MASON OH 45036
NOSTRUM LABORATORIES	1800 N TOPPING AVE KANSAS CITY MO 64120
NOVADOZ PHARMACEUTICALS	20 DUKE RD PISCATAWAY NJ 08854
NOVITIUM PHARMA	70 LAKE DR EAST WINDSOR NJ 08520
NOVUGEN PHARMA	100 OVERLOOK CENTER 2ND FLOOR PRINCETON, NJ 08540
OCEANSIDE PHARM/VALEANT	353 CORPORATE PL CHATTANOOGA TN 37419
OLIVA THERAPEUTICS LLC	45 N BROAD STREET STE 504 RIDGEWOOD, NJ 07450
ORYZA PHARMACEUTICALS INC	4117 NW 124TH AVENUE CORAL SPRINGS FL 33065
OXFORD PHARMACEUTICALS LLC	301 LEAF LAKE PKWY BIRMINGHAM AL 35211
PADAGIS US LLC	1251 LINCOLN RD ALLEGAN MI 49010
PADDOCK LABORATORIES/PERRIGO	3940 QUEBEC AVE N MINNEAPOLIS MN 55427
PAI PHARMACEUTICAL ASSOCIATES INC	1700 PERIMETER RD GREENVILLE SC 29605
PERRIGO CO	1700 BATHGATE AVE BRONX NY 10457
PRASCO LABS	6125 COMMERCE CT MASON OH 45040
PRECISION DOSE	722 PROGRESSIVE LANE SOUTH BELOIT IL 61080
PROCARE HEALTH	400 TRADE CENTER DR ST. PETERS MO 63376
QUAGEN PHARMACEUTICALS LLC	34 FAIRFIELD PL WEST CALDWELL NJ 07006
QUALITEST PHARMACEUTICALS INC.	130 VINTAGE DR PO BOX 830778 BIRMINGHAM AL 35283
QUINN PHARMACEUTICALS	6111 BROKEN SOUND PKWY NW BOCA RATON FL 33487
RHODES PHARMACEUTICALS	4701 INTERNATIONAL BLVD W SUITE 307 WILSON NC 27893
RISING PHARMACEUTICALS	650 RANDOLPH RD SOMERSET NJ 08873
RITEDOSE PHARMACEUTICALS	1135 PERFORMANCE PARKWAY COLUMBIA SC 29203
ROXANE LABORATORIES INC	1809 WILSON RD COLUMBUS OH 43228
SANDOZ	100 COLLEGE RD W PRINCETON NJ 08540
SAPTALIS PHARMACEUTICALS LLC	45 DAVIDS DRIVE HAUPPAUGE NY 11788
SCIEGEN PHARMACEUTICALS	89 ARKAY DR HAUPPAUGE NY 11788
SIGMAPHARM LABORATORIES	3375 PROGRESS DR BENSALEM PA 19020
SILARX PHARMACEUTICALS	1033 STONELEIGH AVE CARMEL NY 10512
SIMPLE DIAGNOSTICS	PO BOX 128 WILLISTON PARK NY 11596
SLATE RUN PHARMACEUTICALS	277 W NATIONWIDE BLVD STE 260 COLUMBUS OH 43215
SOLA PHARMACEUTICALS	655 HIGHLANDIA DR STE B BATON ROUGE LA 70810

Vendor Names	Address
ACCORD HEALTHCARE INC	8041 ARCO CORPORATE DR SUITE 200 RALEIGH NC 27617
SOLARIS PHARMA	1031 ROUTE 202/206 SUITE G-200 BRIDGEWATER NJ 08807
SOLCO HEALTHCARE U.S	700 ATRIUM DRIVE SUITE A SOMERSET NJ 08873
SOMERSET PHARMA LLC	300 FRANKLIN SQUARE DR SOMERSET NJ 08873
STRIDES PHARMA INC	2 TOWER CENTER BLVD STE 1102 EAST BRUBSWICK NJ 08816
SUN PHARMACEUTICAL INDUSTRIES INC	1 COMMERCE DR STE B CRANBURY NJ 08512
SUN PHARMACEUTICAL/CARACO	1 COMMERCE DR STE B CRANBURY NJ 08512
SUNRISE PHARMACEUTICAL INC.	665 E LINCOLN AVE RAHWAY NJ 07065
TARO PHARMACEUTICALS U.S.A.	3 SKYLINE DR HAWTHORNE NY 10532
TIMECAP LABORATORIES INC.	7 MICHAEL AVE FARMINGDALE NY 11735
TORRENT PHARMACEUTICALS	106 ALLEN RD UITE 305 BASKING RIDGE NJ 07920
TRIGEN LABORATORIES LLC	1880 MCFARLAND PKWY SUITE 110-B ALPHARETTA GA 30005
TRUPHARMA	4100 W KENNEDY BLVD STE 220 TAMPA FL 33609
TWI PHARMACEUTICALS USA	115 W CENTURY RD STE 135 PARAMUS NJ 07652
UNICHEM PHARMACEUTICALS USA INC.	1 TOWER CENTER BLVD STE 2200 E BRUNSWICK NJ 08816
UPSHERSMITH LABORATORIES INC.	6701 EVENSTAD DR N MAPLE GROVE MN 55369
US ANTIBIOTICS, LLC	201 INDUSTRIAL DR. BRISTOL TN 37620
VALEANT PHARMACETICALS	353 CORPORATE PL CHATTANOOGA TN 37419
VENSUN PHARMACEUTICALS	790 TOWNSHIP LINE RD STE 250 YARDLEY PA 19067
VIONA PHARMACEUTICALS INC.	20 COMMERCE DR STE 340 CRANFORD NJ 07016
VIRTUS PHARMACEUTICALS	310 GEORGE PATTERSON DR STE 104 BRISTOL PA 19007
VITRUVIAS THERAPEUTICS	778 N DEAN RD STE 600 AUBURN AL 36830
WESTMINSTER PHARMACEUTICALS	1321 MURFREESBORO PIKE STE 607 NASHVILLE TN 37217
WILSHIRE PHARMACEUTICALS INC	6 CONCOURSE PARKWAY SUITE 1800 ATLANTA GA 30328
XIROMED LLC	180 PARK AVE STE 101 FLORHAM PARK NJ 07932
XTTRIUM LABORATORIES INC	1200 E. BUSINESS CENTER DRIVE MOUNT PROSPECT IL 60056
YARAL PHARMA	8 CAMPUS DRIVE, SUITE 201A PARSIPPANY NJ 07054
ZYDUS PHARMACEUTICALS	73 ROUTE 31 NORTH PENNINGTON NJ 08534

4PP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Qualanex, LLC

Physical Address: 1410 Harris Rd

City: Libertyville State: IL Zip: 60048

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 8005059291 Website: www.inmar.com

Name of Designated Representative (DR): James Lederle

Licensing Company Email: hcplc.licensure@inmar.com DR Email: james.lederle@inmar.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: Nonprescription 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)?		✔
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)?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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.

Qualanex, LLC

Facility Name

James Lederle

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

10/16/25

Date

Board Use Only	Date Received: 11/12/25	Amount: $1000 ch 9115 61

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Inmar Rx Solutions, Inc.

Corporation/Organization Name: Qualanex, LLC

Mailing Address: 1410 Harris Rd

City: Libertyville State: IL Zip: 60048

Telephone: 8005059291 Email: hcplc.licensure@inmar.com

Contact Person Name: Erin Liang

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/.		✓	✓	✓

Inmar Rx Solutions, Inc. and Qualanex, LLC are registered DEA collectors and reverse distributors. Qualanex, LLC is wholly owned by Inmar Rx Solutions, Inc.(100% ownership)

Inmar/Qualanex receives pharmaceutical medications, including controlled substances, solely for the purpose of evaluating manufacturer credit eligibility and/or coordinating their proper destruction. These medications originate from DEA registrants, drug manufacturers, and ultimate users located in various states, and are shipped to Inmar/Qualane's facilities in Grand Prairie, TX, and Libertyville, IL, exclusively via common or contract carriers.

The substances are temporarily stored at Inmar/Qualanex's Texas and/or Illinois facilities while they are assessed for credit eligibility and/or prepared for destruction. Inmar/Qualanex does not engage in the wholesale or retail distribution or sale of pharmaceuticals into other states. On limited occasions, non-creditable product may be returned directly to the original manufacturer, with such returns conducted only at the manufacturer's request, and not intended for reintroduction into the supply chain or distribution to or through other states. These returns strictly include non-saleable drugs which are not maintained or returned into the supply chain at any future date.

In summary, as reverse distributors, Inmar/Qualanex does not:

- *Engage in wholesale or retail distribution;*
- *Sell pharmaceuticals;*
- *Or operate drug-handling locations within any state besides Texas and Illinois.*

OPE Inmar Investment Holdings, LLC - Delaware
Owners with 10% or more see attached list

⇩

OPE Inmar Parent, Inc - Delaware
100% by OPE Inmar Investment

⇩

OPE Inmar Holdings, Inc. - Delaware
100% by OPE Inmar Parent

⇩

Inmar, Inc (North Carolina)
100% by OPE Inmar Holdings
Tax ID - 56-1269300

⇩

Inmar Rx Solutions, Inc. (Texas)
100% by Inmar Inc
Tax ID - 35-1816480

⇩

Qualanex, LLC (Delaware)
100% by Inmar Rx
Tax ID - 20-8162250

OPE Inmar Investment Holdings, LLC - Delaware
Owners with 10% or more see attached list

⇩

OPE Inmar Parent, Inc - Delaware
100% by OPE Inmar Investment

⇩

OPE Inmar Holdings, Inc. - Delaware
100% by OPE Inmar Parent

⇩

Inmar, Inc (North Carolina)
100% by OPE Inmar Holdings
Tax ID - 56-1269300

⇩

Inmar Rx Solutions, Inc. (Texas)
100% by Inmar, Inc.
Tax ID - 35-1816480

⇩

Qualanex, LLC (Delaware)
100% by Inmar Rx
Tax ID - 20-8162250

Inmar RX Solutions, Inc. & Qualanex, LLC Corporate Officers

Name	Title	Business Address	DOB	Telephone Number	Date of Hire
Frederick R. Jorgenson	Executive Vice President, General Counsel and Secretary	One West Fourth Street, Suite 500 Winston Salem, NC 27101	[redacted]		
Richard Schmidt	Executive Vice President, Chief Financial Officer and Treasurer	One West Fourth Street, Suite 500 Winston Salem, NC 27101			
Peter Richter	SVP	One West Fourth Street, Suite 500 Winston Salem, NC 27101			

An Official Website of the Illinois Secretary of State Here's how you know

ILLINOIS SECRETARY of STATE
ALEXI GIANNOULIAS

Driver's Licenses & ID Cards | Vehicles, Plates & Titles | Business Services | More Services

Business Entity Search

Entity Information

Entity Name	QUALANEX, LLC		
Principal Address	1 W 4TH ST STE 500 WINSTON SALEM,NC 27101		
File Number	03554686	**Status**	ACTIVE on 04-25-2025
Entity Type	LLC	**Type of LLC**	Foreign
Org. Date/Admission Date	05-06-2011	**Jurisdiction**	DE
Duration	PERPETUAL		
Annual Report Filing Date	04-25-2025	**Annual Report Year**	2025
Agent Information	ILLINOIS CORPORATION SERVICE COMPANY 801 ADLAI STEVENSON DRIVE SPRINGFIELD, IL 62703-4261	**Agent Change Date**	08-30-2023

Department of State: Division of Corporations

Entity Details

Status Retrieved: 01/02/2026 at 11:59 AM EST

File Number:	**4269118**	Incorporation Date / Formation Date:	**1/3/2007** (mm/dd/yyyy)
Entity Name:	**QUALANEX, LLC**		
Entity Kind:	**Limited Liability Company**	Entity Type:	**General**
Residency:	**Domestic**	State:	**State:**
Status:	**Good Standing**	Status as of:	**8/31/2015**

REGISTERED AGENT INFORMATION

Name:	**CORPORATION SERVICE COMPANY**		
Address:	**251 LITTLE FALLS DRIVE**		
City:	**WILMINGTON**	County:	**New Castle**
State:	**DE**	Postal Code:	**19808**
Phone:	**302-636-5401**		

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO
004.005150

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES
12/31/2026

LICENSED WHOLESALE DRUG DISTRIBUTOR

WHOLESALE DRUG

QUALANEX LLC
JAMES LEDERLE
1410 HARRIS RD
LIBERTYVILLE, IL 60048-2435

MARIO TRETO, JR.
SECRETARY

CAMILE LINDSAY
ACTING DIRECTOR

The official status of this license can be verified at IDFPR.illinois.gov

19925549

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: 1836517

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
304.007926
004.005150

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

II III IV V

QUALANEX LLC
JAMES LEDERLE
1410 HARRIS RD
LIBERTYVILLE, IL 60048-2435

MARIO TRETO, JR.
SECRETARY

CAMILE LINDSAY
ACTING DIRECTOR

The official status of this license can be verified at IDFPR.illinois.gov

19925813

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: 1836517

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RQ0620775	04-30-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	REVERSE DISTRIB	03-12-2025

QUALANEX, LLC
JAMES LEDERLE
1410 HARRIS RD
LIBERTYVILLE, IL 60048

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RQ0620775	04-30-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	REVERSE DISTRIB	03-12-2025

QUALANEX, LLC
JAMES LEDERLE
1410 HARRIS RD
LIBERTYVILLE, IL 60048

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
RQ0620775	04-30-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	REVERSE DISTRIB	03-12-2025

QUALANEX, LLC
JAMES LEDERLE
1410 HARRIS RD
LIBERTYVILLE, IL 60048

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): 8/18/2025

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
2301 Sugar Bush Road, Suite 600
Raleigh NC 27612

CONTACT NAME: Carrie Fowler, CISR
PHONE (A/C, No, Ext): 919-786-5673 **FAX (A/C, No):** 212-948-9258
E-MAIL ADDRESS: macertrequest@marshmma.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Hartford Fire Insurance Company	19682
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED INMARINC1
Qualanex, LLC
1410 Harris Road
Libertyville IL 60048

COVERAGES **CERTIFICATE NUMBER:** 1474812422 **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			22UENAW1TUN	8/15/2025	8/15/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			22UENAF1706	8/15/2025	8/15/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X 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)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			22WBAS5SKJ	8/15/2025	8/15/2026	X PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N / A					E.L. EACH ACCIDENT	$ 1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Arkansas State Board of Pharmacy
101 E. Capital, Suite 218
Little Rock, AR 72201

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. 018232175

Application/License No. _____

Qualanex, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1410 Harris Rd., Libertyville, IL, 60048 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 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 November 4, 2025 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 4 day of November, 2025.

APPLICANT/PRINCIPAL

COMPANY

Qualanex, LLC

Kathryn Kane-Neilson
Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Liberty Mutual Insurance Company

Surety Company's Representative

Jennifer Underhill, Attorney-in-fact
print name

Non-resident Nevada agent #165498

SIGNED and SEALED in the presence of

Witness

Witness

Countersigned by

N/A
Nevada Resident Agent

Posted February 20, 2020

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: 8210118-018060

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,

Adam J. Phillips; James P. Lowrey; Jennifer Underhill; John R. Haldeman, Jr.; Kelly S. Whitener; Lisa P. Smith; Sara Grace Deese

all of the city of Greensboro state of NC 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 22nd day of May, 2023.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 22nd day of May, 2023 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF I have hereunto set my hand and affixed the seals of said Companies this 4 day of November, 2025.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

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 Qualanex, LLC MDEG License # (if applicable) N/A

Physical Address 1410 Harris Rd

City Libertyville State IL Zip 60048

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 847-775-7256 Website www.Inmar.com

Licensing Company Email hcplc.licensure@inmar.com

Section 2: Personal Information

First James Middle F. Last Lederle

Alias(es, nick[redacted]c.) JAMES F. LEDERLE VP

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State IL Zip [redacted]

Telephon[redacted] Email james.lederle@inmar.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)	
HARPER COLLEGE		08/91 - 06/92	
Address	City	State	Zip
1200 WEST ALGONQUIN ROAD	PALATINE	IL	60067
Diploma/Degree obtained, if any			
PHARMACY TECHNICIAN CERTIFICATE			
School Name		From - To (MM/YY – MM/YY)	
ST. NORBERT COLLEGE		08/86 - 06/90	
Address	City	State	Zip
100 GRANT STREET	DEPERE	WI	54115
Diploma/Degree obtained, if any			
BS - BIOLOGY			
School Name		From - To (MM/YY – MM/YY)	
STREAMWOOD HIGH SCHOOL		08/82 - 06/86 (06/86)	
Address	City	State	Zip
701 W. SCHAUMBURG ROAD	STREAMWOOD	IL	60107
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
10/08 - PRESENT	[redacted]	VOLO	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: 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: QUALANEX, LLC			From - To (MM/YY – MM/YY): 06/08 – PRESENT
Business Address: 1410 HARRIS ROAD	City: LIBERTYVILLE	State: IL	Zip: 60048
Phone: 847-775-7256	Title: SR WRHS MGR		Number of Employed Hours: 35,000+
Description of Duties: COMPANY DESIGNATED REP, MANAGED WAREHOUSE & ALL SHIPPING/RECEIVING, PROVIDED EMPLOYEE ORIENTATIONS & TRAININGS FOR OPS. STAFF - INTERVIEWS FOR NEW HIRES - CERTIFIED STAND UP FORKLIFT OPERATOR			
Business Name: DMS PHARMACEUTICAL GROUP			From - To (MM/YY – MM/YY): 03/98 - 06/08
Business Address: 810 BUSSE HIGHWAY	City: PARK RIDGE	State: IL	Zip: 60068
Phone: 847-378-1100	Title: VP OPERATIONS		Number of Employed Hours: 20,000+
Description of Duties: WAREHOUSE MGMT, PURCHASING, CUSTOMER SERVICE			
Business Name: NORTHWEST COMMUNITY HOSPITAL			From - To (MM/YY – MM/YY): 10/90 - 03/98
Business Address: 800 CENTRAL ROAD	City: ARLINGTON HEIGHTS	State: IL	Zip: 60005
Phone: 847-618-1000	Title: PHARMACY TECHNICIAN		Number of Employed Hours: 10,000+
Description of Duties: INPATIENT PHARMACY, HOMECARE PHARMACY			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/24/2025
Date

I, James Lederle, **certify that as the MDEG Administrator for**

Qualanex, LLC,

that I (initial that you have read and meet the following requirements):

1. ✓ Have a high school diploma or its equivalent;
2. ✓ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ✓ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ✓ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Lederle

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/24/2025

Date

Signature: James Lederle

Email: james.lederle@inmar.com

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 Qualanex, LLC

Pharmacy/Wholesaler License # (if applicable) NA

Physical Address 1410 Harris Rd

City Libertyville State IL Zip 60048

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 8005059291 Website www.inmar.com

Licensing Company Email hcplc.licensure@inmar.com

Section 2: Personal Information

First James Middle F Last Lederle

Alias(es, nicknames, name changes, etc.) JAMES F LEDERLE V

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 1410 Harris Rd

City Libertyville State IL Zip 60048

Telephone 8005059291 Email james.lederle@inmar.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)	
HARPER COLLEGE		1990 - 1991	
Address	City	State	Zip
1200 ALGONQUIN ROAD	PALATINE	IL	60067
Diploma/Degree obtained, if any			
PHARMACY TECHNICIAN CERTIFICATE			

School Name		From - To (MM/YY – MM/YY)	
ST. NORBERT COLLEGE		1986 - 1990	
Address	City	State	Zip
100 GRANT STREET	DE PERE	WI	54115
Diploma/Degree obtained, if any			
BS BIOLOGY			

School Name		From - To (MM/YY – MM/YY)	
STREAMWOOD HIGH SCHOOL		1982 - 1986	
Address	City	State	Zip
701 W. SCHAUMBURG ROAD	STREAMWOOD	IL	60107
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2008 - CURRENT	[redacted]	VOLO	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)
QUALANEX, LLC			06/2008 - CURRENT
Business Address	**City**	**State**	**Zip**
1410 HARRIS ROAD	LIBERTYVILLE	IL	60048
Phone	**Title**	**Number of Employed Hours**	
847-775-7356	SR WAREHOUSE MGR	35,360	
Description of Duties			
MANAGE FACILITY, OVERSEE OPERATIONS, OVERSEE STAFF IN WAREHOUSE			

Business Name			From - To (MM/YY – MM/YY)
BMS PHARMACEUTICAL GROUP, INC			1998 - 06/2008
Business Address	**City**	**State**	**Zip**
810 BUSSE HWY	PARK RIDGE	IL	60068
Phone	**Title**	**Number of Employed Hours**	
847-518-1100	VP OPERATIONS	30,800	
Description of Duties			
MANAGE WAREHOUSE & STAFF, CUSTOMER SERVICE, PURCHASING			

Business Name			From - To (MM/YY – MM/YY)
NORTHWEST COMMUNITY HOSPITAL			1990 - 1998
Business Address	**City**	**State**	**Zip**
800 CENTRAL RD	ARLINGTON HEIGHTS	IL	60005
Phone	**Title**	**Number of Employed Hours**	
847-618-1000	PHARMACY TECHNICIAN	16,640	
Description of Duties			
FILLING INPATIENT ORDERS, IV ROOM, HOSPITAL FLOORSTOCK ROUNDS, + PURCHASING ASSISTANT TO PHARMACY BUYER			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description 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, James Lederle, **certify that as the designated representative for**

Qualanex, 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.

James Lederle

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/4/25

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.

James Lederle

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/4/25

Date

Please have this section completed in the presence of a Notary Public.

State of ILLINOIS, ss. County of LAKE

I, JAMES LEDERLE, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/4/25

Date

Subscribed and Sworn to before me this 4 day of OCTOBER 2025.

Notary Public Signature

"OFFICIAL SEAL"
KEVIN S GOLD
Notary Public, State of Illinois
Commission No. 673249
My Commission Expires March 30, 2029

(Seal)

Qualanex, LLC-Employees

Members

Worker	Position	Email	Location
Aaliyah Payne	[redacted]		
Alan Cuna			
Alejandro Delgado			
Aleyda Ulloa			
Ana Bonilla			
Ana Estrada Lopez (On Leave)			
Andres Garcia			
Angela Talbot			
Antonia Garibay			
Arnaldo Rodriguez Velazquez			
Ashley Hernandez			
Bermarys Rodriguez			
Bertha Aldana			
Beth Serelis			
Blanca Elizarraraz			
Blanca Ortiz Hernandez			
Brenda Rico			
Brian Lanning			
Bricia Manzano Jiménez			
Charmaine Nahti			

Christopher Hoyt

Cynthia Garcia

Daisy Mentado
Danaezha Dean

Daniela Rios Ventura
Danielle Young

David Giorgobiani
Duncan Bardecki
Eliany Munguia

Erica Angulo

Erica Benitez

ERIKO MALBRAN

Estela Munoz (On Leave)

Evie Hakeem

Fabiola Lopez Mata
Gilldardo Hernandez
Guadalupe Camacho

Helen Siegel

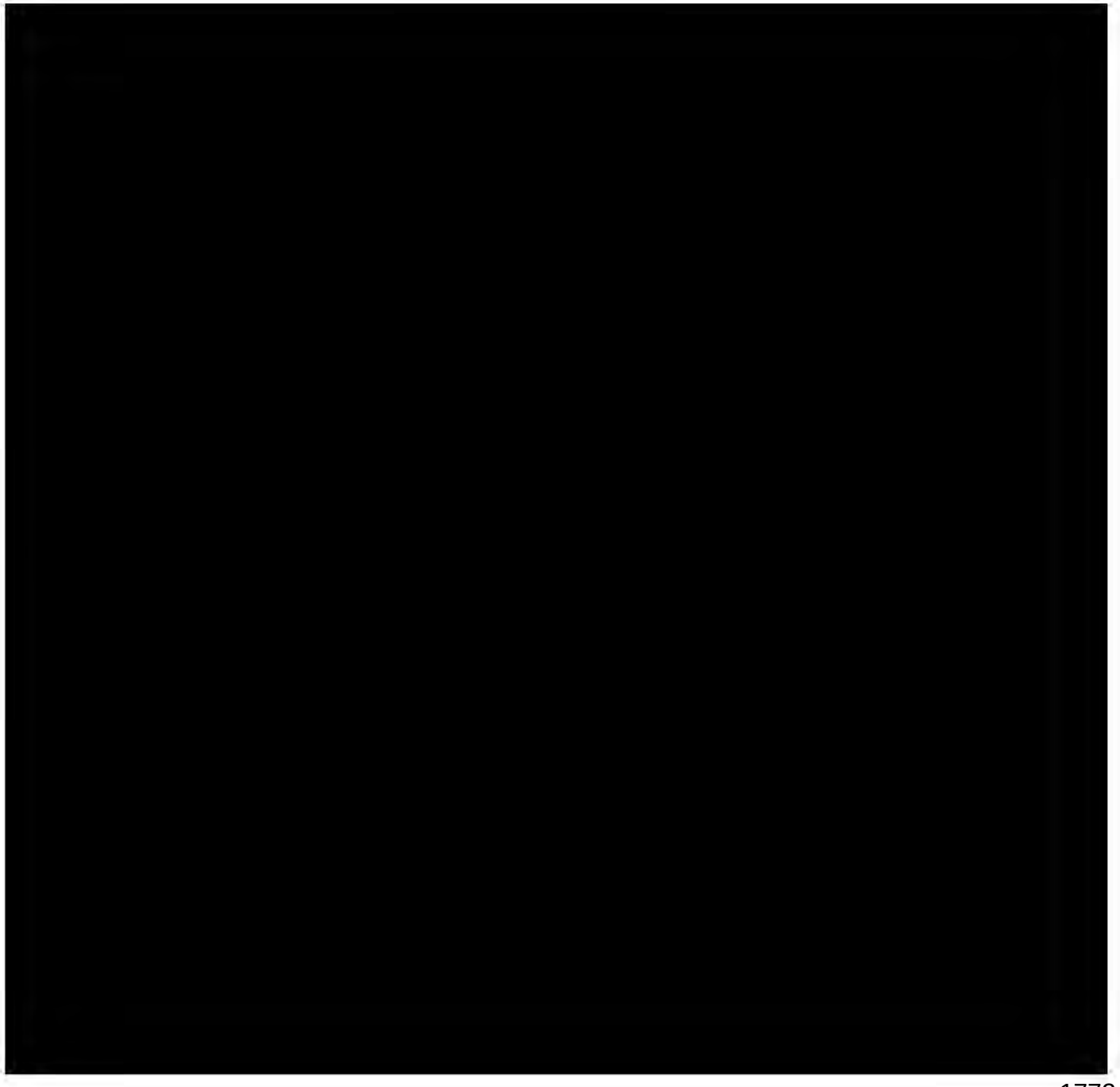
Hilda Ortiz

Ivelisse Colon

James Lederle

Jennifer Campos

Jennifer Woyner



Jessica Lopez

Jose Acosta

Jouhann Curbelo

Juana Guadarrama

Juana Santoyo

Karen Ordonez
Kassandra Guadarrama

Kimberly Ulloa-Romero

Laura Wence

Lisandro Vara

Luis Cintron
Luis Garcia
Lynn Gustofson

Margarita Rodriguez Garcia

Maria Carranza

Maria Cervantes

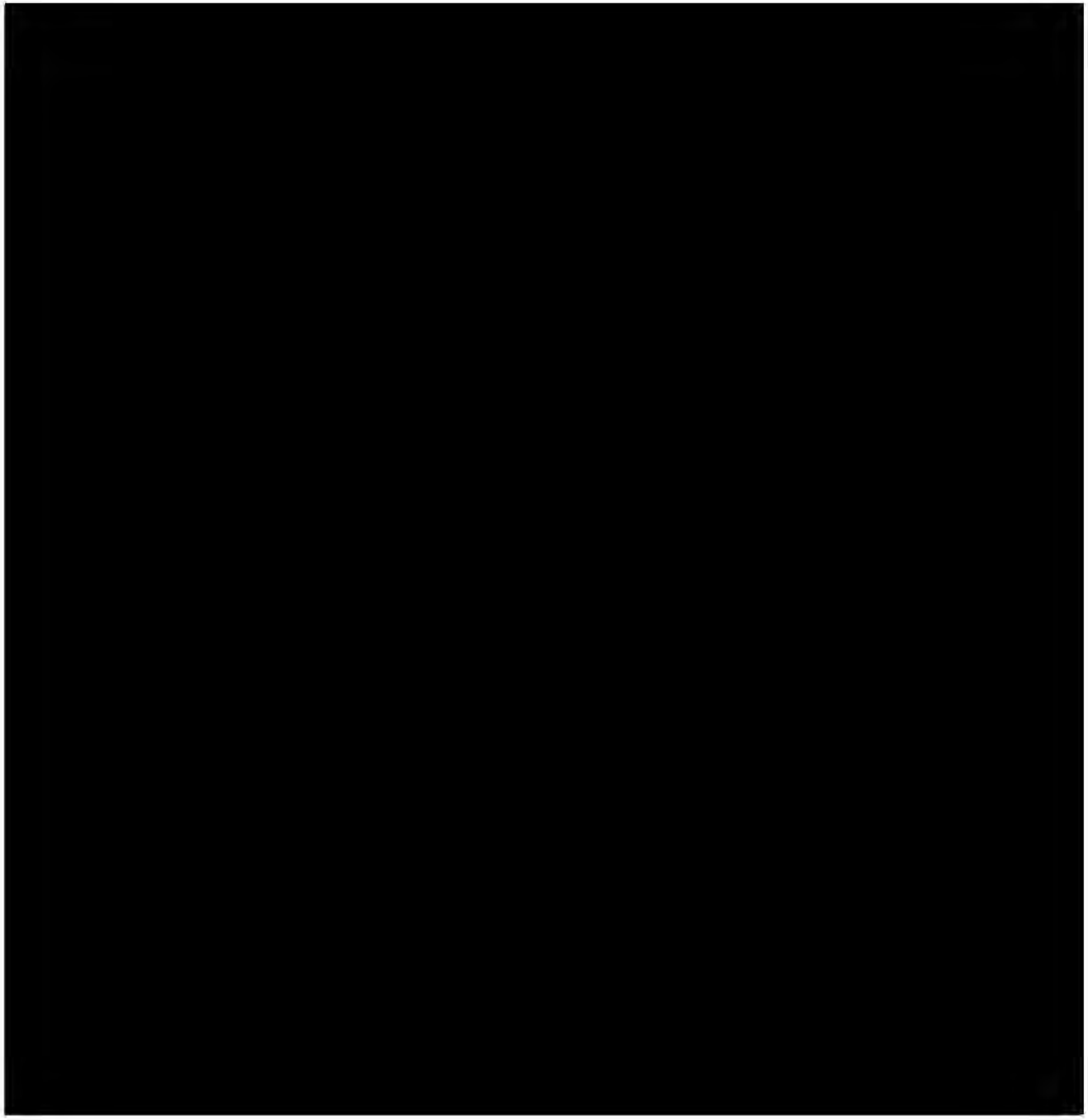
Maria Elena Valencia

Maria G Gonzalez

Maria Lara Hernandez

Maria Limon

Maria Martinez
Maria Snooky Bustos



Marina Sazonov

MaryJane Howard

Matilde Novoa

Mayette Black
Michael Hogan

Michelle Menez

Mike Perez

Misael Ascencio

Monica Diaz

Natacha Morales

Neida Garcia

Neisharielys Burgos Garcia

Neymarie Burgos Garcia

Oziel Sandoval

Patricia Bonilla

Patricia Eaton [C]
Paul Eaton [C]
Randy Daniel [C]

Randy Grumeretz
Raquel Ruiz
Rocio Bolanos

Rocio Solano Bahena

Rogelio Argomaniz

Ronnie Lester
Rosa Carranza

Roxana Diaz

Saifon Powell

Salvador Rios Ventura

Samantha Gonzalez

Sandra Booker

Sandy Baldwin

Sara Ruiz

Staci Ravesloot

Sue Hoffman

Susan Napoletano

Vanessa Arenas De La Torre

Veronica Tapia Morales

Whilhelmina Herrington

William Bukovsky (On Leave)

Yazmin Enciso

Yery Soto
Yhor L Cardeno Jimenez

Zaida Alina Hernandez

[redacted]

4QQ

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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 #: [redacted] ☒ Non-sterile Compounding ☒ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☒ Other: Veterinary

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: Thesis Pharmacy

Physical Address: 3033 W. Parker Rd. Ste. 100

City: Plano State: TX Zip: 75023

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 972-519-8475 Toll Free # (NAC 639.708, NRS 639.23286): 1-877-700-6979

Fax: 972-519-8477 Contact Email: licensing@thesispharmacy.com

Website: https://www.thesispharmacy.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Altaf Kausar Farooqi

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24568

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: Altaf Kausar Farooqi	NV Pharmacist Registration #: 24568
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: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Texas

Parent Company (if any): Plano Pharmacy Holdings II, LLC

Corporation/Organization Name: Thesis Pharmacy LLC

Mailing Address: 3033 W. Parker Rd. Ste. 100

City: Plano State: TX Zip: 75023

Telephone: 972-519-8475 Email: licensing@thesispharmacy.com

Contact Person Name: Marche' D. Garland

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Manager (title) for Thesis 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).

Altaf Kausar Farooqi

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

3/2/26

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.

Altaf Kausar Farooqi

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

3/2/26

Date

Board Use Only	Date Received: _____	Amount: 500.00/mo

AGREED BOARD ORDER #2022-03129

RE: IN THE MATTER OF
TEXAS STAR PHARMACY
(PHARMACY LICENSE #32282)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 32282 issued to Texas Star Pharmacy (Respondent), 3033 West Parker Road, Suite 100, Plano, Texas 75023.

By letter dated June 23, 2023, 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 (13); and 565.002(a)(3) and (4) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2021); and

Sections 281.7(a)(13); 291.31(15); 291.32(a)(2)(H); 291.32(c)(1)(E); and 295.3(a) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2022), in that allegedly:

COUNT

From on or about January 10, 2022, through February 8, 2022, Raman Bhaumik, while acting as an employee (pharmacist-in-charge) and corporate managing officer of Texas Star Pharmacy, 3033 West Parker Road, Suite 100, Plano, Texas 75023, allowed Texas Star Pharmacy to unlawfully engage in the operation of a pharmacy, in that Texas Star Pharmacy dispensed and sold nineteen prescriptions to nineteen patients in North Dakota when Texas Star Pharmacy did not possess a license from the North Dakota Board of Pharmacy or other North Dakota licensing entity necessary to operate in that state as a pharmacy or wholesale facility. Texas Star Pharmacy was subsequently granted a license by the North Dakota Board of Pharmacy.

An informal conference was held via videoconference on July 11, 2023, with Raman Bhaumik, R.Ph., Managing Officer, Bhaumik Diversified, LLC, on behalf of Respondent, and Stephen T. Snow, Legal Counsel for Respondent, in attendance. The informal conference was heard by Board Members: Donnie Lewis, R.Ph.; and Bradley A. Miller, Ph.T.R.; with Megan G. Holloway, General Counsel. Kelly M. Souza, Staff Attorney, was also in attendance.

At the informal conference, Respondent presented information that Respondent mistakenly believed the pharmacy's North Dakota pharmacy license application had been approved, when only the pharmacy's business license had been approved.

By appearing at the informal conference and by signing this Order, Raman Bhaumik, on behalf of Respondent, and Respondent's counsel neither admit nor deny the truth of the matters previously set out in this Order, and agree that the Board has jurisdiction in this matter and waive the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent shall pay an administrative penalty of one thousand dollars ($1,000) due one hundred twenty (120) days after the entry of this Order.

(2) Respondent shall develop and implement policies and procedures to ensure compliance with pharmacy and pharmacist licensure requirements from licensing entities in states where Respondent operates or seeks to operate as a pharmacy or wholesale facility. A written report of such policies and procedures shall be submitted to Board staff within one hundred twenty (120) days after the entry of this Order.

(3) Respondent shall be responsible for all costs relating to compliance with the requirements of this Order.

(4) Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement of this Order.

(5) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2021), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2023).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 7th day of November, 2023.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Daniel Carroll, Pharm.D.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Raman Bhaumik, R.Ph., Managing Officer, Bhaumik Diversified, LLC
On behalf of Texas Star Pharmacy

Stephen T. Snow, Legal Counsel for Texas Star Pharmacy
Bendin Sumrall & Ladner, LLC
1360 Peachtree Street, Suite 800
Atlanta, Georgia 30309

APPROVED AS TO FORM:

Megan G. Holloway, General Counsel
Texas State Board of Pharmacy

THESIS
PHARMACY

3033 W. Parker Rd. | Ste. 100 | Plano, TX 75023
P: 972.519.8475 | F: 972.519.8477
www.thesispharmacy.com

Managers' Information:				
Title:	***Name:***	***DOB:***	***Address:***	***Phone:***
Manager	Altaf Kausar Farooqi	[redacted]	3033 W. Parker Rd. Ste. 100 Plano, TX 75023	972.519.8475
Manager	Rene Barajas		3033 W. Parker Rd. Ste. 100 Plano, TX 75023	972.519.8475

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Thesis Pharmacy LLC (file number 803002458), a Domestic Limited Liability Company (LLC), was filed in this office on April 27, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 16, 2025.

Jane Nelson
Secretary of State

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Thesis Pharmacy

Pharmacy/Wholesaler License # (if applicable): TSBP 32282

Physical Address: 3033 W. Parker Rd. Ste. 100

City: Arlington State: TX Zip: 75023

Mailing Address (if different from physical address): N/A

City: State: Zip:

Telephone: 972-519-8475 Website: https://www.thesispharmacy.com

Licensing Company Email: licensing@thesispharmacy.com

Section 2: Personal Information

First: Altaf Middle: Kausar Last: Farooqi

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITI: [redacted] Sex: ☑ M ☑ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: TX Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Cranston High School West		09/93 - 07/96	
Address	**City**	**State**	**Zip**
80 Metropolitan Ave	Cranston	RI	02920
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
University of Rhode Island		09/96 -12/02	
Address	**City**	**State**	**Zip**
45 Upper College Rd.	Kingston	RI	02881
Diploma/Degree obtained, if any			
Doctor of Pharmacy 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
09/23 - Present	[redacted]	[redacted]	TX	[redacted]
03/16 - 09/23	[redacted]	[redacted]	TX	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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: Thesis Pharmacy				From - To (MM/YY – MM/YY): 01/25 - Present
Business Address: 3033 W. Parker Rd. Ste. 100		City: Plano	State: TX	Zip: 75023
Phone: 972-519-8475	Title: Senior Director of Ops/PIC/Thesis Pharmacy LLC - Mgr			Number of Employed Hours: 2,500
Description of Duties: Oversees pharmacy operations, regulatory compliance, and compounding activities as Senior Director of Operations, Pharmacist in Charge, and Manager of Thesis Pharmacy LLC.				

Business Name: Walgreen's				From - To (MM/YY – MM/YY): 06/24 - 12/24
Business Address: 108 Wilmot Rd		City: Deerfield	State: IL	Zip: 60015
Phone: 847-315-2500	Title: Pharmacy Manager			Number of Employed Hours: 1,000
Description of Duties: Managed pharmacy operations, staff performance, and regulatory compliance while providing patient care as Pharmacist-in-Charge.				

Business Name: CVS Health				From - To (MM/YY – MM/YY): 12/15 - 06/21
Business Address: 1 CVS Dr		City: Woonsocket	State: RI	Zip: 02895
Phone: 401-765-1500	Title: Regional Director/District Leader/Pharmacy Supervisor/RPh			Number of Employed Hours: 12,500
Description of Duties: Provided clinical care while leading pharmacy teams and regional operations, ensuring regulatory compliance, operational performance, and high-quality patient outcomes.				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description 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, Altaf Kausar Farooqi, **certify that as the designated representative for**

Thesis Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AF I am at least 21 years of age;
3. AF 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. AF I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AF I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AF 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. AF I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Altaf Farooqi

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3-2-26

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.

Altaf Farooqi

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3-2-26

Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of COLLIN

I, Altaf Kausar Farooqi, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

3-2-26

Date

Subscribed and Sworn to before me this 2 day of March.

Notary Public Signature

MARCHE D GARLAND
Notary ID #135535990
My Commission Expires
October 10, 2029
(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: Thesis Pharmacy

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 3033 W. Parker Rd. Ste. 100

City: Plano State: TX Zip: 75023

Mailing Address (if different from physical address): N/A

City: _____ State: _____ Zip: _____

Telephone: 972-519-8475 Toll Free # (NAC 639.708, NRS 639.23286): 1-877-600-6979

Fax: 972-519-8477 Contact Email: licensing@thesispharmacy.com

Website: https://www.thesispharmacy.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Altaf Kausar Farooqi

Supervising/Managing Pharmacist NV Pharmacist Registration #: 24568

Name of Designated Person(s) as defined by revised USP-797 guidelines: Sadia Shaukat

Email of Designated Person(s): sshaukat@thesispharmacy.com

Telephone of Designated Person(s): 469-750-3006

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)?

   [X] Category 1 [X] Category 2 [X] 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 [X] No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? [X] Aseptic [X] Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? [X] Yes [ ] No

5. When was the most recent certification for the ISO classified areas? 02/04/2026

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 [X] 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? [X] 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? Surface sampling is performed weekly in all ISO areas and pass-through, daily in ISO 5 compounding areas, and as needed, in accordance with USP <797> Category 3 and facility SOPs.

10. Will you be performing sterile hazardous drug compounding? X 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:

1) Tirzepatide/Nicotinamide Adenine Dinucleotide Injection
2) Semaglutide/Nicotinamide Adenine Dinucleotide Injection
3) Nicotinamide Adenine Dinucleotide Injection
4) Procaine Injection
5) Glutathione Injection
6) Testosterone Cypionate/Propionate Injection
7) Methylcobalamin Injection
8) Sermorelin Injection
9) Ascorbic Acid Injection
10) Calcium Gluconate Injection

12. What laboratory performs your sterility or endotoxin testing?

Name: Pharmetric Laboratory

Address: 11880 28th St. #210

City: St. Petersburg State: FL Zip: 33716

Telephone: 727-209-5778

13. What is your procedure for visual inspection of compounded sterile products?

All compounded sterile products undergo visual inspection following preparation and prior to pharmacist verification and release. Visual inspection includes confirmation of solution clarity, absence of particulate matter, container closure integrity, correct volume, and proper labeling. Inspection is documented in the compounding record in accordance with USP <797> and facility SOPs.

14. How often do you perform glove fingertip and medial fill testing?

Gloved fingertip testing is performed initially and at least every three (3) months in accordance with USP <797> Category 3. Media fill testing is performed initially and at least every three (3) months for personnel performing sterile compounding, in accordance with USP <797> Category 3.

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

All personnel performing sterile compounding complete initial training and competency assessment prior to independent compounding, including USP <797> instruction, aseptic technique training, media fill testing, and gloved fingertip testing. Ongoing training and competency reassessment are conducted at least every three (3) months.

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:

PECs and SECs are cleaned and disinfected per USP <797> and SOPs. PECs are cleaned at the start of the day, before each batch, every 30 minutes during continuous compounding, after spills, and at the end of the day. SECs are cleaned daily. Approved agents include sterile water, sterile 70% IPA for disinfection, and an EPA registered sporicidal disinfectant used at least weekly and monthly as part of a three step process. All activities are documented per SOP.

17. Who performs the sterile compounding process at your facility?

Sterile compounding at our facility is performed by trained pharmacy personnel, including pharmacists and pharmacy technicians, who are appropriately trained, competency assessed, and authorized under pharmacist supervision in accordance with USP <797> and SOPs.

18. Who is responsible and accountable for the sterile compounding process at your facility?

The Designated Person(s), as assigned by pharmacist in charge, are responsible and accountable for the sterile compounding process at our facility.

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Compounded sterile products are shipped using validated packaging appropriate to the assigned storage conditions (controlled room temperature or refrigerated). Packaging materials protect products from damage, leakage, contamination, and degradation, and maintain physical and chemical stability for the duration of transport. Refrigerated shipments utilize insulated packaging with cold packs and temperaturemonitoring devices. Shipments are tracked, include special handling instructions when applicable, and temperature excursions are documented and evaluated in accordance with facility SOPs.

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? Our facility utilizes biological safety cabinets (BSCs) for sterile hazardous drug compounding, in accordance with USP <797> and USP <800>.		
2. Are you complying with all USP 800 guidelines?	X Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	X Yes	No
4. Is your BSC or CACI vented 100% to the outside?	X Yes	No
5. Do you have a negative pressure buffer room at your facility?	X Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	X 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	X 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?

Patients and consumers are provided written handling and disposal instructions for hazardous compounded medications. Patient information materials include a standardized advisory statement identifying the medication as hazardous and instructing that unused or expired doses and associated containers be disposed of in accordance with local hazardous waste regulations. Patients are instructed not to dispose of hazardous medications in household trash or wastewater and to contact the pharmacy with any questions regarding safe handling or disposal.

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

New employees complete USP <800> and <797> didactic training, PPE and engineering control training, aseptic technique instruction, and initial competency assessments (including media fill and gloved fingertip testing) prior to independently compounding sterile hazardous drugs. Training and competency are documented before authorization to compound.

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:

1) Tirzepatide/Nicotinamide Adenine Dinucleotide Injection
2) Semaglutide/Nicotinamide Adenine Dinucleotide Injection
3) Nicotinamide Adenine Dinucleotide Injection
4) Procaine Injection
5) Glutathione Injection
6) Testosterone Cypionate/Propionate Injection
7) Methylcobalamin Injection
8) Sermorelin Injection
9) Ascorbic Acid Injection
10) Calcium Gluconate Injection

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

Every three (3) 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? X Yes No

4. What is the frequency for completing volumetric active air sampling?

Volumetric viable air sampling of all ISO-classified areas is performed at least monthly.

5. What is the frequency for completing surface sampling? Surface sampling is performed weekly in all ISO classified areas and daily in ISO5 areas in accordance with USP <797>.		
6. What is the frequency for using sporicidal agents? Sporicidal agents are applied at least weekly in ISO classified areas and as required in accordance with USP <797> Category 3 requirements and facility SOPs.		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	X Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	X 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.

Marche' D. Garland
Name of Person who Completed the Form

Licensing & Compliance Analyst
Title

Marche' Garland
Signature (copies or stamps not accepted)

03/02/26
Date

Board Use Only	Date Received:_____ Date Approved:_____ Approved By:_____

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *TEXAS STAR PHARMACY* License Number: *32282*

Class of License: *AS*

Inspection Information

Type: *Compliance* Purpose: *Licensee Request*

Date: *03/17/2025* Arrival Time: *10:15 AM* Departure Time: *3:00 PM*

Action Taken: *Inspection*

General Comments:

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Required licenses posted	*Satisfactory*

Comment

Advised to publicly display pharmacy license. This was corrected during the inspection.

09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Satisfactory*

Inventory Records

15. Change of PIC inventory	*Satisfactory*

Comment

Change of PIC inventory completed on: 1/4/25@opening

17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Satisfactory*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Annual controlled substance inventory completed on: 1/4/25@opening prior years ASCIs are in the current possession

69. Annual controlled substance inventory (continued) *Satisfactory*

of the DEA.

Ensure that an annual controlled substances inventory is conducted within 4 days of the previous year.

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?) *Satisfactory*

34. Notifications *Satisfactory*

76. PIC (Does the pharmacy have a pharmacist-in-charge?) *Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean *Satisfactory*

04. Balance inspection *Satisfactory*

Comment

Number of balances: 7 registered

05. Equipment Inspection *Satisfactory*

07. Security *Satisfactory*

08. Environment *Satisfactory*

48. Drugs (procurement, temperature, security, out-of-date, samples) *Satisfactory*

90. TSBP complaint notification *Satisfactory*

Comment

Update the TSBP address on the TSBP complaint notice for both walk-in patients and delivered prescriptions. Corrected during the inspection.

Controlled Substances

10. Prescriptions separated *Satisfactory*

24. Theft/Loss *Satisfactory*

Comment

No theft or loss has occurred.

26. Controlled substance prescription compliance ***Unsatisfactory***

291.34(b)(2)(B)(ii).

Prescriptions. Written prescription drug orders. Prescription drug orders written by practitioners in another state. A pharmacist may dispense prescription drug orders for controlled substances in Schedule III, IV, or V issued by a physician, dentist, veterinarian, or podiatrist in another state provided:

26. Controlled substance prescription compliance *(continued)* ***Unsatisfactory***

- the prescription drug order is issued by a person practicing in another state and licensed by another state as a physician, dentist, veterinarian, or podiatrist, who has a current federal DEA registration number, and who may legally prescribe Schedule III, IV, or V controlled substances in such other state;
- the prescription drug order is not dispensed or refilled more than six months from the initial date of issuance and may not be refilled more than five times; and
- if there are no refill instructions on the original prescription drug order (which shall be interpreted as no refills authorized) or if all refills authorized on the original prescription drug order have been dispensed, a new prescription drug order is obtained from the prescribing practitioner prior to dispensing any additional quantities of controlled substances

Warning Notice **Due Date for Completed Correction:** *04/16/2025*

Failure to comply regarding dispensing prescriptions from out-of-state APNs and PAs. Cease this practice and correct/resolve deficiency by date noted.

30. Controlled substance invoices dated/initialed by pharmacist *Satisfactory*

35. Controlled substance invoices separated *Satisfactory*

46. Drug distribution *Not Applicable*

53. Possession of controlled substances *Satisfactory*

Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?) *Satisfactory*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?) *Satisfactory*

45. Proper dispensing/labeling *Satisfactory*

54. Proper prepackaging procedures *Not Applicable*

Library

06. Required Library *Satisfactory*

Training

60. Documentation of required training *Satisfactory*

61. Supervision of supportive personnel *Satisfactory*

Patient/Computer/Dispensing Records

18. Records available *Satisfactory*

22. Data processing system compliance *Satisfactory*

Comment

22. Data processing system compliance *(continued)* — *Satisfactory*

Advised to add an attestation statement to the daily pharmacist signature log.

25. Prescriptions (complete, retrievable, auto-refills, accelerated refills) — *Satisfactory*

37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?) — *Satisfactory*

56. Prescription transfers — *Satisfactory*

67. Written drug information provided — *Satisfactory*

80. Patient counseling — *Satisfactory*

82. Patient Medication Records — *Satisfactory*

84. Drug regimen review — *Satisfactory*

86. Absence of pharmacist records — *Not Applicable*

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs — *Satisfactory*

92. Automated dispensing policy & procedures/SOPs — *Not Applicable*

Non-Sterile Compounding

03. Orderly/Clean/Hand Hygiene — *Satisfactory*

04. Balance inspection (for non-sterile compounding) — *Satisfactory*

Comment

Number of balances: 7 registered and verified

05. Equipment Inspection — *Satisfactory*

Comment

All containment closure devices have been certified in the last 12 months.

06. Non-sterile Library — *Satisfactory*

32. Non-sterile compound label (Is label complete?) — *Satisfactory*

Comment

Advised to include all required information on label for non-sterile preparation including the generic name(s) or the official name of the principal active ingredient(s) of the compounded preparation .

38. Area/Environment for non-sterile compounding — *Satisfactory*

43. Records for non-sterile compounding — *Satisfactory*

60. Documentation of non-sterile required training	*Satisfactory*
70. Required policies & procedures/SOPs	*Satisfactory*
87. Quality Control/Assurance	*Satisfactory*

Compounded Dosage Forms

Allergen extracts	*No*
Parenteral solutions	*Yes*
Parenteral suspensions	*No*
Preservative-free parenterals	*Yes*
Ophthalmic preparations	*Yes*
Oral or nasal inhalation preparations (not topical spray)	*Yes*
Bath or soaks for live organs/tissues	*No*
Irrigations for wounds or body cavities	*Yes*
Any other sterile preparations (implants, pellets, etc) [list]	*No*
Investigational drugs	*No*
Blood products or other biological materials (wound care, autologous, eye drops, etc)	*Yes*
Any compounds using federally controlled substances Schedule I-V (list and percentage)	*Yes*

Comment

Testosterone, nandrolone

Does the pharmacy use lyophilizer?	*No*

Environment (Sterile)

S109. Is the cleanroom clean and free of objects that shed particles?	*Satisfactory*
S110. Is the cleanroom used only for sterile preparations?	*Satisfactory*
S119. Does the cleanroom contain only appropriate supplies?	*Satisfactory*
S101. Does the ante-area provide at least ISO Class 8 air quality under dynamic conditions?	*Satisfactory*
S115. Does the ante-area contain a hands-free sink with hot and cold running water?	*Satisfactory*
S102. Does the buffer area provide at least ISO Class 7 air quality under dynamic conditions?	*Satisfactory*
S106. Is the buffer area free from sources of water (e.g., sink, floor drains)?	*Satisfactory*
S108. Is there hands-free access to the buffer area?	*Satisfactory*
S113. Are floors, walls, ceilings & fixtures smooth, impervious and free from cracks & crevices?	*Satisfactory*

S112. Does the floor covering enable regular disinfection?	*Satisfactory*
S118. Are supplies stored above the floor to permit adequate floor cleaning?	*Satisfactory*
S127. Does the clean room have a pressure gauge or velocity meter to monitor pressure differential between buffer area and ante-area and between the ante-area and the general environment? Is the pressure differential at least 0.02" wc?	*Satisfactory*
S116. Are temperature and humidity monitored, documented and within the required range?	*Satisfactory*
S167. Is there a thermometer available for the cleanroom and refrigerator(s)?	*Satisfactory*

Primary Engineering Control (PECs) Device

S126. Is the laminar air flow hood located in a buffer area that has a minimum differential positive pressure of 0.02" wc?	*Satisfactory*
S121. Is the PEC able to maintain at least ISO Class 5 conditions while compounding sterile preparations?	*Satisfactory*
S246. Are hazardous drugs prepared in a Class II/III vertical flow BSC or CACI located in an ISO Class 7 area physically separated from other areas?	*Satisfactory*
S247. Does the area where the BSC or CACI is located have not less than 0.01" wc negative pressure adjacent to the positive pressure ISO Class 7 area?	*Satisfactory*
S105. Does the CAI or CACI provide unidirectional airflow?	*Not Applicable*
S104. If the CAI or CACI is used for high-risk sterile compounding, is it placed in an ISO Class 8 area?	*Not Applicable*
S122. If the CAI is not required to be placed in an ISO Class 7 area, does the pharmacy maintain documentation from the manufacturer?	*Not Applicable*
S124. Is the PEC certified by an independent contractor every 6 months and when relocated?	*Satisfactory*
S125. Are prefilters inspected periodically and replaced as needed?	*Satisfactory*
S128. Are differential pressures monitored and documented at least every work shift (at a minimum daily) or by a continuous recording device?	*Satisfactory*

Equipment and Supplies

S174. Does the pharmacy have disposable needles, syringes, and other required or applicable supplies?	*Satisfactory*
S177. Does the pharmacy have lint-free towels or wipes?	*Satisfactory*
S180. Does the pharmacy have masks, caps, gowns with tight cuffs, shoes covers, and beard covers (if applicable)?	*Satisfactory*
S176. Does the pharmacy have handwashing agents with bactericidal action?	*Satisfactory*
S175. Does the pharmacy have disinfectant cleaning solutions and dedicated cleaning supplies?	*Satisfactory*
S179. Does the pharmacy have hazardous spill kits, if applicable?	*Satisfactory*

S171. Does the pharmacy have appropriate containers for needles and syringes?	*Satisfactory*
S170. Does the pharmacy have sterile isopropyl alcohol, sterile gloves, and waterless alcohol-based surgical hand scrub?	*Sotisfactory*
S178. Does the pharmacy have appropriate filters and filtration equipment?	*Satisfactory*
S181. If an automated compounding device is used, does the pharmacy calibrate & verify the device for accuracy, and document at least daily?	*Satisfactory*
S172. Does the pharmacy have packaging or delivery containers to maintain proper storage conditions for sterile preparations?	*Satisfactory*

High Risk CSPs

S103. If high-risk CSPs are compounded, does the buffer area provide physical separation from other compounding areas?	*Satisfactory*
S231. Is sterility testing performed if CSPs are prepared in groups > 25, or	*Satisfactory*
S232. If MDVs are prepared for multiple patients or when exposed > 12 hours at 2-8 degrees C before sterilized, or	*Not Applicable*
S233. If exposed > 6 hours at warmer than 8 degrees C before sterilized?	*Not Applicable*
S237. Are all non-sterile measuring, mixing, and purifying devices rinsed thoroughly with pyrogen-free or depyrogenated sterile water, and then thoroughly drained or dried immediately before use for high-risk sterile compounding?	*Satisfactory*
S238. Are all high-risk sterile solutions subjected to terminal sterilization prefiltered using no larger than a 1.2-micron filter to remove particulate matter? Is sterilization by filtration performed with a sterile 0.2 – 0.22 micrometer pore size filter within an ISO Class 5 environment or better?	*Satisfactory*
S165. Are filter integrity tests being performed and documented (e.g., bubble point test)?	*Satisfactory*
S239. Are pre-sterilization procedures (weighing and mixing) completed in an ISO Class 8 environment or better?	*Satisfactory*

Sterile Library

S154. Does the pharmacy have a reference on injectable drugs?	*Satisfactory*
S155. Does the pharmacy have a specialty reference?	*Satisfactory*
S156. Does the pharmacy have all of the required (USP chapters 71, 85, 795, 797, 1163) and applicable USP chapters?	*Satisfactory*

Hazardous CSPs

S242. Do personnel wear protective apparel at all times when hazardous drugs are handled?	*Satisfactory*
S243. Do personnel use appropriate safety and containment techniques when preparing hazardous CSPs?	*Satisfactory*
S244. Do personnel dispose of hazardous waste in compliance with local, state, and federal regulations?	*Satisfactory*

S245. Do personnel affix a proper label, including proper precautions inside and outside of the packaging?	*Satisfactory*
S248. Does the pharmacy have a pressure indicator that can be readily monitored for correct room pressurization?	*Satisfactory*
S249. Does the pharmacy meet the requirements for low volume preparation of hazardous drugs by using a device that provides two-tiers of containment (e.g., closed-system vial transfer device within a BSC)?	*Not Applicable*
S250. Are hazardous drugs stored separately from other inventory in a manner to prevent contamination and personnel exposure?	*Satisfactory*
Does the pharmacy have a plan to comply with USP <800> by the implementation date?	*Yes*
Are hazardous drugs stored separately in compliance with USP <800> (negative pressure at least -0.01" wc to adjacent areas and with at least 12 ACPH)?	*Yes*
Is hazardous drug waste quarantined in a designated area?	*Yes*
Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)?	*Yes*

Personnel Cleansing, Garbing, Hand Hygiene

S202. Does hand sanitizing and gowning occur in the ante-area (outside of the buffer area)?	*Satisfactory*
S180. Do compounding personnel don clean non-shedding gowns with sleeves that fit snugly around the wrists and enclose at the neck? Is the order of garbing appropriate (dirtiest to cleanest)?	*Satisfactory*
S194. Before entering the buffer area, do compounding personnel remove cosmetics?	*Satisfactory*
S195. Before entering the buffer area, do compounding personnel remove all hand, wrist, and other body jewelry/piercings?	*Satisfactory*
S196. Are natural nails kept neat and trim and no wearing of artificial nails or extenders?	*Satisfactory*
S200. Do compounding personnel remove debris from underneath fingernails using a nail cleaner under running warm water?	*Satisfactory*
S192. Are personnel with an apparent illness or open lesions compounding sterile preparations?	*Satisfactory*
S241. When compounding personnel temporarily exit the ISO Class 7 environment, are re-donning procedures properly followed?	*Satisfactory*
S201. Do compounding personnel engage in proper hand hygiene?	*Satisfactory*
S203. Do compounding personnel completely dry hands and forearms using lint-free disposable towels or hand dryer?	*Satisfactory*
S204. Is antiseptic hand cleansing performed using waterless alcohol-based surgical scrub once inside the buffer area and prior to donning sterile gloves?	*Satisfactory*
S206. Is sterile isopropyl alcohol applied to gloves throughout the day and when non-sterile surfaces are touched?	*Satisfactory*

Cleaning/Disinfection Procedures

S182. Does the pharmacy have written procedures on the cleaning and disinfecting of the direct and contiguous compounding areas (e.g., beginning of shift, every 30 minutes, before each batch, spills)?	*Satisfactory*
S230. Is cleaning performed by trained personnel using approved agents (described in written SOPs)?	*Satisfactory*
S228. Are supplies & equipment that are removed from shipping cartons wiped with a disinfecting agent (e.g., sterile IPA)?	*Satisfactary*
S226. Are work surfaces and floors in the ante-area and buffer area cleaned and disinfected daily with dedicated supplies?	*Satisfactory*
S227. Are walls, ceilings and shelving in the ante-area and buffer area cleaned and disinfected at least monthly?	*Satisfactory*
S229. Does the pharmacy maintain documentation of cleaning procedures (i.e., date/time of cleaning, type of cleaning, name of individual who performed the cleaning)?	*Satisfactory*

Environmental Sampling

S270. Is surface sampling conducted in all ISO classified areas on a periodic basis?	*Satisfactory*
S272. Is viable air sampling performed?	*Satisfactory*
S273. Is viable air sampling documented by properly trained individuals for all risk levels every 6 months?	*Satisfactory*
S271. Are environmental sampling results evaluated and addressed (i.e., action levels followed)?	*Satisfactory*

Records of CSPs

S252. Does the pharmacy maintain records relating to CSPs for a minimum of 2 years?	*Satisfactory*
S253. Do compounding records include the date and time of preparation of a CSP?	*Satisfactory*
S254. Do compounding records include the complete formula of a CSP?	*Satisfactory*
S257. Do compounding records include the quantities of materials used in a CSP?	*Satisfactory*
S255. Do compounding records include the signature or initials of who prepared a CSP?	*Satisfactory*
S256. Do compounding records include the signature or initials of who conducted the final check of a CSP?	*Satisfactory*
S258. Do compounding records include the container used and the number of units prepared for a CSP?	*Satisfactory*
S259. Do compounding records include the criteria used to determine the beyond-use date of a CSP?	*Satisfactory*
S260. Do compounding records include the documentation of performance of quality control procedures?	*Satisfactory*

S261. Are master worksheets and preparation worksheets for batch compounding complete? *Satisfactory*

S262. Are master worksheets developed and approved by a pharmacist? *Satisfactory*

General Operational Requirements

S166. Is a pharmacist available at all times (24/7)? *Satisfactory*

S187. Are written SOPs developed and implemented for all significant procedures in the compounding area to include at a minimum: the facility, equipment, personnel, preparation evaluation, quality assurance, preparation recall, packaging, and storage of CSPs? *Satisfactory*

S188. Does the pharmacy have all required written policies (e.g., pharmaceutical care services, sampling plan, recalls)? *Satisfactory*

S158. If the pharmacy compounds commercially available products, does the pharmacy document the need by verifying and monitoring a drug shortage list (including if the preparation is quarantined/not available once removed from the shortage list)? Or, *Not Applicable*

S158. Does the pharmacy document the need for compounding commercially available products by individual patient needs determined by the prescribing practitioner (i.e, hypersensitivity to inactive ingredients or alternate dosage form)? *Satisfactory*

Comment

Medical necessity of the compounded preparation as per the provider is maintained for each individual patient.

S275. If the pharmacy dispenses prescriptions to patients in other states, does the pharmacy have proper licensure in those states? *Satisfactory*

Office Use Compounding & Distribution of CSPs

S163. Does the pharmacy have a written agreement with the prescriber that meets all requirements to distribute compounded sterile preparations to practitioners for office use? *Not Applicable*

S162. If the pharmacy is distributing CSPs to another pharmacy, does the pharmacy meet the requirements for such distribution? *Not Applicable*

Is the pharmacy registered with the FDA as an Outsourcing Facility (503B)? *No*

Quality Control & Verification of Compounding Accuracy

S207. Does a pharmacist review all compounding records for accuracy and perform the final check of a CSP? *Satisfactory*

S185. Are periodic in-process checks for CSPs defined in written procedures and conducted as defined? *Satisfactory*

S191. Are all drug components USP/NF grade substances manufactured in an FDA-registered facility? If USP/NF grade substances are not available, are the drug components of chemical grade in CP, AR, ACS, or Food Chemical Codex categories? *Satisfactory*

S191. Is a Certificate of Analysis available for all components of the preparation if materials are not purchased through an FDA-registered facility? *Not Applicable*

S191. Are any CSPs prepared by the pharmacy listed on the federal FDA list of drug products that are withdrawn or removed from the market for safety reasons? *Satisfactory*

Veterinary Compounding

Are APIs or other components labeled for veterinary use segregated or marked to prevent use for human compounding?	*Yes*
Does the pharmacy meet the same standards for animal compounding as human compounding?	*Yes*
Is the pharmacist knowledgeable or does the pharmacy have up-to-date references regarding species limits that can result in toxicity when compounding with particular drugs/excipients?	*Yes*
Does the pharmacy document if the animal is a pet or used for food?	*Yes*
Is the pharmacist familiar with, or does the pharmacy have the most up-to date references regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals?	*Not Applicable*
Does the pharmacy have a list of drugs and components that have been designated by state or federal authorities as prohibited ingredients in CSPs for food-producing animals?	*Not Applicable*
Is the pharmacist familiar with, or does the pharmacy have the most up-to-date reference regarding regulations for drug use in performance animals?	*Not Applicable*

Label

S209. Is the CSP properly labeled to include the generic name(s), and	*Satisfactory*
S210. For outpatient prescriptions, does the label include a statement that the CSP has been compounded by the pharmacy?	*Satisfactory*
S211. Does the label include a beyond-use date?	*Satisfactory*
S213. If the CSP is compounded as a batch, does the label contain a unique lot number assigned to the batch, and	*Satisfactory*
S214. Quantity, and	*Satisfactory*
S215. Appropriate ancillary instructions, such as storage or cautionary statements, and	*Satisfactory*
S216. Any device-specific instructions, if appropriate?	*Satisfactory*
S220. Are CSPs assigned a beyond-use date based on the specified labeling for the drug, appropriate literature sources, or direct testing?	*Satisfactory*

Training & Competency Testing

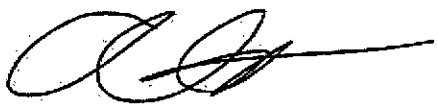
S129. Has each pharmacist completed the required education and training prior to engaging in sterile compounding?	*Satisfactory*
S130. Has each pharmacy technician completed the required education and training prior to engaging in sterile compounding?	*Satisfactory*
S142. Does the pharmacy maintain documentation to demonstrate that all compounding personnel have successfully passed initial competency evaluation/testing (e.g., media-fill testing, gloved fingertip/thumb testing)? Does the pharmacy have an on-the-job training program?	*Satisfactory*

S144. Does the pharmacy maintain documentation of on-going training and testing for all compounding personnel (e.g., observation of aseptic technique, media-fill testing, gloved fingertip/thumb testing, continuing education)? *Satisfactory*

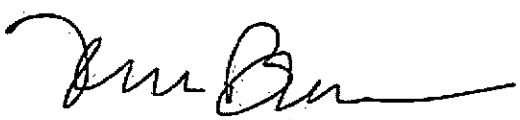
Signatures

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).



Altaf Farooqi PIC 57589



Terri Burrows

TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue, Suite 13.100
Austin, TX 78701-1319
(512) 305-8000

License Number: 32282

(Date PDF Version Generated: 11/13/2025)

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/

CERTIFICATE
TEXAS
BOARD OF PHARMACY

This certifies that the pharmacy named below is hereby licensed to operate as a Class **AS** pharmacy.

License No. **32282** Expiration Date: **10/31/2026**

Balances: **7**

THESIS PHARMACY
3033 W PARKER RD STE 100
PLANO, TX 75023

Daniel R. Carroll, Pharm.D.,
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Re:	Thesis Pharmacy
Address:	3033 West Parker Road, Suite 100 Plano, Texas 75023
License No.:	32282
Date Issued:	October 2, 2018
Licensure Status:	Active
Expiration Date:	October 31, 2026
Type of Pharmacy:	Community Sterile Compounding
Prior Disciplinary Orders:	Yes

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Thesis Pharmacy (Texas Pharmacy License #32282) has been subject to disciplinary action by the Texas State Board of Pharmacy (see attached).

Form Completed by:

Eamon D. Briggs
Deputy General Counsel
Texas State Board of Pharmacy

December 19, 2025
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

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: Thesis Pharmacy

Address: 3033 W. Parker Rd. Ste. 100

City: Plano State: TX Zip: 75023

I hereby authorize the Texas State Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant Rene Barrigas

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
32282	Active	October 2, 2018	October 31, 2026

Has this license been encumbered in any way?	Type of Encumbrance: (if any) (see attached)
☒ Yes ☐ No (see attached)	☐ 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 S
Gavin D. Briggs	Deputy General Counsel	Texas	December 19, 2025	

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Thesis Pharmacy

Pharmacy/MDEG/Wholesaler License # (if applicable): TSBP 32282

Physical Address: 3033 W. Parker Rd. Ste. 100

City: Arlington State: TX Zip: 75023

Mailing Address (if different from physical address): N/A

City: State: Zip:

Telephone: 972-519-8475 Website: https://www.thesispharmacy.com

Licensing Company Email: licensing@thesispharmacy.com

Section 2: Personal Information

First: Rene Middle: Last: Barajas

Alias(es, nicknames, name changes, etc.): N/A

Date of Birt[redacted] SSN or ITI[redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State: TX Z[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)	
Bishop Dunne High School		08/99-05/03	
Address	**City**	**State**	**Zip**
3900 Rugged Dr.	Dallas	TX	75224
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)	[redacted]	[redacted]	State	[redacted]
02/14 - Present			TX	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
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)	
Thesis Pharmacy			07/23 - Present	
Business Address		**City**	**State**	**Zip**
3033 W. Parker Rd. Ste. 100		Plano	TX	75023
Phone	**Title**			
972-519-8475	Operations Supervisor/Thesis Pharmacy LLC - Manager			
Description of Duties				
Oversees daily operations, staff coordination, and regulatory compliance as Operations Supervisor and Manager of Thesis Pharmacy LLC.				

Business Name			From - To (MM/YY – MM/YY)	
McKesson Specialty Pharmacy			07/18 - 04/23	
Business Address		**City**	**State**	**Zip**
845 Regent Blvd.		Irving	TX	75063
Phone	**Title**			
888-479-6337	Supervisor			
Description of Duties				
Supervised daily specialty pharmacy operations, staff performance, and compliance with regulatory and McKesson standards.				

Business Name			From - To (MM/YY – MM/YY)	
Molina Healthcare			02/17 - 06/18	
Business Address		**City**	**State**	**Zip**
1660 Westridge Cir N		Irving	TX	75038
Phone	**Title**			
877-665-4622	Supervisor			
Description of Duties				
Supervised healthcare services operations, staff performance, and regulatory compliance for Molina Healthcare programs.				

Business Name			From - To (MM/YY – MM/YY)	
Ernst & Young			04/16 - 12/16	
Business Address		**City**	**State**	**Zip**
1201 Elm St		Dallas	TX	75270
Phone	**Title**			
214-979-1700	Supervisor			
Description of Duties				
Supervised project teams, oversees client deliverables, and ensures compliance with EY methodologies and professional standards.				

Business Name			From - To (MM/YY – MM/YY)	
Pan-american Life Insurance Group			09/13 - 04/14	
Business Address		**City**	**State**	**Zip**
1778 North Plano Rd. Ste. 210		Richardson	TX	75081
Phone	**Title**			
1-800-766-8748	Supervisor			
Description of Duties				
Supervised insurance operations and staff, ensuring compliance with company policies and regulatory requirements.				

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.

Rene Barajas

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03-02-2026

Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of COLLIN

I, RENE BARAJAS, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

03-02-2026

Date

Subscribed and Sworn to before me this 2 day of MARCH.

Notary Public Signature

MARCHE D GARLAND
Notary ID #135535990
My Commission Expires
October 10, 2029

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Thesis Pharmacy

Pharmacy/MDEG/Wholesaler License # (if applicable) TSBP 32282

Physical Address 3033 W. Parker Rd. Ste. 100

City Arlington State TX Zip 75023

Mailing Address (if different from physical address) N/A

City _____ State _____ Zip _____

Telephone 972-519-8475 Website https://www.thesispharmacy.com

Licensing Company Email licensing@thesispharmacy.com

Section 2: Personal Information

First Altaf Middle Kausar Last Farooqi

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 TX Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Cranston High School West		09/93-07/96	
Address	**City**	**State**	**Zip**
80 Metropolitan Ave	Cranston	RI	02920
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
University of Rhode Island		09/96-12/02	
Address	**City**	**State**	**Zip**
45 Upper College Rd.	Kingston	RI	02881
Diploma/Degree obtained, if any			
Doctor of Pharmacy 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)	[redacted]	[redacted]	State	[redacted]
09/23 - Present			TX	
From - To (MM/YY – MM/YY)	[redacted]	[redacted]	State	[redacted]
03/16 - 09/23			TX	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: 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)
Thesis Pharmacy			01/25 - Present
Business Address	**City**	**State**	**Zip**
3033 W. Parker Rd. Ste. 100	Plano	TX	75023
Phone	**Title**		
972-519-8475	Senior Director of Operations/Pharmacist in Charge/Thesis Pharmacy LLC Manager		
Description of Duties			
Oversees pharmacy operations, regulatory compliance, and compounding activities as Senior Director of Operations, Pharmacist in Charge, and Manager of Thesis Pharmacy LLC.			

Business Name			From - To (MM/YY – MM/YY)
Walgreen's			06/24 - 12/24
Business Address	**City**	**State**	**Zip**
108 Wilmot Rd	Deerfield	IL	60015
Phone	**Title**		
847-615-2500	Pharmacy Manager		
Description of Duties			
Managed pharmacy operations, staff performance, and regulatory compliance while providing patient care as Pharmacist-in-Charge.			

Business Name			From - To (MM/YY – MM/YY)
Tend			08/22 - 06/24
Business Address	**City**	**State**	**Zip**
41 Union Square West	New York	NY	10003
Phone	**Title**		
212-686-3686	Senior Director of Operations		
Description of Duties			
Lead multi-site operations, performance, and compliance, ensuring efficient execution of organizational strategy and operational standards.			

Business Name			From - To (MM/YY – MM/YY)
CVS Health			12/15 - 06/21
Business Address	**City**	**State**	**Zip**
1 CVS Dr	Woonsocket	RI	02895
Phone	**Title**		
401-765-1500	Regional Director/District Leader/Pharmacy Supervisor/Pharmacist		
Description of Duties			
Provided clinical care while leading pharmacy teams and regional operations, ensuring regulatory compliance, operational performance, and high-quality patient outcomes.			

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.

Altaf Farooqi

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3-2-26

Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of COLLIN

I, Altaf Kavsar Farooqi, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

3-2-26

Date

Subscribed and Sworn to before me this 2 day of MARCH.

Mgarland

Notary Public Signature

MARCHE D GARLAND
Notary ID #135535990
My Commission Expires
October 10, 2029
(Seal)

4RR

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: Home Infusion and Specialty Pharmacy	☒ Retail/Community ☐ Dangerous drugs ☒ Controlled substances DEA #: [redacted] ☒ 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: Advance Care Pharmacy

Physical Address: 280 Indian Springs Rd Suite 125

City: Indiana State: PA Zip: 15701

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (724) 463-9300 Toll Free # (NAC 639.708, NRS 639.23286): (844) 714-2300

Fax: (724) 463-9301 Contact Email: pharmacy@advinfusion.com

Website: https://advinfusion.com/

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Zachary Arbore

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 25063

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: Zachary Arbore	NV Pharmacist Registration #: 25063
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: Pennsylvania

Parent Company (if any): _____

Corporation/Organization Name: Your Compounding Pharmacy, LLC

Mailing Address: 280 Indian Springs Road. Suite 125

City: Indiana State: PA Zip: 15701

Telephone: (724) 463-9300 Email: jkodman@advinfusion.com

Contact Person Name: James A Kodman

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 Pharmacist in Charge (title) for Advance Care 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).

Zachary Arbore

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

4/15/26

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Zachary Arbore 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 Advance Care 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 17 day of April, 20 26

Notary Public

Commonwealth of Pennsylvania - Notary Seal
Lisa A. Gardner, Notary Public
Indiana County
My commission expires March 12, 2028
Commission number 1056074
Member, Pennsylvania Association of Notaries

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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 Arbore

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)

4/17/26
Date

Board Use Only	Date Received: 4/21/26	Amount: $500-cc ✓

Your Compounding Pharmacy, LLC

280 Indian Springs Road, Suite 125

Indiana, PA 15701

D/B/A:

Advance Care Pharmacy

280 Indian Springs Road, Suite 125

Indiana, PA 15701

Phone: (724) 463-9300 Fax: (724) 463-9301

Toll Free Phone: (844) 714-2300 Toll Free Fax: (844) 595-3314

Corporate Officers / Demographics:

James A Kodman [redacted]

[redacted]

Business Phone: (724) 463-9300

Mobile Phone: [redacted]

Ownership Percentage: 100%

Title: CEO

[redacted]

Pharmacist In Charge:

Zachary Arbore, PharmD [redacted]

- PA Pharmacist License: RP451565 Exp: 9/30/2026
- NV Pharmacist License: 25063 Exp: 10/31/2027

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:	Your Compounding Pharmacy, LLC
Request Type:	Subsistence Certificate
Request No.:	077758534
Receipt No.:	002696263
Filing Type:	Domestic Limited Liability Company
Filing Subtype:	Limited Liability Company
Initial Filing Date:	May 09, 2006
Status:	Active

Issuance Date: April 17, 2026
File No.: 0000602760

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Your Compounding Pharmacy, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Advance Care Pharmacy

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 280 Indian Springs Road Suite 125

City: Indiana State: PA Zip: 15701

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (724) 463-9300 Website: https://advinfusion.com/

Licensing Company Email: pharmacy@advinfusion.com

Section 2: Personal Information

First: Zachary Middle: Dominic Last: Arbore

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: PA 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)	
Duquesne University		08/13 - 05/17	
Address	**City**	**State**	**Zip**
600 Forbes Avenue	Pittsburgh	PA	15282
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
Saint Vincent College		08/11- 05/13	
Address	**City**	**State**	**Zip**
300 Fraser Purchase Road	Latrobe	PA	15650
Diploma/Degree obtained, if any			
no degree obtained (pre-pharmacy studies)			

School Name		From - To (MM/YY – MM/YY)	
Derry Area High School		08/07- 06/11	
Address	**City**	**State**	**Zip**
982 Chestnut Street Ext	Derry	PA	15627
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
11/22 - present	[redacted]	[redacted]	PA	[redacted]
11/18 - 11/22			PA	
04/16 - 11/18			PA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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)	
Your Compounding Pharmacy, LLC d/b/a ADVance Care Pharmacy		11/17 - present	
Business Address	**City**	**State**	**Zip**
280 Indian Springs Road STE 125	Indiana	PA	15701
Phone	**Title**	**Number of Employed Hours**	
(724) 463-9300	Staff RPh(11/17-12/20)/Pharmacy Manager(12/20-present)	17,500+	
Description of Duties			
General pharmacy operational oversight including but not limited to dispensing medications per valid Rx, record keeping related to the practice of pharmacy, oversight of staff including techs, RPh, support personnel			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description 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, Zachary Dominic Arbore, **certify that as the designated representative for**

Your Compounding Pharmacy, LLC d/b/a ADVance Care Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ZDA I am at least 21 years of age;
3. ZDA 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. ZDA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ZDA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ZDA 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. ZDA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Zachary Arbore

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/17/26

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.

Zachary Arbore

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/17/26

Date

Please have this section completed in the presence of a Notary Public.

State of PA, ss. County of Indiana

I, Zachary Arbore, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

4/17/26

Date

Subscribed and Sworn to before me this 17 day of April 2024

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Lisa A. Gardner, Notary Public
Indiana County
My commission expires March 12, 2028
Commission number 1056074
Member, Pennsylvania Association of Notaries

(Seal)

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY
ADVANCE CARE PHARMACY

280 INDIAN SPRINGS RD STE 125
INDIANA, Pennsylvania, 15701

Phone: 724-463-9300
Owner: YOUR COMPOUNDING PHARMACY, LLC

LICENSE
License No: PP414041L
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: Non-Directed Routine Reinspection
Inspection Date: 10/17/2024
Inspection Result: Passed

Remarks: Violation corrected - Hazardous API's were moved to a usp 800 rated space.

Question	Answer
Are all licenses current and posted?	YES
Is a "No Smoking" sign prominently posted?	YES
Is the generic equivalent sign and list of commonly used equivalents properly posted?	YES
Is there a refrigerator with temperature monitoring for drug storage only?	YES
Is hot and cold water available in the prescription area?	YES
Are current copies of all Federal, State, and Board statues and regulations pertaining to pharmacy practice available? (Internet access is acceptable)	YES
Are outdated drugs appropriately removed from active stock?	YES
Does the pharmacy meet all security requirements?	YES
Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice?	YES
Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements?	YES
Do labels have all the required information and match the license record?	YES
Are all prescriptions verified by registered pharmacists?	YES
Is the name or initials of the dispensing pharmacist noted on the prescriptions?	YES
Are prescription files properly maintained? (electronic files are acceptable)	YES
Are transferred prescriptions properly recorded?	YES
Are Schedule II drugs securely locked in a substantially constructed cabinet or dispersed throughout the stock?	YES
Are there signed and dated protocols for each pharmacy technician?	YES
Does the pharmacy have an automated medication system?	NO
Does the pharmacy administer injectable medications, biologicals, or immunizations?	NO

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

ADVANCE CARE PHARMACY

280 INDIAN SPRINGS RD STE 125
INDIANA, Pennsylvania, 15701

Phone: 724-463-9300
Owner: YOUR COMPOUNDING PHARMACY, LLC

LICENSE

License No: PP414041L
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: Non-Directed Routine Reinspection
Inspection Date: 10/17/2024
Inspection Result: Passed

Remarks: Violation corrected - Hazardous API's were moved to a usp 800 rated space.

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.

CORY ULISSE	10/17/2024 10:33:29 AM	Zachary Dominic Arbore - RP451565
Signature of Inspector	Date/Time	Signature of Owner/Representative

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

ADVANCE CARE PHARMACY
ZACHARY DOMINIC ARBORE

License Number	: PP414041L	Initial License Date : 04/20/1988	Expiration Date : 08/31/2027
License Type	: Pharmacy		License Status as of 7/15/2025 : Active
Issued By	: State Board of Pharmacy		
Address	: 280 INDIAN SPRINGS RD STE 125, INDIANA, PA 15701		

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

20250714507

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

04/15/2026

License Information

ADVANCE CARE PHARMACY

280 INDIAN SPRINGS RD STE 125
INDIANA, Pennsylvania 15701

Board/Commission:	State Board of Pharmacy	Status Effective Date:	10/09/2014
LicenseType:	Pharmacy	Issue Date:	04/20/1988
Specialty Type:	Inspected by Board	Expiration Date:	08/31/2027
License Number:	PP414041L	Last Renewal:	07/14/2025
Status:	Active		

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
JAMES ALBERT KODMAN	Business Relationship	Pharmacist	RP043683T	Active	02/01/2006	09/30/2026
ZACHARY DOMINIC ARBORE	Pharmacist Manager	Pharmacist	RP451565	Active	12/07/2020	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 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 Advance Care Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 280 Indian Springs Road Suite 125

City Indiana State PA Zip 15701

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (724) 463-9300 Website https://advinfusion.com/

Licensing Company Email Pharmacy@advinfusion.com

Section 2: Personal Information

First James Middle A Last Kodman

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Addres [redacted]

City [redacted] State PA 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)	
Duquesne University - School of Pharmacy		09/92 - 05/97	
Address	**City**	**State**	**Zip**
600 Forbes Ave	Pittsburgh	PA	15282
Diploma/Degree obtained, if any			
B.S. Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
United High School		9/86 - 5/92	
Address	**City**	**State**	**Zip**
10780 PA-56	Armagh	PA	15920
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)	[redacted]	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	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)
Your Compounding Pharmacy, LLC D/B/A Advance Care Pharmacy			6/06 - Current
Business Address	**City**	**State**	**Zip**
280 Indian Springs Rd, Suite 125	Indiana	PA	15701
Phone	**Title**		
(724) 463-9300	CEO / Pharmacist		
Description of Duties			
Oversee the business as a whole. Provide a vision for the growth and direction of the pharmacy along with how we are going to get there. Oversee directors and department managers			

Business Name			From - To (MM/YY – MM/YY)
Advanced Infusion, LLC D/B/A Vital Care Infusion Services			3/21 - Current
Business Address	**City**	**State**	**Zip**
1881 Swamp Pike	Gilbertsville	PA	19525
Phone	**Title**		
(877) 413-0299	CEO / Pharmacist		
Description of Duties			
Oversee the business as a whole. Provide a vision for the growth and direction of the pharmacy along with how we are going to get there. Oversee directors and department managers			

Business Name			From - To (MM/YY – MM/YY)
Advanced Infusion, LLC D/B/A Vital Care of Hagerstown			12/23 - Current
Business Address	**City**	**State**	**Zip**
1185 Imperial Dr, Suite 101	Hagerstown	MD	21740
Phone	**Title**		
(240) 850-4101	CEO / Pharmacist		
Description of Duties			
Oversee the business as a whole. Provide a vision for the growth and direction of the pharmacy along with how we are going to get there. Oversee directors and department managers			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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.

James Kodman

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-17-2026

Date

Please have this section completed in the presence of a Notary Public.

State of PA, ss. County of Indiana

I, James A Kodman, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

4-17-2026

Date

Subscribed and Sworn to before me this 17 day of April 2026

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Lisa A. Gardner, Notary Public
Indiana County
My commission expires March 12, 2028
Commission number 1056074
Member, Pennsylvania Association of Notaries

(Seal)

EXHIBIT A

DISTRIBUTION OF OWNERSHIP

James A. Kodman [redacted] 100%

4SS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (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 04027	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday	☒ Friday ☐ Saturday ☐ Sunday On-call 24/7 ☐ Holidays	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Clinical Solutions, LLC

Physical Address: 416 Mary Lindsay Polk Dr. Ste 515

City: Franklin State: TN Zip: 37067

Mailing Address (if different from physical address): N/A - same as physical

City: _____ State: _____ Zip: _____

Telephone: 615-333-9852 Toll Free # (NAC 639.708, NRS 639.23286): 877-826-5488

Fax: 866-920-1597 Contact Email: compliance@cspmeds.com

Website: https://clinicalsolutionspharmacy.com/

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Jennifer Clements

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20959

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: Jennifer Clements	NV Pharmacist Registration #: 20959
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Tennessee

Parent Company (if any): CS Solutions Intermediate Holdings, LLC

Corporation/Organization Name: Clinical Solutions, LLC

Mailing Address: 416 Mary Lindsay Polk Dr. Ste 515

City: Franklin State: TN Zip: 37067

Telephone: 615-333-9852 Email: compliance@cspmeds.com

Contact Person Name: Amanda Ramzy

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 N/A ☐ Yes ■ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Executive Officer (title) for Clinical 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).

Christi Throneberry

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

2/26/2024

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Christi Throneberry 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 Executive Officer (title) for Clinical Solutions, 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

Amanda Ramzy STATE OF TENNESSEE NOTARY PUBLIC County of Williamson

SUBSCRIBED AND SWORN TO
Before me, a notary public this 26th day of February, 20 26

Amanda Ramzy
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.

Christi Throneberry

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

2/26/2026
Date

Board Use Only	Date Received: 3/2/26	Amount: $500 Ck 95652

CLINICALsolutions

CLINICAL SOLUTIONS, LLC
416 MARY LINDSAY POLK DRIVE
SUITE 515
FRANKLIN, TN 37067
PHONE: 615-369-2494
FAX: 866-920-1597

Explanation of Feb 2014 Louisiana Disciplinary Action

Although the Louisiana Board issued an allegation as stated in La. R.S. 37: 1221(B), that allegation was based solely on a brief lapse in the out-of-state pharmacy permit, which resulted from a clerical error on our licensing tracking sheet following the relocation of the business. In Louisiana, there is no grace period between the time a license expires to when you may still renew it and continue business without interruption. It was only a few days from the time the license lapsed until our company determined the error and self-reported the few prescriptions that were shipped during the lapse. Following the self-report and submission of the renewal application, Clinical Solutions, LLC ceased operations in the State of Louisiana until written authorization to continue was received from the board. Both prior to and following submission of the renewal application, Clinical Solutions, LLC met all requirements of La. R.S. 37:1232, and its' out-of-state permit #5543 in Louisiana was issued without incident. Clinical Solutions, LLC has remained in good standing with the Louisiana Board of Pharmacy without interruption, and has always acted in good faith in keeping compliant with the laws in Louisiana.

Clinical Solutions, LLC continued to dispense prescription medications to the State of Louisiana after the Non-Resident Pharmacy permit had expired, thus the Louisiana Board of Pharmacy issued a letter of warning; and further assess a fine of $5,000.00 plus administrative costs.

Christi Throneberry

2/26/2016
Date

LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF: **CONSENT ORDER**

CLINICAL SOLUTIONS

LOUISIANA PHARMACY PERMIT NO. 5543 **Case No. 14-0042**

****

CONSENT AGREEMENT

WHEREAS, **CLINICAL SOLUTIONS** (hereinafter referred to as "Respondent"), holding Louisiana Pharmacy Permit No. 5543, P.O. Box 110725, Nashville, Tennessee 37222-0725, dispensed prescriptions to Louisiana residents without a current and valid Louisiana pharmacy permit.

WHEREAS, 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 open, establish, operate, or maintain a pharmacy, located out-of-state, unless the pharmacy is issued a permit by the board.

LAC Title 46: LIII §2305. Out-of-State Pharmacy Permit Requirements

A. The out-of-state pharmacy shall apply for a permit and annual permit renewals on forms provided by the board. The board may require such information as reasonably necessary to carry out the provisions of R.S. 37:1232, including, without limitation, the name, address, and position of each officer and director of a corporation or of the owners, if the pharmacy is not a corporation.

B. The out-of-state pharmacy shall pay an annual permit fee as defined in R.S. 37:1184.

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. 5543; 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.

Respondent agrees to provide the Board with the following for reporting purposes to the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB):

Respondent's National Provider Identifier (NPI) Number: 1760601074

Medicare Provider Number (if in the possession of one): N/A

I, Christi Throneberry, authorized to act on behalf of and acting on behalf of **CLINICAL SOLUTIONS,** 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 11 DAY OF February, 2014.

CLINICAL SOLUTIONS
Louisiana Pharmacy Permit No. 5543

BY: Authorized Representative

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:

CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on May 7, **2014**, 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

Clinical Solutions, LLC

Franklin, TN

Officer and Ownership Information

Name	Title
Christi Throneberry	CEO

The pharmacy is wholly owned by:
Clinical Solutions, LLC
FEIN: 73-1704205
416 Mary Lindsay Polk Drive
Suite 515
Franklin, TN 37067

Clinical Solutions, LLC is wholly owned by:
CS Solutions Intermediate Holdings, LLC
FEIN: 41-3908543
416 Mary Lindsay Polk Drive
Suite 519
Franklin, TN 37067

Division of Business and Charitable Organizations
Department of State
State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-741-2286
tncab.tnsos.gov/portal/

Tre Hargett
Secretary of State

CHRISTI THRONEBERRY
416 MARY LINDSAY POLK DR. STE 515
FRANKLIN, TN 37067, USA

02/11/2026

Request Type: Certificate of Existence/Authorization

Issuance Date: 02/11/2026

Request #: C2026013893

Document Receipt

Order Number: C2026013893

Verification #: 95E3E518

Receipt #: 2026-146280

Filing Fee: $20.00

Payment: Credit Card - [redacted] $20.00

Entity Name:	CLINICAL SOLUTIONS, LLC		
SOS Control #:	000463066	Initial Filing Date:	02/10/2004
Entity Type:	Limited Liability Company (LLC)	Formation Locale:	TENNESSEE
Status:	Active	Duration Term:	Perpetual
Fiscal Year Close:	December	Annual Report Due:	04/01/2026
Business County:	WILLIAMSON		
Managed By:	Manager Managed		
Obligated Member Entity:	No		

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

CLINICAL SOLUTIONS, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
* has filed the most recent annual report required with this office;
* has appointed a registered agent and registered office in this State;
* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Verification #: 95E3E518

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: Clinical Solutions, LLC

Pharmacy/Wholesaler License # (if applicable): PH04027

Physical Address: 416 Mary Lindsay Polk Dr. Ste 515

City: Franklin State: TN Zip: 37067

Mailing Address (if different from physical address): Same as mailing.

City: State: Zip:

Telephone: 615-333-9852 Website: https://clinicalsolutionspharmacy.com/

Licensing Company Email: compliance@cspmeds.com

Section 2: Personal Information

First: Jennifer Middle: Last: Clements

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: TX Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of Arkansas for Medical Sciences			08/96-05/00	
Address		City	State	Zip
4301 W Markham Street		Little Rock	AR	72205
Diploma/Degree obtained, if any				
PharmD				
School Name			From - To (MM/YY – MM/YY)	
University of Arkansas at Little Rock			08/92-05/96	
Address		City	State	Zip
2801 S University Avenue		Little Rock	AR	72204
Diploma/Degree obtained, if any				
n/a				
School Name			From - To (MM/YY – MM/YY)	
Monticello High School			08/88-05/92	
Address		City	State	Zip
2270 Clyde Ross Drive		Monticello	AR	71655
Diploma/Degree obtained, if any				
High school diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/24-current	[redacted]	[redacted]	TX	[redacted]
07/14-10/24			TX	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: 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)
Clinical Solutions, LLC			07/00 - present
Business Address	**City**	**State**	**Zip**
416 Mary Lindsay Polk Dr. Ste 515	Franklin	TN	37067
Phone	**Title**		**Number of Employed Hours**
877-826-5488	Sr. Director of Clinical Operations & Customer Experience		over 11,000
Description of Duties			
Optimize medication therapy and collaborate with healthcare teams to ensure patients in correctional setting achieve the best possible health outcomes. Design and execute strategies to improve client satisfaction.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description 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, Jennifer Clemets, **certify that as the designated representative for**

Clinical Solutions 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.

Jennifer Clements

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/28/2026

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jennifer Clements

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/28/2026

Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of COLLIN

I, JENNIFER CLEMENTS, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/28/2026

Date

Subscribed and Sworn to before me this 28 day of February .2026

Notary Public Signature

NASIR AHMED PIRACHA
Notary Public, State of Texas
Comm. Expires 09-23-2029
Notary ID 128024644

(Seal)

DEPARTMENT OF HEALTH
TENNESSEE BOARD OF PHARMACY
COMMUNITY INSPECTION
COMPLIANCE INSPECTION

PHARMACY		
STREET		
CITY	ZIP	
DATE OPENED	TELEPHONE NO. ( )	
LICENSE NO.	EXPIRY DATE	
DEA NO.	EXPIRY DATE	
PHARMACIST IN CHARGE/Duty	LIC NO.	EXPIRY DATE

Inspected by	Date

This Inspection Satisfactory Yes ☒ No ☐

☐ Opening ☐ Relocation
☐ New Ownership ☐ Follow-up
☐ Counseling Compliance
☒ Periodic ☐ Remodeling

Compliance Yes	Compliance No	PERSONNEL
		1. Appropriate identification/Name Tags
		2. D. Ph./Tech ration
		3. Personnel/apparel clean
		4. Tech registry & Affidavit

Compliance Yes	Compliance No	PHYSICAL REQUIREMENTS
		5. Certificates Displayed
		6. RX Dept. - Sufficient Space/Counseling
		7. Fully enclosed when applicable
		8. Key Lockable/Key Control

Compliance Yes	Compliance No	DRUGS AND EQUIPMENT
		9. Dispensing area clean, orderly, well lighted
		10. Sink, hot and cold water
		11. Referigeration
		12. References, periodicals
		13. Vials and closures (child-proof)
		14. Shelves and drug stock clean
		15. Drugs in-date
		16. Labelscorrect on repackaging
		17. Legend drugs stored in RX Dept.
		18. Syringes/insulin, restricted products non-accessible

Pharmacy Hours

Compliance Yes	Compliance No	
		19. RXs numerically filed
☐	☐	☐ All C's together ☐ C-11's separate ☐ Multiple file method
		20. Patients identifiable
		21. Prescribers identifiable
		22. New verbal RXs initialed by appropriate personnel
		23. Date of original dispensing
		24. Initials of dispensing D. Ph.
		25. Quantity dispensed indicated
		26. Appropriate Emergency C-11 RXs
		27. Computer labels applied appropriately to RXs
		28. Pharmacist Signature Log
		29. Daily Print Out

Compliance Yes	Compliance No	DRUG PRODUCT SUBSTITUTION
		30. Authorization documented on Rx
		31. Manufacturer indicated on Rx or System
		32. Approved products used.

Compliance Yes	Compliance No	PATIENT COUNSELING
		33. Patient profiles
		34. Drug Utilization Review
		35. Patient Counseling

Compliance Yes	Compliance No	CONTROLLED SUBSTANCE RECORDS
		36. Readily retrievable
		37. All C-11 records separate
		38. DEA Form 222 Copy 3 on hand & completed
		39. Drug Receipt date on invoices
		40. Record of drug transfers
		41. ☐ Schedule V sales record book ☐ Methamphetamine Sales Log
		42. Last DEA Inventory (date)_____
		42. Last Theft/loss report (date)_____
		43. Access to Control Substance Monitoring Database

ITEMS TO BE CORRECTED: **RESPONSE REQUIRED** **YES ☐** **NO ☐**

Immediately
Needs Improvement
Within 30 Days

Remarks or Recommendations: _____

I _____ hereby acknowledge and understand all notations made on this report; and confirm that
Pharmacist Signature
I will notify the Board of Pharmacy within 30 days, in writing, of the correction of all deficiencies. (If noted.)

PH-4031 REV 01/18 RDA SW-30

State of Tennessee
Department of Health

14110193

Renewal No. 58365

Board of Pharmacy
Pharmacy

CLINICAL SOLUTIONS, LLC.
416 MARY LINDSAY POLK DR., SUITE 515,
FRANKLIN, TN 37067

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 4042

EXPIRATION DATE: October 31, 2026

CONTROLLED SUBSTANCE REGISTRATION

Commissioner, Dept. of Health

Jennifer L. Rothamel, Esq
Assistant Commissioner, Health Licensure & Regulation

Last Updated: 2/6/2026

For more information, please contact
Health Care Facilites
(615)741-7221 or 800-310-4650

Health Care Facilities

Licensed Facilities

Current Listings

Type = Pharmacy
County = All
Results = 1

Click here to return to the search page

1

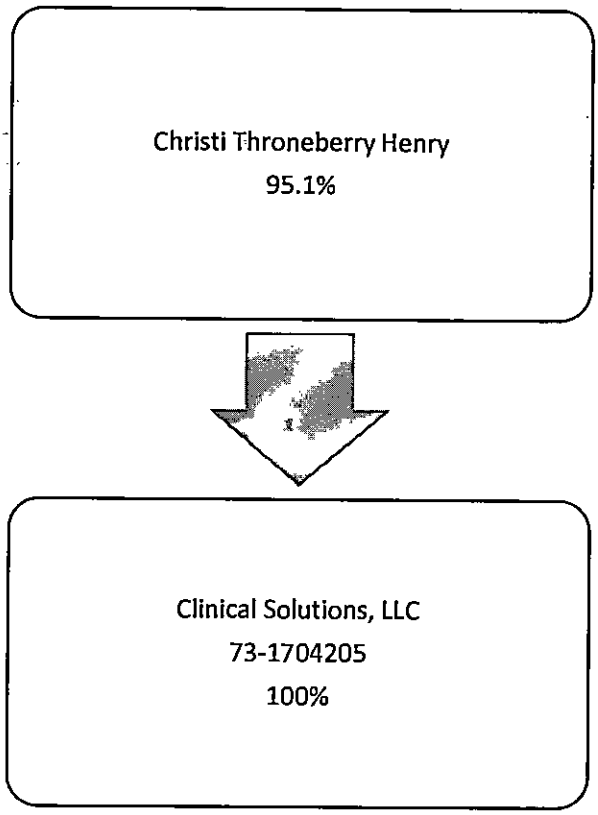
CLINICAL SOLUTIONS, LLC.
416 Mary Lindsay Polk Dr. Suite 515
Franklin, TN 37067
615-333-5488

Qualifications
Controlled Subs

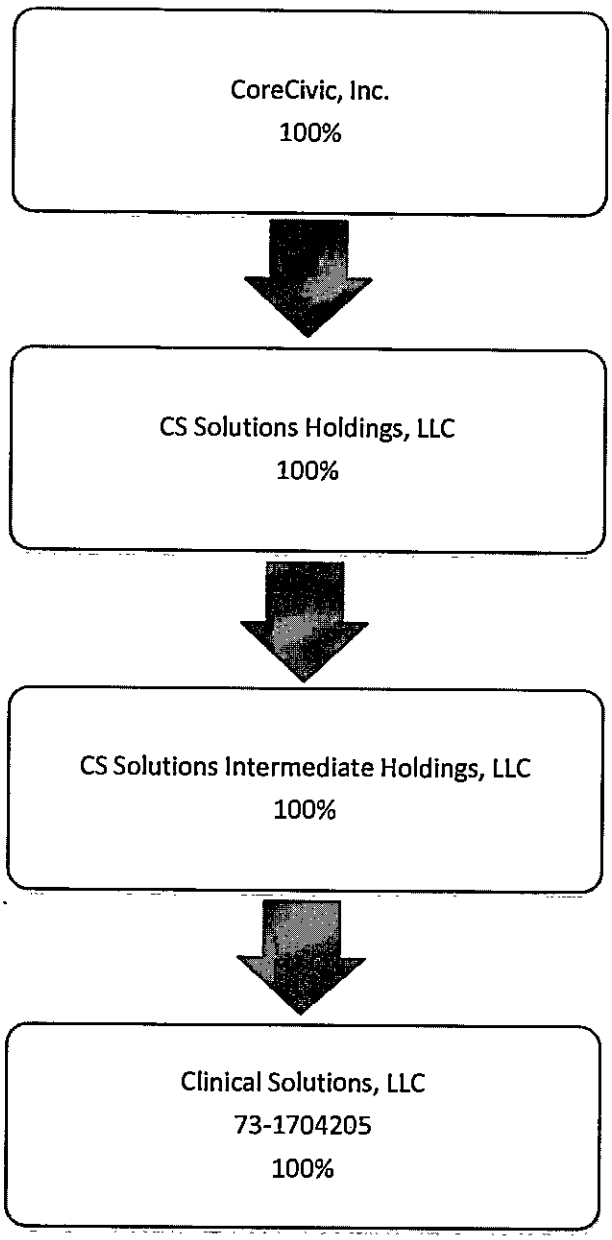
Rank: Pharmacy
Pharmacist: THRONEBERRY, CHRISTI ANNE

Facility License Number: 00004042
Status: Licensed
Date of Original Licensure: 07/22/2004
Date of Expiration: 10/31/2026
No Disciplinary Actions

Pre-Close



Post-Close



4TT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (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 PH03010	☒ 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: Medicap Pharmacy

Physical Address: 1900 James St #10-B

City: Coralville State: IA Zip: 52241

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: 319.354.6006 Toll Free # (NAC 639.708, NRS 639.23286): 1-877-268-2272

Fax: 319.354.6050 Contact Email: contracting.50state@onerorx.com

Website: www.nucara.com

Nevada Business License # (if applicable) PH03010

Supervising/Managing Pharmacist Name (NRS 639.220): Christopher Petersen

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24070

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 Petersen	NV Pharmacist Registration #: 24070
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Iowa

Parent Company (if any): Local Health Iowa, Inc.

Corporation/Organization Name: GRX Holdings, LLC

Mailing Address: 2929 Westown Parkway Suite 100

City: West Des Moines State: IA Zip: 50266

Telephone: 515-440-1270 Email: mike.fuller@onerorx.com

Contact Person Name: Michael Fuller

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for Medicap 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).

Michael Fuller

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

4/7/26

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Michael Fuller 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 Medicap 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 7 day of April, 20 26

Notary Public

NOTARIAL SEAL IOWA
TANIKA STERLING
Commission Number 859477
My Commission Expires
October 7, 2027

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Fuller, President

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

Date 4/7/26

Board Use Only	Date Received: 4/14/26	Amount: $500 - ck 1000002699

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Ownership & Leadership of Applicant Entity - NV License # PH03010

Applicant: **Medicap Pharmacy**
1900 James Sr #10-B, Coralville, IA 52241

Ownership: The Applicant entity is wholly owned (100%) by GRX Holdings, LLC
GRX Holdings, LLC is wholly owned (100%) by Local Health Iowa, Inc.

Officers of GRX Holdings, LLC
Joseph Dunham - CEO
Michael Fuller - President
Steven Donnelly - Vice President
Chris Mahlstadt - Secretary
Austin Tolander - Treasurer

Ownership & Leadership of Local Health Iowa, Inc.

Ownership: Local Health Iowa, Inc. is wholly owned (100%) by OneroRx, Inc.

Officers of Local Health Iowa, Inc.
Joseph Dunham - CEO/President
Chris Mahlstadt - Secretary
Austin Tolander - CFO/Treasurer

Leadership of OneroRx, Inc.

Officers of OneroRx, Inc.
Joseph Dunham - CEO
Amy Mitchell - President
Chris Mahlstadt - Secretary
Austin Tolander - CFO/Treasurer

Please see the attached pre- and post-closing Corporate Organization chart for reference.

For Limited Partnerships, list the names of: All Limited Partners who hold 10% or more of the interest.

Local Health Iowa, Inc. 100% Ownership

2929 Westown Parkway Suite 100, West Des Moines, IA 50266

IOWA SECRETARY OF STATE
PAUL D. PATE

CERTIFICATE OF EXISTENCE

Issue Date: 5/2/2025

Name: GRX HOLDINGS, LLC (489DLC - 361302)
Date of Formation: 4/2/2008
Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

a. The entity is in existence and duly formed under the laws of Iowa. A certificate of organization has been filed and has taken effect.

b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.

c. The most recent biennial report required has been filed with the Secretary of State.

d. The Secretary of State has not administratively dissolved the limited liability company.

e. The Secretary of State has not filed either a statement of dissolution or statement of termination. The records of the Secretary of State do not otherwise reflect that the limited liability company has been dissolved or terminated.

f. A proceeding is not pending under section 489.705

Certificate ID: **CS304109**

To validate certificates visit:
sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Medicap Pharmacy

Pharmacy/Wholesaler License # (if applicable): PH03010

Physical Address: 1900 James St #10-B

City: Coralville State: IA Zip: 52241

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 319.354.6006 Website: www.nucara.com

Licensing Company Email: coralville@nucara.com

Section 2: Personal Information

First: Christopher Middle: Last: Petersen

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: IA 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)	
U of Iowa College of Pharmacy		08/14 - 05118	
Address	**City**	**State**	**Zip**
180 S. Grand Ave, Iowa City, IA	Iowa City	IA	52242
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
U of Iowa		08/11 - 05/14	
Address	**City**	**State**	**Zip**
	Iowa City	IA	52242
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Xavier High School		08/07 05/11	
Address	**City**	**State**	**Zip**
6300 42nd St NE	Cedar Rapids	IA	52411
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/20 - Present	[redacted]	[redacted]	IA	[redacted]
08/19 - 06/20			IA	
08/17 - 08/19			IA	
08/16 - 08/17			IA	
08/15 - 08/16			IA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	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)
Nucara Pharmacy			05/18 - 03/26
Business Address	**City**	**State**	**Zip**
1900 James St. STE 10	Coralville	IA	52241
Phone	**Title**	**Number of Employed Hours**	
319-354-6006	RPh / PIC	40 hrs / week x 8 yrs	
Description of Duties			
PIC			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description 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, Christopher Petersen, **certify that as the designated representative for**

Medicap Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CP I am at least 21 years of age;
3. CP 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. CP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CP 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. CP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Christopher Petersen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-7-26

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher Petersen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-8-26

Date

Please have this section completed in the presence of a Notary Public.

State of Iowa, ss. County of Johnson

I, Mr. [redacted], being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

4-8-26

Date

Subscribed and Sworn to before me this 8th day of April 2026

Martha A. Donar

Notary Public Signature

MARTHA A. DONAR
Commission Number 870427
My Commission Expires
January 29, 2029

(Seal)

DEMOGRAPHICS

License # :	Business Name :	Inspection Date :
1647	NuCara Pharmacy #1	04/22/2025

Address :

1900 James St

Zip :	City :	State :
52241	Coralville	IA

Phone :	Fax :	Business Email :
(319) 354-6006	(319) 354-6050	license@nucara.com

PIC :	PIC Email :	PIC License # :
Christopher David Petersen		23334

PIC License Exp Date :	DEA # :	CSA Number :
06/30/2026		1108592

CSA Expiration Date :	Shipping Compounds Out of Iowa	Compliant with NABP Reporting
10/31/2025	NO	YES

Averages

Average Prescription volume per week	Most Recent Annual CS Inventory Date	Number of Pharmacist Hours per week
321	10/09/2024	56
Number of Technician Hours per week	**Number of Intern Hours per week**	**Number of PSP Hours per week**
200	20	0

Pharmacy Practice/Services

General Dispensing	Central Rx Processing	Hospital
YES	NO	NO
Mail Order Only	**Central Rx Filling**	**Home Infusion**
NO	NO	NO
Nuclear	**Care Facility Filling**	**Care Facility Consulting**
NO	NO	NO
Emergency Drug Kits	**Unit Dose**	**Home Health/DME**
NO	NO	NO

OTC Pseudoephedrine Sales

NO

Exempt CV Dispensing

NO

Prepackaging

NO

EMS

NO

Collaborative Practice Agreements

NO

Technician Product Verification

NO

Prescription Delivery/Mail-outs/Mail Order

YES

Medication Therapy Management

NO

Statewide Protocol-Naloxone

NO

Statewide Protocol-Immunization

NO

Statewide Protocol-Nicotine Replacement

YES

Statewide Protocol-Strep A Test and Treat

NO

Statewide Protocol-Influenza Test and Treat

NO

CLIA-Waived Testing

NO

Compliance Packaging/MedPaks

NO

Naloxone Standing Order

NO

Human Patients

YES

Veterinary – Companion Animals

YES

Veterinary – Food-producing Animals

NO

DEA-registered Controlled Substances Collector

NO

Non-Controlled Substance Collector Only

NO

COVID-19 Diagnostic

NO

COVID-19 Antibody

NO

Statewide Protocol-COVID-19 Test and Treat

NO

Syringes sold without a prescription

YES

Other

NO

Collaborative Practice Explanation

Other (if Other please explain)

Compounding

Sterile High-Risk

YES

Sterile Medium-Risk

YES

Sterile Low-Risk

YES

Sterile Immediate Use	Sterile Hazardous Drugs	Sterile Anticipatory
NO	YES	NO
Sterile Shipping out-of-state	% of sterile compounded preparations shipped out of state during the previous year	Sterile Number of Facilities
NO	0	1
		Sterile for patients in other facilities
		NO
Non Sterile Simple	Non Sterile Moderate	Non Sterile Complex
YES	YES	YES
Non Sterile Anticipatory	Non Sterile Hazardous Drugs	Prescriber Office Use
YES	YES	NO
Number of sterile compounded preparations dispensed into Iowa last year	Number of non-sterile compounded preparations dispensed into Iowa last year	Pursuant to Patient-Specific Rx
496	2933	YES

Accreditations

VIPPS	PCAB	ACHC	JCAHO
NO	YES	YES	NO
DMEPOS	VPP	None	
NO	NO	NO	

Other (if Other please explain)

Community Focused

C = Compliant, R = Reminder, D = Deficiency, NA = Not Applicable, NR = Not Reviewed

1	Review of pharmacy environment, inventory control and security measures (basic alarm system and video surveillance system w/retention via P&Ps)	◉C ○D ○NA ○NR ○R 657-6.3, 6.7, 8.5, 8.7, 10.13
2	Review of staff functions, activities, and patient counseling practices	◉C ○D ○NA ○NR ○R 657-3.21, 3.22, 3.23, 3.24, 4.6, 5.17, 5.18, 5.22, 6.14
3	Review of patient information and processes to ensure complete prospective drug utilization review (including auto refill review/update)	◉C ○D ○NA ○NR ○R 657-6.13, 8.21

4	Review of PMP registration and utilization; submission of naloxone/CV dispensing; PMP review prior to CV OTC sale; CV sales authorized only by RPh or Intern; CV sales record contains: 1) Purchaser name/address 2) Name/qty of CV purchased 3) Purchase date 4) RPh/Intern name or ID 657-10.33; 657-37.3(2)	◉C ○D ○NA ○NR ○R
5	Review of Continuous Quality Improvement program and utilization 657-8.26	◉C ○D ○NA ○NR ○R
6	Review of CIII-V accountability measure [options: perpetual inventory, documented audit/reconciliation every 6 months, documented cycle counts covering all CSs every 90 days, other board-approved measure] 657-10.20 Documented audit on a quarterly basis - reviewed	◉C ○D ○NA ○NR ○R
7	Registrant stock is disposed of via IA-licensed distributor or in authorized manner; Registrant does not accept CSs back for disposal unless authorized collector 657-10.22(1), 10.23	◉C ○D ○NA ○NR ○R

NOTES

Deficiencies

Reminders

- Annual CS inventory taken within 372 days of previous inventory and includes: 1) All CSs (will-call, PSE, EMS, e-kit, outdated stocks) 2) Collection receptacle liner information, if applicable (657-10.19(1))
  CS audit form should be sufficient as the annual CS inventory if dosage form/strength as applicable (most all APIs) and open/close of business is identified on the form and must include expired CSs as well.

AFFIRMATION

Representative Email :

cpetersen@nucara.com

Note : I (The "Facility Representative" signing below) acknowledge and affirm that the areas of noncompliance identified (if any) in this inspection report will be remedied within 30 calendar days. I further acknowledge and understand that a complaint may be initiated due to any areas of noncompliance identified in this inspection report and the Board may determine that disciplinary action against my license and the facility's license or registration is warranted.

Board of Pharmacy Inspector :

Britney Origer

Facility Representative

Christopher David Petersen

Iowa Board of Pharmacy Disclaimer : During this inspection, not all rules and regulations may have been inspected for compliance. This does not preclude or excuse your compliance with all applicable rules and regulations of the Iowa Board of
Pharmacy

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

General Pharmacy License No. 5971

ISSUED 03/26/2026 **EXPIRES** 12/31/2026

STATUS: Current/Active

MUST BE CONSPICUOUSLY DISPLAYED IN LOCATION TO WHICH IT APPLIES

MAILING ADDRESS

Medicap Pharmacy
1900 James St Suite 10-B
Coralville IA 52241

LICENSED LOCATION

Medicap Pharmacy
1900 James St Suite 10-B
Coralville IA 52241

Christopher David Petersen , Pharmacist in Charge

COUNTY 52

Iowa Board of Pharmacy

6200 Park Avenue, Suite 100
Des Moines, IA 50321-1270
(P): (515) 281-5944 (F): (515) 281-4609
Website: https://pharmacy.iowa.gov

VERIFICATION OF IOWA PHARMACY LICENSE FOR THE BUSINESS LISTED BELOW:

This is a primary source verification.

Name :	Medicap Pharmacy
License No :	5971
License/Registration Type :	Pharmacy
Sub Type :	General Pharmacy
Date Issued :	04/01/2026
Expiration Date :	12/31/2026
Status :	Current/Active
Last Application Date :	03/26/2026
Address :	1900 James St Suite 10-B Coralville IA 52241
Pharmacist in Charge :	Christopher David Petersen,Christopher David Petersen
Disciplinary Action :	No

Anne Schlepphorst,Executive Director, Iowa Board of Pharmacy. **Date:** 04/03/2026

4UU

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (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 04247	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Dangerous drugs ☒ Controlled substances DEA # [redacted] ☐ 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: Pyramids Pharmacy I

Physical Address: 3569 Business Center Dr. Ste 175

City: Pearland State: TX Zip: 77584

Mailing Address (if different from physical address): 3569 Business Center Dr. Ste 110

City: Pearland State: TX Zip: 77584

Telephone: 346.374.7358 Toll Free # (NAC 639.708, NRS 639.23286): 888.489.0038

Fax: 346.231.1647 Contact Email: credentialing@pyramidspharmacy.com

Website: pyramidspharmacy.com

Nevada Business License # (if applicable) PH04247

Supervising/Managing Pharmacist Name (NRS 639.220): May Elmahdy

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 22957

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: May Elmahdy	NV Pharmacist Registration #: 22957
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: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Texas

Parent Company (if any): Pyramids Acquisition, LLC

Corporation/Organization Name: Pearland Unicare Pharmacy, LLC

Mailing Address: 3569 Business Center Dr. Ste 110

City: Pearland State: TX Zip: 77584

Telephone: 713-360-6854 Email: credentialing@pyramidspharmacy.com

Contact Person Name: Rasha Elmahdy

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 V.P. of Compliance and Cred (title) for Pyramids Pharmacy I (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).

Rasha Elmahdy

Print Name of Authorized Person

Rasha Elmahdy

Original signature of Authorized Person (copies or stamps not accepted)

03/19/2026

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Rasha Elmahdy 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 V.P. of Compliance/Credentialing (title) for Pyramids Pharmacy I (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.

Rasha Elmahdy
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 19 day of March, 2026

Notary Public

DALIA ABDELHALIM
Notary ID #131211213
My Commission Expires
September 3, 2029

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rasha Elmahdy

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

Rasha Elmahdy

Original signature of Authorized Person (copies or stamps not accepted)

03-19-2026

Date

Board Use Only	Date Received: 3/23/26	Amount: $500 ck 1451 ✓

PYRAMIDS PHARMACY I OWNER AND OFFICERS:

PARENT COMPANY: PYRAMIDS ACQUISITION LLC.

OWNER: PEARLAND UNICARE PHARMACY LLC.

PRESIDENT: MOHAMED KASEB.

VICE PRESIDENT: OSAMA KASSEB.

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Pearland Unicare Pharmacy, LLC. (file number 802329629), a Domestic Limited Liability Company (LLC), was filed in this office on November 11, 2015.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: November 12, 2015

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 31, 2025.

Jane Nelson
Secretary of State

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Pyramids Pharmacy I

Pharmacy/Wholesaler License # (if applicable): PH04247

Physical Address: 3569 Business Center Dr. Ste 175

City: Pearland State: Texas Zip: 77584

Mailing Address (if different from physical address): 3569 Business Center Dr. Ste 110

City: Pearland State: Texas Zip: 77584

Telephone: 346.374.7358 Website: www.pyramidspharmacy.com

Licensing Company Email: credentialing@pyramidspharmacy.com

Section 2: Personal Information

First: MAY Middle: Last: Elmahdy

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: 3569 Business Center Dr. Ste 110

City: Pearland State: Texas Zip: 77584

Telephone: [redacted] Email: credentialing@pyramidspharmacy.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)	
Cairo University		08/96 - 05/01	
Address	**City**	**State**	**Zip**
Cairo, Egypt		Oth	
Diploma/Degree obtained, if any			
Bachelor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
FAJR ELSABAH HIGH SCHOOL		09/91-06/97	
Address	**City**	**State**	**Zip**
	SALMIYA	KUWAIT	
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 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 - Current	[redacted]	[redacted]	TX	[redacted]
09/15-05/16			TX	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: 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)
Pyramids			2012 - Current
Business Address	**City**	**State**	**Zip**
3569 Business Center Dr. Ste 110	Pearland	TX	77584
Phone	**Title**	**Number of Employed Hours**	
713-360-6854	PHARMACIST IN CHARGE	40 hrs weekly	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description 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.

MAY ELMAHDY

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03-19-2026

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Brazoria

I, May Elmahdy, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

03/19/2026

Date

Subscribed and Sworn to before me this 19 day of March, 2026

Notary Public Signature

DALIA ABDELHALIM
Notary ID #131211213
My Commission Expires
September 3, 2029

(Seal)

TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

MS — I am the Pharmacist-in-Charge (PIC) of *PYRAMIDS PHARMACY I*, pharmacy license number *32829*, and I ☑ was/ ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *09/17/2024*.

MS — I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

MS — I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF.

N/A — If applicable, the Warning Notice issued contains *0* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

MS — I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please email this completed form to the TSBP Compliance Inspector for your area or to inspections@pharmacy.texas.gov within 7 days of the date of the inspection.

Signed: _____ Date: *09/17/2024*

Printed Name: *May Elmahdy* License No.(if applicable): *51907*

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *PYRAMIDS PHARMACY I*

License Number: *32829*

Address: *3569 BUSINESS CENTER DR STE 175, PEARLAND, TX 77584*

Phone: *(346) 374-735B*

Email:

Class of License: *A*

License Expiration: *08/31/2025*

DEA #: *FP8860656*

DEA Expiration: *03/31/2025*

Inspection Information

Type: *Compliance*

Purpose: *Routine*

Date: *09/17/2024*

Arrival Time: *3:30 PM*

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

May Elmahdy *PIC* *51907*

Witness

Collette for

Collette Scott

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *PYRAMIDS PHARMACY I* License Number: *32829*

Class of License: *A*

Inspection Information

Type: *Compliance* Purpose: *Routine*

Date: *09/17/2024* Arrival Time: *3:30 PM* Departure Time: *4:00 PM*

Action Taken: *Inspection*

General Comments: *Second inspection due to name change error.*

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Required licenses posted	*Satisfactory*
09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Satisfactory*

Inventory Records

15. Change of PIC inventory	*Not Applicable*
17. Meets inventory requirements	*Not Applicable*
59. Proper drug destruction	*Satisfactory*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Annual controlled substance inventory completed on: 05/01/24 at the open of business day.

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?)	*Satisfactory*
34. Notifications	*Satisfactory*

76. PIC (Does the pharmacy have a pharmacist-in-charge?)	*Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean	*Satisfactory*
04. Balance inspection	*Satisfactory*

Comment

Number of balances: Zero balances on site.

05. Equipment Inspection	*Satisfactory*
07. Security	*Satisfactory*
08. Environment	*Satisfactory*
48. Drugs (procurement, temperature, security, out-of-date, samples)	*Satisfactory*
90. TSBP complaint notification	*Satisfactory*

Controlled Substances

10. Prescriptions separated	*Satisfactory*
24. Theft/Loss	*Not Applicable*

Comment

No theft or loss has occurred.

26. Controlled substance prescription compliance	*Satisfactory*
30. Controlled substance invoices dated/initialed by pharmacist	*Satisfactory*
35. Controlled substance invoices separated	*Satisfactory*
46. Drug distribution	*Satisfactory*
53. Possession of controlled substances	*Satisfactory*
Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?)	*Satisfactory*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?)	*Satisfactory*
45. Proper dispensing/labeling	*Satisfactory*
54. Proper prepackaging procedures	*Not Applicable*

Library

06. Required Library	*Satisfactory*

Training

60. Documentation of required training	*Satisfactory*
61. Supervision of supportive personnel	*Satisfactory*

Patient/Computer/Dispensing Records

18. Records available	*Satisfactory*
22. Data processing system compliance	*Satisfactory*
25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	*Satisfactory*
37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	*Satisfactory*
56. Prescription transfers	*Satisfactory*
67. Written drug information provided	*Satisfactory*
80. Patient counseling	*Satisfactory*
82. Patient Medication Records	*Sotisfactory*
84. Drug regimen review	*Satisfactory*
86. Absence of pharmacist records	*Satisfactory*

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs	*Satisfactory*
92. Automated dispensing policy & procedures/SOPs	*Not Applicable*

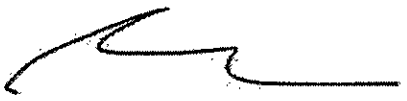
Non-Sterile Compounding

03. Orderly/Clean/Hand Hygiene	*Not Applicable*
04. Balance inspection (for non-sterile compounding)	*Not Applicable*
05. Equipment Inspection	*Not Applicable*
06. Non-sterile Library	*Not Applicable*
32. Non-sterile compound label (Is label complete?)	*Not Applicable*
38. Area/Environment for non-sterile compounding	*Not Applicable*
43. Records for non-sterile compounding	*Not Applicable*
60. Documentation of non-sterile required training	*Not Applicable*
70. Required policies & procedures/SOPs	*Not Applicable*
87. Quality Control/Assurance	*Not Applicable*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



May Elmahdy

Collette Scatt

Texas State Board of Pharmacy

"Red Flags" Checklist for Pharmacies

YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy.
	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate.
	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber foropiates, benzodiazepines, and/or muscle relaxants.
	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by."street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

Updated 2/2018

TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue, Suite 13.100
Austin, TX 78701-1319
(512) 305-8000

License Number: 32829

(Date PDF Version Generated: 8/27/2025)

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. **32829** Expiration Date: **08/31/2027**

Balances: **4**

PYRAMIDS PHARMACY I
3569 BUSINESS CENTER DR STE 175
PEARLAND, TX 77584

Daniel R. Carroll, Pharm.D.,
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 32829

PYRAMIDS PHARMACY I

License Information

License Status Active
License # 32829
Expiration Date 08/31/2027
Date License Issued 08/28/2019

Address

3569 BUSINESS CENTER DR STE 175
PEARLAND, TX 77584
County BRAZORIA
Phone (346) 374-7358

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
ELMAHDY, MAY

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	Yes
Translating services (Listed Below If Available)	

Spanish
Vietnamese
Telecomm. for the deaf (TDD)
AT&T translating services
Other

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and/or Inspection Reports

- 1019881 32829 PYRAMIDSMAILORDERPHARMACY 2019-08 08-2024.pdf
- 1019881 32829 PYRAMIDSPHARMACY1 2024-09 09-2029.pdf
- 1019881 32829 PYRAMIDSSPECIALTYPHARMACY 2024-08 08-2029.pdf
- 1019881 32829 PYRAMIDSSPECIALTYPHARMACYI 2022-02 02-2027.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	Yes
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No

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Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	Yes
24 Hour Service	No
Closed Door	No
Compounding, Office Use	No
Home Delivery	Yes
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
ABDELHALIM, DALIA HUSSEIN	49719	02/08/2011	01/31/2027	Staff	Active
ABDELHAMID, ISLAM AYMAN KAMAL	60001	12/22/2016	09/30/2026	Staff	Active
ELMAHDY, MAY	51907	07/31/2012	11/30/2027	PIC	Active
HEGAZY, AMANY YOUSSEF	52702	01/17/2013	12/31/2026	Staff	Active

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Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
ARGUETA, LUIS MIGUEL	224280	10/14/2013	01/31/2026	Staff	Delinquent
ESTRADA, ELIZABETH	336867	03/04/2022	01/31/2027	Staff	Active
GARCIA, DAVID	275626	10/16/2017	11/30/2027	Staff	Active
GHAZAL, ROBIN ISMAT	324294	07/13/2021	09/30/2027	Staff	Active
HASSAN, SHAHD	387665	05/21/2025	07/31/2027	Staff	Active
NAJERA, EDWARD ENRIQUE	202495	11/18/2011	03/31/2028	Staff	Active

Page 1 of 1 20 View 1 - 6 of 6

Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

1919

Owner Name	Owner Title	Address	City	State	Zipcode
PEARLAND UNICARE PHARMACY, LLC	OWNER	,			
ABDELHALIM, DALIA HUSSEIN	OFFICER	,			

Page 1 of 1 20 View 1 - 2 of 2

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.

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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: Pyramids Pharmacy I

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH04247

Physical Address: 3569 Business Center Dr. Ste 175

City: Pearland State: Texas Zip: 77584

Mailing Address (if different from physical address): 3569 Business Center Dr. Ste 110

City: Pearland State: Texas Zip: 77584

Telephone: 346.374.7358 Website: www.pyramidspharmacy.com

Licensing Company Email: credentialing@pyramidspharmacy.com

Section 2: Personal Information

First: MOHAMED Middle: Last: KASEB

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: 3569 Business Center Dr. Ste 110

City: Pearland State: Texas Zip: 77584

Telephone: [redacted] Email: credentialing@pyramidspharmacy.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)	
Cairo University		08/92 - 05/97	
Address	**City**	**State**	**Zip**
Cairo, Egypt		Oth	
Diploma/Degree obtained, if any			
Bachelor 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			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 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
08/13 - Current	[redacted]		TX	77584
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	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)	
Pyramids			2010 - Current	
Business Address		**City**	**State**	**Zip**
3569 Business Center Dr. Ste 110		Pearland	TX	77584
Phone	**Title**			
713-360-6854	Officer/PRESIDENT			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MOHAMED KASEB

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/19/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Brazoria

I, Mohamed Kaseb, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

03/19/2026

Date

Subscribed and Sworn to before me this 19 day of March, 2026

Notary Public Signature

DALIA ABDELHALIM
Notary ID #131211213
My Commission Expires
September 3, 2029

(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: Pyramids Pharmacy I

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH04247

Physical Address: 3569 Business Center Dr. Ste 175

City: Pearland State: Texas Zip: 77584

Mailing Address (if different from physical address): 3569 Business Center Dr. Ste 110

City: Pearland State: Texas Zip: 77584

Telephone: 346.374.7358 Website: www.pyramidspharmacy.com

Licensing Company Email: credentialing@pyramidspharmacy.com

Section 2: Personal Information

First: OSAMA Middle: Last: KASSEB

Alias(es, nicknames, name changes, etc.):

Date of Birt[redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address: 3569 Business Center Dr. Ste 110

City: Pearland State: Texas Zip: 77584

Telephone [redacted] Email: credentialing@pyramidspharmacy.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)	
Cairo University			08/92 - 05/97	
Address	**City**		**State**	**Zip**
Cairo, Egypt			Oth	
Diploma/Degree obtained, if any				
Bachelor 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				
School Name			**From - To (MM/YY – MM/YY**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 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 - Current	[redacted]	[redacted]	TX	[redacted]
02/13-03/19	[redacted]	[redacted]	TX	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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)	
Pyramids			2010 - Current	
Business Address		**City**	**State**	**Zip**
3569 Business Center Dr. Ste 110		Pearland	TX	77584
Phone	**Title**			
713-360-6854	Officer/VICE PRESIDENT			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

OSAMA KASSEB

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/19/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Brazoria

I, Osama Kasseh, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

03/19/2026

Date

Subscribed and Sworn to before me this 19 day of March, 2026

Notary Public Signature

DALIA ABDELHALIM
Notary ID #131211213
My Commission Expires
September 3, 2029

(Seal)

4VV

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 04397	☐ 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: Quick Meds Direct, LLC

Physical Address: 28 Kaysal Court, Suite 105

City: Armonk State: NY Zip: 10504

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 866-201-1514 Toll Free # (NAC 639.708, NRS 639.23286): 866-201-1514

Fax: 877-408-7946 Contact Email: pharmacylicensing@qmdpharmacy.com

Website: qmdpharmacy.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Valeriana Berisha

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24598

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: Valeriana Berisha	NV Pharmacist Registration #: 24598
Name: Paulina Chojnacka	NV Pharmacist Registration #: 23381
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Gina Robins

Business Name: Quick Meds Direct, LLC

Business Address: 28 Kaysal Court, Suite 105

City: Armonk State: NY Zip: 10504

Telephone: 310-741-4462 Email: gina@quick.md

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CFO / Manager (title) for Quick Meds Direct, 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).

Michael Pascale

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

5/1/2026

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Michael Pascale 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 CFO / Manager (title) for Quick Meds Direct, 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 1st day of May, 2026

Notary Public

JENNIE MARTINEZ
COM. EXP.
NOTARY
PUBLIC
Feb. 28, 2027
DEKALB COUNTY, GEORGIA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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 Pascale

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)

5/1/2026

Date

Board Use Only	Date Received: 5/4/26	Amount: $500 CK 1004

Control Number : 26029124

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Quick Meds Direct, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	: 30913447
Date Inc/Auth/Filed:	02/06/2026
Jurisdiction	: Georgia
Print Date	: 03/05/2026
Form Number	: 211

Brad Raffensperger
Secretary of State

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Quick Meds Direct, LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 28 Kaysal Court, Suite 105

City: Armonk State: NY Zip: 10504

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 866-201-1514 Website: qmdpharmacy.com

Licensing Company Email: pharmacylicensing@qmdpharmacy.com

Section 2: Personal Information

First: Valeriana Middle: Last: Berisha

Alias(es, nicknames, name changes, etc.):

Date of Birt[redacted] SSN or ITI[redacted] Sex ☐ M ☒ F ☐ X

Mailing Address[redacted]

City[redacted] State: NY 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?		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)	
Long Island University Arnold & Marie Schwartz College of Pharmacy			09/13 - 05/19	
Address	City		State	Zip
1 University Plaza	Brooklyn		NY	11201
Diploma/Degree obtained, if any				
Doctor of Pharmacy (PharmD) - Cum Laude				
School Name			From - To (MM/YY – MM/YY)	
Preston High School				
Address	City		State	Zip
2780 Schurz Avenue	Bronx		NY	10465
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 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
1997-current	[redacted]	[redacted]	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
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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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: K Pharmacy			From - To (MM/YY – MM/YY): 09/22 - Present	
Business Address: 28 Kaysal Ct		City: Armonk	State: NY	Zip: 10504
Phone: 866-201-1514	Title: Pharmacist		Number of Employed Hours: 7360+	
Description of Duties: Clinical pharmacist engaging with prescribers on complex medication decisions; verified and dispensed medication orders; completed 16 MPJE exams; drove adherence to treatment protocols; backup Pharmacist-In-Charge				
Business Name: Mount Sinai Health System - Institutional Practice			From - To (MM/YY – MM/YY): 01/22 - 03/24	
Business Address: 281 First Avenue		City: New York	State: NY	Zip: 10003
Phone:	Title: Pharmacist Per Diem		Number of Employed Hours:	
Description of Duties: Clinical resource to physicians and APPs; therapeutic recommendations; oversaw sterile IV compounds, emergency medication trays, and controlled substance handling				
Business Name: CVS Health - Retail Pharmacy			From - To (MM/YY – MM/YY): 01/20 - 08/22	
Business Address: 5 Penn Plaza		City: New York	State: NY	Zip: 10001
Phone: 212-216-9222	Title: Pharmacist		Number of Employed Hours: 5000+	
Description of Duties: Managed multiple projects in fast-paced retail environment; maintained collaborative relationships with providers; facilitated prior authorization resolution				
Business Name: Guardian Consulting Services - Long Term Care			From - To (MM/YY – MM/YY): 10/19 - 01/20	
Business Address: 3333 New Hyde Park Rd #202		City: New Hyde Park	State: NY	Zip: 11042
Phone:	Title: Consultant Pharmacist		Number of Employed Hours: Contract position	
Description of Duties: Medication regimen reviews in LTC, acute rehab, and assisted living; therapy justifications, gradual dose reductions; compliance with Medicaid, CMS and NYS DOH regulations				
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.

Docusign Envelope ID: 6391FB2A-258D-4C9F-9032-7B76B2C04DB4

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to 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

Docusign Envelope ID: 6391FB2A-258D-4C9F-9032-7B76B2C04DB4

I, Valeriana Berisha, **certify that as the designated representative for**

Quick Meds Direct, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. VB I am at least 21 years of age;
3. VB 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. VB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. VB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. VB 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. VB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Valeriana Berisha

Print Name (First, Last)

Valeriana Berisha

Original Signature (electronic, copies or stamps not accepted)

4/14/2026

Date

Docusign Envelope ID: 6391FB2A-258D-4C9F-9032-7B76B2C04DB4

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Valeriana Berisha

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/14/2026

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Westchester

I, Valeriana Berisha, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

4/17/26

Date

Subscribed and Sworn to before me this 17th day of April, 2026

Notary Public Signature

BEVERLY PETERSON
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01PE6436035
Qualified In Westchester County
Commission Expires July 11, 2026

(Seal)

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE

PHARMACY INSPECTION REPORT

☑ Pharmacy ☐ M/W

Inspection # _____ conducted by
Investigator David Buckley
Date 4-28-26 Time In/Out _____ / _____

1. Routine
2. New Registration
3. Transfer Ownership
4. ~~Discontinuance~~
5. Change of Name/Address
6. Medication Recall
7. Complaint Related
8. Follow-up to Previous Inspection
9. Special Project or Renovation

Reg. name Quick Meds Direct LLC
Trade name _____
No. and Street 28 Kaysal Ct #B1
City Armonk County Westchester Zip 10504
Reg. # _____ Telephone _____
Hours open per week 45 # RXs daily _____

Pharmacists' Names	Hrs. Per Week	License Number	License Date	License Displayed	Registration Displayed
S.P. Valeriana Berisha	40	066047	9-23-19	(Y) N	(Y) N
Pharm. Paulina Chojnacka	40	064483	8-22-18	Y N	Y N
~~Pharm.~~ Tech Kelly Corrinne Anderson	40	003528	7-6-22	(Y) N	(Y) N
Pharm.				Y N	Y N
Pharm.				Y N	Y N
Intern				Y N	Y N

Circle "S" if item is Satisfactory. Circle "N" if item is Not Satisfactory, and explain in Details of Inspection section below.
Be sure to include item number in explanation.

1. Registration name on exterior ..... (S) N
2. Licenses/current reg. displayed ..... (S) N
3. Registered pharmacist on duty ..... (S) N
4. Equip., facilities, and ref. items ..... (S) N
5. Price list available/current ..... (S) N
6. Drug stock current ..... (S) N
7. Stock properly branded ..... (S) N
8. Daily RX record ..... S N
9. Required RX filings ..... S N
10. DEA records complete/available ..... S N
11. Safety/approp. closures/containers ..... (S) N
12. RX labels required information ..... S N
13. Valid RX formats ..... S N
14. Substitution law compliance ..... S N
15. Required information on RXs ..... S N
16. Refill authorization/fill ..... S N
17. Refills in daily record ..... S N
18. Controlled substance compliance ..... S N
19. General sanitation ..... (S) N
20. Intern/unlicensed supervision ..... S N
21. Counseling offered/given/refusals documented ..... S N
22. Types of pharmacy (circle those applicable): (retail), hospital, skilled nursing, assisted living, compounding, sterile preparation, internet, home delivery, mail delivery, nuclear, veterinary

Details of Inspection Conducted transfer of ownership inspection. Present is Valeriana Berisha, SP and Pauline Chojnacka, Pharm
Space is adequate w/ appropriate heating and cooling. Well lighted. Pharmacy/Dispensing area is separated from office area w/ security door and space is separately alarmed. Windows are covered by a grid of bars - Vertical and horizontal. Access to laws, rules and protocols in place.
Inspection Completed

Recommendation (completed in office)
Investigator _____
Supervisor _____

I have received a copy of this inspection report.
Signature Valeriana Berisha
Print name Valeriana Berisha
Title SP Date 4/28/26

This is page _____ of _____ page(s)

OPD 234 (6/2011) 11-005 CDC

ORIGINAL - TO CENTRAL OFFICE

Docusign Envelope ID: 75B23D42-CD68-4694-AA0E-BCC1A69C3582

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: Quick Meds Direct, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 28 Kaysal Court, Suite 105

City: Armonk State: NY Zip: 10504

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 866-201-1514 Website: qmdpharmacy.com

Licensing Company Email: pharmacylicensing@qmdpharmacy.com

Section 2: Personal Information

First: Gina Middle: Romi Last: Robins

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: CA Zip: [redacted]

Telephone: [redacted] Ema[redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
The Wharton School, University of Pennsylvania			
Address	City	State	Zip
Diploma/Degree obtained, if any			
Bachelor of Science in Economics			

School Name			From - To (MM/YY – MM/YY)
Georgetown University Law Center			
Address	City	State	Zip
Diploma/Degree obtained, if any			
Juris Doctor (J.D.)			

School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 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
02/22 - Present	[redacted]	[redacted]	CA	[redacted]
02/03 - 01/22	[redacted]	[redacted]	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
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)
QuickMD			04/21 - Present
Business Address	**City**	**State**	**Zip**
28 Kaysal Court, Unit B1	Armonk	NY	10504
Phone	**Title**		
866-201-1514	Executive Chair		
Description of Duties			
Hands-on executive leader for direct-to-consumer telemedicine service; board governance; strategic counsel on legal, financial, and operational matters; MAT/urgent care telehealth			

Business Name			From - To (MM/YY – MM/YY)
Quick Meds Direct, LLC			02/26 - Present
Business Address	**City**	**State**	**Zip**
28 Kaysal Court, Unit B1	Armonk	NY	10504
Phone	**Title**		
866-201-1514	Sole Member / Owner (100%)		
Description of Duties			
100% sole member of pharmacy LLC; responsible for ownership and governance of NV pharmacy license applicant entity			

Business Name			From - To (MM/YY – MM/YY)
Emerge Enterprises			08/14 - 12/24
Business Address	**City**	**State**	**Zip**
	Venice	CA	
Phone	**Title**		
	Owner		
Description of Duties			
Owner of high-tech startup developing mobile apps for charitable organizations; business development			

Business Name			From - To (MM/YY – MM/YY)
Vending Group			06/99 - Present
Business Address	**City**	**State**	**Zip**
	Venice	CA	
Phone	**Title**		
	Owner		
Description of Duties			
Owner of vending management company providing convenience services for national accounts; business development			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gina Robins

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/20/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Lee

I, Gina Robins, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

04/20/2026

Date

Subscribed and Sworn to before me this 20th day of April 2026.

Yainara Villalon

Notary Public Signature

YAINARA VILLALON
Notary Public - State of Florida
Commission # HH613346
Expires on November 17, 2028

Notarized remotely online using communication technology via Proof.

(Seal)

4WW

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

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 #[redacted]
	☐ 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 02847		☐ 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: Senderra RX Partners, LLC

Physical Address: 3712 E. Plano Parkway, Suite 200

City: Plano State: TX Zip: 75074

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 888-777-5547 Toll Free # (NAC 639.708, NRS 639.23286): 888-777-5547

Fax: 888-777-5645 Contact Email: pharmacy@senderrarx.com

Website: https://www.senderrarx.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Diane Damrau

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21262

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: Diane Damrau	NV Pharmacist Registration #: 21262
Name: Lisa Kuehne	NV Pharmacist Registration #: 24172
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A

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: N/A

Parent Company (if any): N/A

Corporation Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: Email: N/A

Contact Person Name: N/A

Date of SEC Registration: N/A | SEC Registration Number: N/A | Stock Exchange Symbol: N/A

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Texas

Parent Company (if any): Senderra Rx Acquisitions, LLC

Corporation/Organization Name: Senderra RX Partners, LLC

Mailing Address: 9330 LBJ Freeway Suite 1300

City: Dallas State: TX Zip: 75243

Telephone: 888-777-5547 Email: john.finley@senderrarx.com

Contact Person Name: John Finley

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Contact Person Name: N/A

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: N/A

Business Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Executive Officer (title) for Senderra RX Partners, 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).

William Howard

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

2/24/2026

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, William Howard 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 Executive Officer (title) for Senderra RX Partners, 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 24 day of February, 2026

Maryann Lumbley
Notary Public

MARYANN LUMBLEY
Notary Public, State of Texas
Comm. Expires 09-13-2027
Notary ID 7090845

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

William Howard

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

2/24/2026

Date

Board Use Only	Date Received: 2/19/26	Amount: $1000 - ck 4760

SENDERRA

Directors and Officers

Chief Executive Officer-
Will Howard
Business: 9330 LBJ Freeway Suite 1300, Dallas, TX 75243
Business phone: 888-777-5547

Chief Financial Officer-
Nicholas Black
Business: 9330 LBJ Freeway Suite 1300, Dallas, TX 75243
Business phone: 888-777-5547

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Senderra RX Partners, LLC (file number 801157522), a Domestic Limited Liability Company (LLC), was filed in this office on August 14, 2009.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 24, 2026.

Jane Nelson
Secretary of State

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Senderra RX Partners, LLC

Pharmacy/Wholesaler License # (if applicable): PH02847

Physical Address: 3712 E. Plano Parkway, Suite 200

City: Plano State: TX Zip: 75074

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 888-777-5547 Website: senderrarx.com

Licensing Company Email:

Section 2: Personal Information

First: Diane Middle: Carol Last: Damrau

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: TX Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
University of Colorado Anschutz Medical Campus - Skaggs School of Pharmaceutical Sciences			Aug 1987 - May 1990
Address	**City**	**State**	**Zip**
12850 E Montview Blvd	Aurora	CO	80045
Diploma/Degree obtained, if any			
Bachelor of Science in Pharmacy			

School Name			From - To (MM/YY – MM/YY)
University of Colorado			Aug 1986 - May 1987
Address	**City**	**State**	**Zip**
3100 Marine St	Boulder	CO	80309
Diploma/Degree obtained, if any			
Pre Pharmacy Studies			

School Name			From - To (MM/YY – MM/YY)
Texas Tech University			Aug 1985 - May 1986
Address	**City**	**State**	**Zip**
2500 Broadway St	Lubbock	TX	79409
Diploma/Degree obtained, if any			
Pre Pharmacy Studies			

School Name			From - To (MM/YY – MM/YY)
Heritage High School			Aug 1981 - May 1985
Address	**City**	**State**	**Zip**
1401 W Geddes Ave	Littleton	CO	80120
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
02/11 - Present	[redacted]	[redacted]	TX	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Senderra RX Partners, LLC				From - To (MM/YY – MM/YY): 2012 - Present
Business Address: 3712 E. Plano Parkway, Suite 200		City: Plano	State: TX	Zip: 75074
Phone: 888-777-5547	Title: Pharmacist			Number of Employed Hours: 40 hours weekly
Description of Duties: Dispensing, distribution of, and record keeping related to prescription 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.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to 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, Diane Damrau, **certify that as the designated representative for**

Senderra RX Partners, 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.

Diane Damrau

Print Name (First, Last)

Diane Damrau

Original Signature (electronic, copies or stamps not accepted)

2/24/26

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.

Diane Damrau

Print Name (First, Last)

Diane Damrau

Original Signature (electronic, copies or stamps not accepted)

2/24/26

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Dallas

I, Diane Damrau, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Diane Damrau

Original Signature

2/24/26

Date

Subscribed and Sworn to before me this 24 day of February.

Maryann Lumbley

Notary Public Signature

MARYANN LUMBLEY
Notary Public, State of Texas
Comm. Expires 09-13-2027
Notary ID 7090845

(Seal)

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *SENDERRA RX PARTNERS* License Number: *26699*

Class of License: *A*

Inspection Information

Type: *Compliance* Purpose: *Routine*

Date: *06/09/2025* Arrival Time: *2:00 PM* Departure Time: *3:15 PM*

Action Taken: *Inspection*

General Comments:

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Required licenses posted	*Satisfactory*
09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Satisfactory*

Inventory Records

15. Change of PIC inventory	*Not Applicable*
17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Satisfactory*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Annual controlled substance inventory completed on:12/31/2024 at opening

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?)	*Satisfactory*
34. Notifications	*Satisfactory*

76. PIC (Does the pharmacy have a pharmacist-in-charge?) *Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean *Satisfactory*

04. Balance inspection *Satisfactory*

Comment

Number of balances: 1

05. Equipment Inspection *Satisfactory*

07. Security *Satisfactory*

08. Environment *Satisfactory*

48. Drugs (procurement, temperature, security, out-of-date, samples) *Satisfactory*

90. TSBP complaint notification *Satisfactory*

Controlled Substances

10. Prescriptions separated *Not Applicable*

24. Theft/Loss *Satisfactory*

Comment

No theft or loss has occurred.

26. Controlled substance prescription compliance *Not Applicable*

30. Controlled substance invoices dated/initialed by pharmacist *Not Applicable*

35. Controlled substance invoices separated *Not Applicable*

46. Drug distribution *Not Applicable*

53. Possession of controlled substances *Not Applicable*

Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?) *Not Applicable*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?) *Satisfactory*

45. Proper dispensing/labeling *Satisfactory*

54. Proper prepackaging procedures *Not Applicable*

Library

06. Required Library *Satisfactory*

Training

60. Documentation of required training	*Satisfactory*
61. Supervision of supportive personnel	*Satisfactory*

Patient/Computer/Dispensing Records

18. Records available	*Satisfactory*
22. Data processing system compliance	*Satisfactory*
25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	*Satisfactory*
37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	*Satisfactory*
56. Prescription transfers	*Satisfactory*
67. Written drug information provided	*Satisfactory*
80. Patient counseling	*Satisfactory*
82. Patient Medication Records	*Satisfactory*
84. Drug regimen review	*Satisfactory*
86. Absence of pharmacist records	*Not Applicable*

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs	*Satisfactory*
92. Automated dispensing policy & procedures/SOPs	*Not Applicable*

Non-Sterile Compounding

03. Orderly/Clean/Hand Hygiene	*Not Applicable*
04. Balance inspection (for non-sterile compounding)	*Not Applicable*
05. Equipment Inspection	*Not Applicable*
06. Non-sterile Library	*Not Applicable*
32. Non-sterile compound label (Is label complete?)	*Not Applicable*
38. Area/Environment for non-sterile compounding	*Not Applicable*
43. Records for non-sterile compounding	*Not Applicable*
60. Documentation of non-sterile required training	*Not Applicable*
70. Required policies & procedures/SOPs	*Not Applicable*
87. Quality Control/Assurance	*Not Applicable*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).

Diane Damrau

DAMRAU, DIANE CAROL

Cedric Johnson

TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue, Suite 13.100
Austin, TX 78701-1319
(512) 305-8000

License Number: 26699

(Date PDF Version Generated: 10/22/2025)

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/

CERTIFICATE
TEXAS
BOARD OF PHARMACY

This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **26699** Expiration Date: **11/30/2027**

Balances: **1**

SENDERRA RX PARTNERS
3712 E. PLANO PARKWAY STE 200
PLANO, TX 75074

Daniel R. Carroll, Pharm.D.,
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 26699

SENDERRA RX PARTNERS

License Information

License Status Active
License # 26699
Expiration Date 11/30/2027
Date License Issued 11/03/2009

Address

3712 E. PLANO PARKWAY STE 200
PLANO, TX 75074
County COLLIN
Phone (888) 777-5547

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 0

Employment Information

Pharmacist in Charge
DAMRAU, DIANE CAROL

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	Yes

Translating services (Listed Below If Available)

Spanish
Vietnamese
Telecomm. for the deaf (TDD)
American Sign Language
Other

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and/or Inspection Reports

- 282149 26699 SENDERRARXPARTNERS 2021-12 12-2026.pdf
- 282149 26699 SENDERRARXPARTNERS 2022-11 11-2027.pdf
- 282149 26699 SENDERRARXPARTNERS 2023-07 07-2028 01.pdf
- 282149 26699 SENDERRARXPARTNERS 2023-07 07-2028.pdf
- 282149 26699 SENDERRARXPARTNERS 2025-06 06-2030.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	No
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	Yes

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
BENNY, RUTH	63576	09/20/2018	01/31/2027	Staff	Active
CHOI, CHUL HO	34018	07/29/1993	05/31/2026	Staff	Active
DAMRAU, DIANE CAROL	36456	10/02/1996	12/31/2026	PIC	Active
DOBASHI, GAMAL ALI	42787	09/13/2004	03/31/2027	Staff	Active
HATHAWAY, JAMES AUSTIN	27401	10/19/1983	06/30/2027	Relief	Active
KUEHNE, LISA LEELLEN	35635	09/12/1995	12/31/2027	Staff	Active
LAM, KHANG DUY	51781	07/30/2012	01/31/2027	Relief	Active
LUONG, PHUONGDUNG PHUNG	67283	08/13/2020	05/31/2026	Staff	Active
NOMPONE, MICHELE L	47433	07/16/2009	04/30/2027	Relief	Active
TRAN, STEVE H	42765	09/07/2004	04/30/2028	Staff	Active

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Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
HERNANDEZ, ABIGAIL	178354	01/24/2011	08/31/2026	Staff	Active
HERNANDEZ, MARTHA EUNICE	229142	03/27/2014	04/30/2027	Staff	Active
HIX, JEREMY EUGENE	183455	07/29/2010	05/31/2026	Staff	Active
MAHBOUB, JAELYN	370467	05/02/2024	08/31/2027	Staff	Active
SMITH, TRENTON ALEX	220121	06/06/2013	07/31/2026	Staff	Active
SPEARS, KENISHA SHUNTA	356127	06/11/2023	06/30/2027	Staff	Active
TRAN, CHANEL MY	344323	09/11/2022	07/31/2026	Staff	Active
WRIGHT , JERRED CLAY	338189	04/05/2022	10/31/2027	Staff	Active

Page 1 of 1 20 View 1 - 8 of 8

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
SENDERRA RX PARTNERS, LLC	OWNER	9330 LBJ FWY STE 1300,	DALLAS	TX	75243
PURIFOY, WINSTON R	OFFICER	,			
HOWARD, WILL	OFFICER	,			
BOHANNON, GEORGE	OFFICER	,			

Page 1 of 1 20 View 1 - 4 of 4

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.

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 Senderra RX Partners, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PH02847

Physical Address 3712 E. Plano Parkway, Suite 200

City Plano State TX Zip 75074

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 999-777-5547 Website senderrarx.com

Licensing Company Email _____

Section 2: Personal Information

First Nicholas Middle Alexander Last Black

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State TX Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
East Texas A&M University		2013-2014	
Address	**City**	**State**	**Zip**
2104 University Dr.	Commerce	TX	75428
Diploma/Degree obtained, if any			
Master of Science (MS), Finance, General			

School Name		From - To (MM/YY – MM/YY)	
Harding University		2009-2013	
Address	**City**	**State**	**Zip**
915 E Market Ave	Searcy	AR	72149
Diploma/Degree obtained, if any			
BBA, Accounting, Finance, Economics			

School Name		From - To (MM/YY – MM/YY)	
Richardson High School		2005 - 2009	
Address	**City**	**State**	**Zip**
1250 W Belt Line Rd	Richardson	TX	75080
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
2019 - Present	[redacted]	[redacted]	TX	[redacted]
2016 - 2019			TX	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: 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)
Senderra RX Partners, LLC			02/16 - Present
Business Address	**City**	**State**	**Zip**
9330 LBJ Freeway Suite 1300	Dallas	TX	75243
Phone	**Title**		
888-777-5547	Chief Financial Officer		
Description of Duties			
Responsible for financial record keeping and strategy			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

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.

Nicholas Black

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/23/25

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Dallas

I, Nicholas Black, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/23/26

Date

Subscribed and Sworn to before me this 23 day of February.

Notary Public Signature

MARYANN LUMBLEY
Notary Public, State of Texas
Comm. Expires 09-13-2027
Notary ID 7090845

(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: Senderra RX Partners, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH02847

Physical Address: 3712 E. Plano Parkway, Suite 200

City: Plano State: TX Zip: 75074

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 999-777-5547 Website: senderrarx.com

Licensing Company Email:

Section 2: Personal Information

First: William Middle: Last: Howard

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: TX Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Southern Methodist University		1996-2000	
Address	**City**	**State**	**Zip**
6185 Airline Road	Dallas	TX	75205
Diploma/Degree obtained, if any			
BA English, minor in Business and Biology			

School Name		From - To (MM/YY – MM/YY)	
Chapel Trafton School (Now called the Dunham School)		1992 - 1996	
Address	**City**	**State**	**Zip**
11111 Roy Emerson Dr	Baton Rouge	LA	70810
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)	[redacted]	[redacted]	State	[redacted]
2018 - Present			TX	
From - To (MM/YY – MM/YY)	[redacted]	[redacted]	State	[redacted]
2013 - 2018			TX	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: 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)
Senderra RX Partners, LLC			03/2010 - Present
Business Address	**City**	**State**	**Zip**
9330 LBJ Freeway Suite 1300	Dallas	TX	75243
Phone	**Title**		
888-777-5547	Chief Executive Officer		
Description of Duties			
Responsible for strategic direction and leadership			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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.

William Howard

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/24/2026

Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of DALLAS

I, William Howard, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/24/2026

Date

Subscribed and Sworn to before me this 24 day of FEBRUARY.

Notary Public Signature

MARYANN LUMBLEY
Notary Public, State of Texas
Comm. Expires 09-13-2027
Notary ID 7090845

(Seal)

4XX

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

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 02928		☐ 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

Super Care, LLC dba

Pharmacy Name: ~~SuperCare Health, LLC dba Super Care Pharmacy~~ SuperCare Health

Physical Address: 16017 Valley Blvd

City: City of Industry State: CA Zip: 91744

Mailing Address (if different from physical address): Same as above.

City: _____ State: _____ Zip: _____

Telephone: (800) 206-4880 Toll Free # (NAC 639.708, NRS 639.23286): (800) 206-4880

Fax: (877) 877-8767 Contact Email: Compliance@excellere.com

Website: https://supercarehealth.com/

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Ali Khorasani

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21374

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: Ali Khorasani	NV Pharmacist Registration #: 21374
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Aether Acquisition, LLC

Corporation/Organization Name: ~~SuperCare Health, LLC~~ Super Care, LLC

Mailing Address: 3033 E. 1st Ave. Suite 700

City: Denver State: CO Zip: 80206

Telephone: 303-754-2413 Email: compliance@excellere.com

Contact Person Name: Alison Vratil

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

Super Care, LLC dba SuperCare Health

1. I am the Vice President (title) for ~~SuperCare Health, LLC dba Super Care 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).

Michael Geldart

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

1/6/2026

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Michael Geldart hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for ~~SuperCare Health, LLC dba Super Care Pharmacy~~ Super Care, LLC dba SuperCare Health (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 16th day of January, 2026

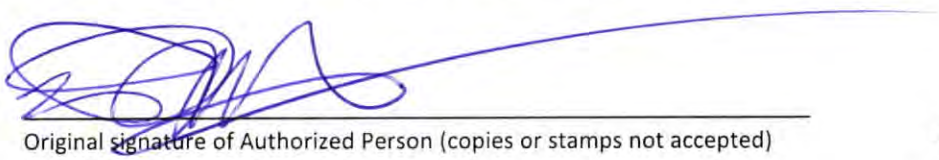
Jordan Amanda Day
Notary Public

JORDAN AMANDA DAY
Notary Public
State of Colorado
Notary ID # 20254020880
My Commission Expires 06-05-2029

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Geldart

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)

1/6/2026

Date

Board Use Only	Date Received: 3/12/26	Amount: $500-ch 1000002527 ✓

Super Care, LLC		
Owner/Officer List		
Name	**Title**	**Address**
Aether Acquisition, LLC	Owner, 100%	3033 E. 1st Ave. Suite 700, Denver, CO 80206
John Cassar	Chief Executive Officer	3033 E. 1st Ave. Suite 700, Denver, CO 80206
Michael Geldart	Vice President	3033 E. 1st Ave. Suite 700, Denver, CO 80206

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	SUPER CARE, LLC
Entity No.:	1294600
Registration Date:	12/20/1985
Entity Type:	Limited Liability Company - CA
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 27, 2026.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 427657836

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.

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 ~~Super Care, LLC dba Super Care Pharmacy~~ Super Care, LLC dba SuperCare Health

Pharmacy/Wholesaler License # (if applicable) PH02928

Physical Address 16017 Valley Blvd

City City of Industry State CA Zip 91744

Mailing Address (if different from physical address) Same as above.

City _____ State _____ Zip _____

Telephone (800) 206-4880 Website https://supercarehealth.com/

Licensing Company Email compliance@excellere.com

Section 2: Personal Information

First Ali Middle Nouri Last Khorasani

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State CA Zip [redacted]

Telephone [redacted] Em[redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	NA	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Touro College of Pharmacy New York		2011 to 2015	
Address	**City**	**State**	**Zip**
3 Times Square	New York	NY	10036
Diploma/Degree obtained, if any: Pharm D			

School Name		From - To (MM/YY – MM/YY)	
UCI		2009 to 2011	
Address	**City**	**State**	**Zip**
260 Aldrich Hall	Irvine	CA	92697
Diploma/Degree obtained, if any: BA of Psychology			

School Name		From - To (MM/YY – MM/YY)	
Santa Monica College		2005 to 2009	
Address	**City**	**State**	**Zip**
1900 Pico Blvd	Santa Monica	CA	90405
Diploma/Degree obtained, if any: AS			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2021 - Present	[redacted]	[redacted]	CA	[redacted]
2018 to 2021			CA	
2017 to 2018			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)	
Super Care Pharmacy			08/17 – Present	
Business Address		**City**	**State**	**Zip**
16017 Valley Blvd		City of Industry	CA	91744
Phone	**Title**		**Number of Employed Hours**	
(800) 206-4880	Pharmacist-in-Charge		14,560	
Description of Duties				
Oversee pharmacy services including filling prescriptions and educating patients				

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				

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?	NA	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Ali Nouri Khorasani, **certify that as the designated representative for**

Super Care, LLC dba SuperCare Health,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ANK I am at least 21 years of age;
3. ANK 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. ANK I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ANK I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ANK 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. ANK I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Ali Nouri Khorasani

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/06/2026

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.

Ali Nouri Khorasani

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

JAN 06 2026

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

See Attached Certificate

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

See Attached Certificate

Notary Public Signature

(Seal)

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 6 day of January,

20 26 by Ali Nouri Khorasani,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature (Seal)

ANN MARIE PROVENCIO
COMM. #2431299
Notary Public - California
Orange County
My Comm. Expires Dec. 17, 2026

OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Designated Representative
(Title or description of attached document)

Application
(Title or description of attached document continued)

Number of Pages 9 Document Date 1/6/2026

Additional information

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one with does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
  - ❖ Additional information Is not required but could help to ensure this jurat is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 3/13/2025 Inspector: Trang Song

Firm: SUPER CARE Phone: (877) 373-1567

Address: 16017 VALLEY BLVD City: CITY OF INDUSTRY Zip: 91744

Ownership: CORPORATION

Permit #: PHY57721 Permit Exp: 5/1/2025 DEA#: [redacted] DEA Exp: 2/28/2026

Date of Self Assessment Form: 6/29/2023 Other Permit #: N/A Date of DEA Inventory: ___

Hours M-F: 9AM-5:30PM Hours Saturday CLOSED Hours Sunday: CLOSED

PIC ALI N KHORASANI RPH75521 Administrator ___

RPH Consultant ___

Staff RPH Name:	License #:	Staff Name:	License #:
ZULEIMA E VILLALOBOS RO	INT47317	ANN MARIE VICARRA	CLERK
		BELEN JORGE	TCH176197
		BELINDA RAMOS	TCH168863
		MELISSA D MATA ACOSTA	TCH123106
		SUSAN M FLORES	TCH128282

Inspector Remarks:

Retail pharmacy, focusing on respiratory medications, dispensed ~70 Rxs/day. Majority of medications are shipped to patients, by Deliver-It courier. Pharmacy holds active licensure in 3 other states: NV, OR, NM. Majority of medications dispensed are for CA patients.

Reviewed:
**Interpretive services provided by Lingua Linx
**Consultation - no patient to observe. Pharmacy post card with each and all shipped order contained written notice for consultation, including M-F and Saturday hours and phone number 877-373-1567
**PIC Email: Akhorasani@supercare.com
**DEA registration specific only for C 4,5 - however pharmacy does not have any controlled substances in stock.
DEA inventory on 9/30/2024, end of day (5:30PM)- **None in stock
**Policy/Procedure - spot checked procedure for medication error. See discussion. Recommend PIC update/revise per BPC 4113.1
**Sink - hot/cold running water
**Refrigerator - temp log available, documented in Celsius (4degrees C). Recommend PIC revise temperature log to include acceptable temperature range in Celsius. Currently, temp log only has temp range in Fahrenheit (36-46F).

Education
****Self-assessments are due by July 1.** An updated draft version should be posted on the Board's website by April 15.
****The Board is no longer mailing out renewal applications for individuals.** Please refer to the information on the Board's website to learn more.
1. **BPC 22949.92.1 – Grocery and Pharmacy Establishment Closures.

1999

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

A "covered establishment" (which includes certain community pharmacies; see BPC 22949.92) must, no later than 45 days before a closure of the covered establishment takes effect, perform all of the following acts:

- Provide written notice of the closure to (1) the employees of the covered establishment affected by the closure and their authorized representatives if the covered establishment employs more than five employees (if employs five or fewer employees, written notice of the closure must be provided to employees no later than 30 days before closure);
  (2) the Employment Development Dept; (3) the State Dept of Social Services; (4) the local workforce development board of any city and county government within which the closure occurs; (5) the chief elected official of each city and county government within which the closure occurs; and (6) the California State Board of Pharmacy.
- A covered establishment that is a pharmacy, is owned by a person or entity who owns 15 or fewer pharmacies nationwide, and is not a "covered establishment" as defined in subdivision (a) of section 1400.5 of the Labor Code, is not required to provide written notice to any of the following: the Employment Development Dept, the State Dept of Social Services; the local workforce development board of any city and county government within which the covered establishment is located; and the chief elected official of each city and county government within which the covered establishment is located.
- Post a written notice of the closure in a conspicuous location at the entrance to the covered establishment's premises that includes the planned closure date of the covered establishment.
- If the covered establishment is a pharmacy establishment, regardless of the number of employees, the written notice must also include the following: the name, address, and contact information of the pharmacy establishment where any prescriptions will be transferred; and the phone number, email address, or internet website where patients may obtain information regarding the process of transferring the prescription to a pharmacy establishment of the patient's choice.
- Take reasonable steps to provide a written notice of the closure in at least one form other than the forms listed above that is in a form in which the covered establishment regularly communicates or advertises to its patients, if the covered establishment is a pharmacy establishment.
- Except as otherwise required under Section 1401 of the Labor Code or any other provision of the law, a covered establishment is not required to provide notice pursuant to BPC 22949.92.1 if a closure is necessitated by a physical calamity or act of war; or if the closure is caused by business circumstances that were not reasonably foreseeable at the time that notice would have been required
- The Board has pending regulations that will address pharmacy closures.

****The Board selected the Institute for Safe Medication Practices (ISMP) to serve as the entity to receive medication error reports from community pharmacies under BPC 4113.1.** Please monitor the Board's website and ensure you are appropriately enrolled in the Board's subscriber alert system to receive additional information regarding implementation of mandatory medication error reporting as required in BPC 4113.1.

****PIC Training Webinar -** A new Pharmacist-in-Charge training webinar is now available on the California State Board of Pharmacy website, link **https://pharmed.thinkific.com/collections**. This webinar provides an overview of pharmacy law related to the position and the responsibility of a pharmacist when associating as the Pharmacist-in-Charge of a licensed facility. Additionally, the webinar has tips on how to prepare for an inspection and provides resources for the PIC to use in their supervision and management of a pharmacy.
One hour of CE will be awarded for completing the webinar training; however, it does not count toward the required 2 hours of CE for Law and Ethics. To take this course you must sign up for a PharmED account.
This continuing education webpage also provides courses

****DSCSA (Drug Security Chain Supply Act) compliance**

California State Board of Pharmacy
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Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

DISCLAIMER:
Any issues referenced/discussed in this report are not intended to be an all-inclusive list of issues that may exist at your facility. Your facility is responsible for investigating and determining the causes of any issues and items to be corrected and for preventing their recurrence. Further review of items provided at inspection, may result in further communication after this report.

Questions related to this inspection can be directed to Trang Song at trang.song@dca.ca.gov
Phone (626) 941-5914

Licensee Remarks:

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) _____

Pharmacist (print) Ali Khorasani

Inspector (sign) _____

Inspector (print) Trang Song 3/13/25

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

CALIFORNIA STATE BOARD OF PHARMACY
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100

Renewal Certificate

Retail Pharmacy Permit

License No.: PHY 57721
Receipt No.: 50770219

Valid Until: 5/1/2026

SUPER CARE
16017 VALLEY BLVD
CITY OF INDUSTRY, CA 91744

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.

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) administrator or pharmacist-in-charge.

This permit is valid only at the address shown.

The official status of this license can be verified at www.pharmacy.ca.gov

---- NON-TRANSFERABLE ---- POST IN PUBLIC VIEW ----

FORM WPHPHY (09/30/19) PHY

confidential
Jansen Carver
Bass Berry & Sims
Oct 30, 2025 7:39 AM EDT

CALIC100.RENWAL.R.03192025.57417.SEQID4145

SUPER CARE
16017 VALLEY BLVD
CITY OF INDUSTRY, CA 91744 4145

BOARD OF PHARMACY
2720 GATEWAY OAKS DR, SUITE 100
SACRAMENTO, CA 95833

2002

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 57721

NAME: SUPER CARE

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

16017 VALLEY BLVD
CITY OF INDUSTRY CA 91744
LOS ANGELES COUNTY

ISSUANCE DATE

MAY 15, 2020

EXPIRATION DATE

MAY 1, 2026

CURRENT DATE / TIME

JANUARY 5, 2026
7:50:42 AM

LICENSE RELATIONSHIPS

NAME: KHORASANI, ALI NOURI

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 75521 **PRIMARY STATUS:** CLEAR

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: Super Care, LLC dba ~~Super Care Pharmacy~~ SuperCare Health

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH02928

Physical Address: 16017 Valley Blvd

City: City of Industry State: CA Zip: 91744

Mailing Address (if different from physical address): 16017 Valley Blvd

City: City of Industry State: CA Zip: 91744

Telephone: (800) 206-4880 Website: https://supercarehealth.com/

Licensing Company Email: compliance@excellere.com

Section 2: Personal Information

First: John Middle: Louis Last: Cassar

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: CA Zip[redacted]

Telephone[redacted] Emai[redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	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)	
Loyola Marymount University		08/84 to 06/88	
Address	City	State	Zip
1 Loyola Marymount University Dr	Los Angeles	CA	90045
Diploma/Degree obtained, if any			
Bachelor Associates of Business			

School Name		From - To (MM/YY – MM/YY)	
Los Altos High School		09/80 to 06/84	
Address	City	State	Zip
15325 Los Robles Ave	Hacienda Heights	CA	91745
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/22 to Present	[redacted]	[redacted]	CA	[redacted]
09/02 to 02/22			CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: 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)
Super Care Health			2008- Present
Business Address	**City**	**State**	**Zip**
16017 Valley Blvd	City of Industry	CA	91744
Phone	**Title**		
800-206-4880	Chief Executive Officer		
Description of Duties			
Oversee the growth and direction of the company.			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to 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 # 4-6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
N/A	2/4/2015	CA	Sacramento	Sacramento
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
AC201200456600		California Board of Pharmacy		
Reason/Charge				
See below.				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
N/A		N/A		
Name of Business/Industry/Entity				
Super Care, Inc. dba SuperCare				

Provide explanation below:

On February 4, 2015, SuperCare's pharmacy license number PHY 45943 was placed on probation by the California Board of Pharmacy for a period of five years as a result of the Stipulated Settlement and Disciplinary Order dated January 28, 2015, for:

1. Failure to Maintain Compounding Training Documentation;
2. Misbranded Drugs;
3. Failure to Complete Self-Assessment;
4. Failure to Maintain Records for Compounded Products;
5. Failure to Maintain Compounding Policies and Procedures;
6. Failure to Maintain Licensed Employee Policies and Procedures;
7. Failure to Maintain Facilities and Equipment Records;
8. Failure to Maintain Compounding Quality Assurance Plan;
9. Unprofessional Conduct: Act of Moral Turpitude, Dishonesty, Fraud, Deceit, Corruption;
10. Unprofessional Conduct: False Document/Misrepresentation;
11. Failure to Maintain Security of Dangerous Drugs;
12. Failure to Maintain Operational Standards and Security;
13. Failure to Maintain Operations Policy During Pharmacist Absence;
14. Failure to Maintain Proper Records of Compounded Drug Products/Supervision;
15. Failure to Ensure Compounding Limitations and Requirements;
16. Dispensing/Sale of Expired Drug;
17. Failure to Include Expiration Date on Labels;
18. Purchase of Dangerous Drugs from Unlicensed Entity;
19. Embargoed Misbranded Dangerous Drugs;
20. Failure to Maintain Facility and Equipment Standards; and
21. Drugs Lacking Quality and Strength.

The probation was successfully completed, effective February 7, 2020, and SuperCare's pharmacy license was fully restored.

Original Signature (electronic, copies or stamps not accepted)

01/06/2026
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 Cassar

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/06/2026

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.

See Attached Certificate

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

See Attached Certificate

Notary Public Signature

(Seal)

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of LOS ANGELES

Subscribed and sworn to (or affirmed) before me on this 6 day of JANUARY,

20 26 by JOHN LOUIS CASSAR,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____ (Seal)

ANN MARIE PROVENCIO
COMM. #2431299
Notary Public - California
Orange County
My Comm. Expires Dec. 17, 2026

OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

PERSONAL HISTORY
(Title or description of attached document)

APPLICATION
(Title or description of attached document continued)

Number of Pages 7 Document Date 1/6/2026

Additional information

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one with does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
  - ❖ Additional information Is not required but could help to ensure this jurat is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

February 10, 2020

RECEIVED
FEB 13 2020
By

Supercare
Attention PIC
16017 Valley Blvd
City of Industry, CA 91745
RE: AC 4566

Dear PIC:

This letter is in regard to the above referenced administrative case and the status of the pharmacy license for Supercare, PHY 45943. Effective February 4, 2015 the pharmacy license was placed on probation for a period of five years with certain terms and conditions.

The Board is pleased to inform you that, upon review of the terms and conditions of your probation, probation has been successfully completed, effective February 7, 2020. Therefore, the probationary period has been terminated and the pharmacy license has been fully restored.

Please be advised that this disciplinary action will remain as part of your license history, which is public information.

If you have any questions, please do not hesitate to contact your probation analyst at (916) 518-3026.

Sincerely,

ANNE SODERGREN
Executive Officer

By

Autumn Ammann
Probation Analyst

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **SUPER CARE, INC. DBA SUPERCARE** **Gabriel Cassar, President;** **Michelline Cassar, Chief Executive Officer;** **John L. Cassar, Vice President;** **Michael Cassar, Shareholder** **Permit No. PHY 45943** **GABRIEL JOHN CASSAR, AKA** **GABRIEL CASSAR** **Pharmacist License No. RPH 25650** **KATHERINE THU LE, AKA** **KATHERINE LE** **Pharmacist-in-Charge** **Pharmacist License No. 57903** **TUAN KIEU NGUYEN** **Pharmacy Technician Registration** **No. TCH 89616** Respondents.	Case No. 4566 OAH No. 2014030278 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER** As to: **SUPER CARE, INC. DBA SUPERCARE, PERMIT No. PHY 45943**

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This decision shall become effective on February 4, 2015.

It is so ORDERED on January 28, 2015.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By _____
STAN C. WEISSER, Board President

KAMALA D. HARRIS
Attorney General of California
ARMANDO ZAMBRANO
Supervising Deputy Attorney General
LINDA L. SUN
Deputy Attorney General
State Bar No. 207108
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 897-6375
Facsimile: (213) 897-2804
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **SUPER CARE, INC. DBA SUPERCARE** **Gabriel Cassar, President;** **Micheline Cassar, Chief Executive Officer;** **John L. Cassar, Vice President;** **Michael Cassar, Shareholder** **16017 Valley Blvd.** **City of Industry, CA 91745** **Permit No. PHY 45943** **GABRIEL JOHN CASSAR, AKA GABRIEL CASSAR** **16017 Valley Blvd.** **City of Industry, CA 91745** **Pharmacist License No. RPH 25650** **KATHERINE THU LE, AKA KATHERINE LE** **Pharmacist-in-Charge** **8151 Whitmore Street, #A** **Rosemead, CA 91770** **Pharmacist License No. RPH 57903** **TUAN KIEU NGUYEN** **19563 Cronin Drive** **Rowland Heights, CA 91748** **Pharmacy Technician Registration No. TCH 89616** Respondents.	Case No. 4566 OAH No. 2014030278 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER** As to: **SUPER CARE, INC. DBA SUPERCARE, Permit No. PHY 45943**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Virginia Herold ("Complainant") is the Executive Officer of the Board of Pharmacy ("Board"). She brought this action solely in her official capacity and is represented in this matter by Kamala D. Harris, Attorney General of the State of California, by Linda L. Sun, Deputy Attorney General.

2. Respondent Super Care, Inc..dba Supercare; Gabriel Cassar, President; Micheline Cassar, Chief Executive Officer; John L. Cassar, Vice President; Michael Cassar, Shareholder; Katherine Le, Pharmacist-in-Charge (collectively "Respondent Pharmacy" or "Respondent") is represented in this proceeding by attorney Tony J. Park, Esq., whose address is: 6789 Quail Hill Parkway, #405, Irvine, CA 92603.

3. On or about July 23, 2002, the Board issued Permit Number PHY 45943 to Respondent Pharmacy. The Permit was in full force and effect at all times relevant to the charges brought herein and will expire on July 1, 2015, unless renewed.

JURISDICTION

4. Accusation No. 4566 was filed before the Board and is currently pending against Respondent Pharmacy. The Accusation and all other statutorily required documents were properly served on Respondent Pharmacy on January 29, 2014. Respondent Pharmacy timely filed its Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 4566 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent Pharmacy has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 4566. Respondent Pharmacy has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent Pharmacy is fully aware of its legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at its own expense; the right to confront and cross-examine the witnesses against them; the right to present evidence and to testify on its own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent Pharmacy voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent Pharmacy admits the truth of each and every charge and allegation in Accusation No. 4566.

10. Respondent Pharmacy agrees that its Permit is subject to discipline and they agree to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent Pharmacy understands and agrees that counsel for Complainant and the staff of the Board of Pharmacy may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or its counsel. By signing the stipulation, Respondent Pharmacy understands and agrees that they may not withdraw its agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

13. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Permit No. PHY 45943 issued to Respondent Pharmacy is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions.

1. **Obey All Laws**

Respondent Owner shall obey all state and federal laws and regulations.

Respondent Owner shall report any of the following occurrences to the Board, in writing, within seventy-two (72) hours of such occurrence:

- ☐ an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws
- ☐ a plea of guilty or nolo contendere in any state or federal criminal proceeding to any criminal complaint, information or indictment
- ☐ a conviction of any crime
- ☐ discipline, citation, or other administrative action filed by any state or federal agency which involves Respondent Pharmacy's permit or which is related to the practice of pharmacy or the manufacturing, obtaining, handling or distributing, billing, or charging for any drug, device or controlled substance.

Failure to timely report any such occurrence shall be considered a violation of probation.

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 Super Care, LLC dba ~~Super Care Pharmacy~~ SuperCare Health

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PH02928

Physical Address 16017 Valley Blvd

City City of Industry State CA Zip 91744

Mailing Address (if different from physical address) Same as above.

City _____ State _____ Zip _____

Telephone (800) 206-4880 Website https://supercarehealth.com/

Licensing Company Email compliance@excellere.com

Section 2: Personal Information

First Michael Middle David Donald Last Geldart

Alias(es, nicknames, name changes, etc.) Mike

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Addre[redacted]

Cit[redacted] State FL 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			From - To (MM/YY – MM/YY)	
UNIVERSITY OF SOUTH FLORIDA			08/83 - 12/85	
Address	City	State	Zip	
4202 E. FOWLER AVE	TAMPA	FL	33620	
Diploma/Degree obtained, if any				
BA CHEMISTRY				

School Name			From - To (MM/YY – MM/YY)	
SOUTH FLORIDA COLLEGE			08/81 - 05/83	
Address	City	State	Zip	
6000 W COLLEGE DR	AVON PARK	FL	33825	
Diploma/Degree obtained, if any				
AA				

School Name			From - To (MM/YY – MM/YY)	
AVON PARK HIGH SCHOOL			08/77 - 05/80	
Address	City	State	Zip	
700 E MAIN ST	AVON PARK	FL	33825	
Diploma/Degree obtained, if any				
HIGH SCHOOL DIPLOMA				

School Name			From - To (MM/YY – MM/YY)	
~~N/A~~ UNIVERSITY OF SOUTH FLORIDA			01/15 - 12/16	
Address	City	State	Zip	
4202 E. FOWLER AVE	TAMPA	FL	33620	
Diploma/Degree obtained, if any				
MASTER SCIENCE CYBER SECURITY				

School Name			From - To (MM/YY – MM/YY)	
~~N/A~~ STETSON UNIVERSITY COLLEGE OF LAW			01/86 - 12/88	
Address	City	State	Zip	
1401 61ST ST S	GULFPORT	FL	33707	
Diploma/Degree obtained, if any				
JURIS DOCTORATE				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/16 - Present	[redacted]	[redacted]	FL	[redacted]
12/15 - 12/16	[redacted]	[redacted]	FL	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	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)	
Excellere Partners			11/15 - Present	
Business Address		City	State	Zip
3033 E. 1st Ave. Suite 700		Denver	CO	80206
Phone	Title			
303-765-2400	Partner, Chief Compliance Officer			
Description of Duties				
Partner, Chief Compliance Officer of Excellere Partners, Private Equity				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
N/A	2/3/2020	ME	Augusta	Kennebec
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2017-PHA-13671		Maine Board of Pharmacy		
Reason/Charge				
See below.				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
N/A		N/A		
Name of Business/Industry/Entity				
Bond Pharmacy, Inc. dba Advanced Infusion Solutions				

Provide explanation below:

Consent agreement for administrative action based upon delay in reporting a change in pharmacist-in-charge along with a warning and civil penalty of $250 as the change was reported in seven business days rather than seven calendar days. Fine was paid and all states were notified upon receiving the fully executed order.

Original Signature (electronic, copies or stamps not accepted)

1/6/2020
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
N/A	2/3/2020	OH	Columbus	Franklin
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2019-0158		Ohio Board of Pharmacy		
Reason/Charge				
See below.				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
N/A		N/A		
Name of Business/Industry/Entity				
Bond Pharmacy, Inc. dba Advanced Infusion Solutions				

Provide explanation below:

Disciplinary action based upon an alleged single dispensing error which resulted in Advanced Infusion Solutions paying a monetary penalty of $1,500.00. Fine was paid and all states were notified upon receiving the fully executed order.

Original Signature (electronic, copies or stamps not accepted)

1/6/2020
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
N/A	5/8/2021	AL	Birmingham	Jefferson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
20-L-0026	Alabama Board of Pharmacy

Reason/Charge
See below.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
N/A	N/A

Name of Business/Industry/Entity
Bond Pharmacy, Inc. dba Advanced Infusion Solutions

Provide explanation below:

Consent agreement which resulted in an administrative fine of $5000.00. Based on former matters. Fine was paid and all states were notified upon receiving the fully executed order.

Original Signature (electronic, copies or stamps not accepted)

1/6/2026
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
N/A	8/20/2020	HI	Honolulu	Honolulu
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA-2020-0040L		Hawaii Board of Pharmacy		
Reason/Charge				
See below.				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
N/A		N/A		
Name of Business/Industry/Entity				
Bond Pharmacy, Inc. dba Advanced Infusion Solutions				

Provide explanation below:

Pre-petition settlement agreement which resulted in an administrative fine of $500.00. Based off Ohio allegations. Fine was paid and all states were notified prior to receiving the fully executed order.

Original Signature (electronic, copies or stamps not accepted)

1/6/2026
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
N/A	1/5/2022	PA	Harrisburg	Dauphin
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
20-54-002960		Pennsylvania Board of Pharmacy		
Reason/Charge				
See below.				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
N/A			N/A	
Name of Business/Industry/Entity				
Bond Pharmacy, Inc. dba Advanced Infusion Solutions				

Provide explanation below:

Consent agreement and civil penalty of $750.00 was paid to the Pennsylvania board and all states were notified upon receiving the fully executed order.

Original Signature (electronic, copies or stamps not accepted)

1/6/2026
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
N/A	5/15/2023	IL	Springfield	Sangamon
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2020-03088		Illinois Board of Pharmacy		
Reason/Charge				
See below.				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
N/A			N/A	
Name of Business/Industry/Entity				
Bond Pharmacy, Inc. dba Advanced Infusion Solutions				

Provide explanation below:

Consent agreement was executed resulting in a reprimand of license and disciplinary fine of $1,500.00. Based on former matters. A fine was paid to the Illinois board and all states were notified upon receiving the fully executed order.

Original Signature (electronic, copies or stamps not accepted)

11/6/2021
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
N/A	4/30/2025	OH	Columbus	Franklin
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-2023-0119		Ohio Board of Pharmacy		
Reason/Charge				
See below.				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
N/A			N/A	
Name of Business/Industry/Entity				
Bond Pharmacy, Inc. dba Advanced Infusion Solutions				

Provide explanation below:

Disciplinary action based upon an alleged single dispensing error that occurred in 2022 for which there is no definitive proof of fault. Advanced Infusion Solutions entered a settlement agreement and agreed to pay a monetary penalty of $8, 000.00. Fine was paid and all states were notified upon receiving the fully executed order.

Original Signature (electronic, copies or stamps not accepted)

1/6/2026
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 Geldart

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/6/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Colorado, ss. County of Denver

I, Michael Geldart, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

1/6/2026

Date

Subscribed and Sworn to before me this 6th day of January 2026

Jordan Amanda Day

Notary Public Signature

JORDAN AMANDA DAY
Notary Public
State of Colorado
Notary ID # 20254020880
My Commission Expires 06-05-2029

(Seal)

2. **Report to the Board**

Respondent Owner shall report to the Board quarterly, on a schedule as directed by the Board or its designee. The report shall be made either in person or in writing, as directed. Among other requirements, Respondent Owner shall state in each report under penalty of perjury whether there has been compliance with all the terms and conditions of probation. Failure to submit timely reports in a form as directed shall be considered a violation of probation. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation. Moreover, if the final probation report is not made as directed, probation shall be automatically extended until such time as the final report is made and accepted by the Board.

3. **Interview with the Board**

Upon receipt of reasonable prior notice, Respondent Owner shall appear in person for interviews with the Board or its designee, at such intervals and locations as are determined by the Board or its designee. Failure to appear for any scheduled interview without prior notification to Board staff, or failure to appear for two (2) or more scheduled interviews with the Board or its designee during the period of probation, shall be considered a violation of probation.

4. **Cooperate with Board Staff**

Respondent Owner shall cooperate with the Board's inspection program and with the Board's monitoring and investigation of Respondent Pharmacy's compliance with the terms and conditions of their probation. Failure to cooperate shall be considered a violation of probation.

5. **Reimbursement of Board Costs**

As a condition precedent to successful completion of probation, Respondent Owner shall pay to the Board its costs of investigation and prosecution in the amount of $6,310.80 (six thousand three hundred ten dollars and eighty cents). The costs may be paid on a payment plan approved by the Board. There shall be no deviation from the payment plan schedule absent prior written approval by the Board or its designee. Failure to pay costs by the deadline(s) as directed shall be considered a violation of probation.

The filing of bankruptcy by Respondent Owner shall not relieve Respondent Pharmacy of their responsibility to reimburse the Board its costs of investigation and prosecution.

6. **Probation Monitoring Costs**

Respondent Owner shall pay any costs associated with probation monitoring as determined by the Board each and every year of probation. Such costs shall be payable to the Board on a schedule as directed by the Board or its designee. Failure to pay such costs by the deadline(s) as directed shall be considered a violation of probation.

7. **Status of License**

Respondent Owner shall, at all times while on probation, maintain current licensure with the Board. If Respondent Owner submits an application to the Board, and the application is approved, for a change of location, change of permit or change of ownership, the Board shall retain continuing jurisdiction over the license, and Respondent shall remain on probation as determined by the Board. Failure to maintain current licensure shall be considered a violation of probation.

If Respondent Owner's license expires or is cancelled by operation of law or otherwise at any time during the period of probation, including any extensions thereof or otherwise, upon renewal or reapplication Respondent Owner's license shall be subject to all terms and conditions of this probation not previously satisfied.

8. **License Surrender While on Probation/Suspension**

Following the effective date of this decision, should Respondent Owner discontinue business, Respondent Owner may tender the premise's license to the Board for surrender. The Board or its designee shall have the discretion whether to grant the request for surrender or take any other action it deems appropriate and reasonable. Upon formal acceptance of the surrender of the license, Respondent will no longer be subject to the terms and conditions of probation.

Upon acceptance of the surrender, Respondent Owner shall relinquish the premises wall and renewal license to the Board within ten (10) days of notification by the Board that the surrender is accepted. Respondent Owner shall further submit a completed Discontinuance of Business form according to Board guidelines and shall notify the Board of the records inventory transfer.

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Respondent Owner shall also, by the effective date of this decision, arrange for the continuation of care for ongoing patients of the Respondent Pharmacy by, at minimum, providing a written notice to ongoing patients that specifies the anticipated closing date of the pharmacy and that identifies one or more area pharmacies capable of taking up the patients' care, and by cooperating as may be necessary in the transfer of records or prescriptions for ongoing patients. Within five days of its provision to the pharmacy's ongoing patients, Respondent Owner shall provide a copy of the written notice to the Board. For the purposes of this provision, "ongoing patients" means those patients for whom the pharmacy has on file a prescription with one or more refills outstanding, or for whom the pharmacy has filled a prescription within the preceding sixty (60) days.

Respondent Owner may not apply for any new licensure from the Board for three (3) years from the effective date of the surrender. Respondent Owner shall meet all requirements applicable to the license sought as of the date the application for that license is submitted to the Board.

Respondent Owner further stipulates that he or she shall reimburse the Board for its costs of investigation and prosecution prior to the acceptance of the surrender.

9. **Notice to Employees**

Respondent Owner shall, upon or before the effective date of this decision, ensure that all employees involved in permit operations are made aware of all the terms and conditions of probation, either by posting a notice of the terms and conditions, circulating such notice, or both. If the notice required by this provision is posted, it shall be posted in a prominent place and shall remain posted throughout the probation period. Respondent Owner shall ensure that any employees hired or used after the effective date of this decision are made aware of the terms and conditions of probation by posting a notice, circulating a notice, or both. Additionally, Respondent Owner shall submit written notification to the Board, within fifteen (15) days of the effective date of this decision, that this term has been satisfied. Failure to submit such notification to the Board shall be considered a violation of probation.

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"Employees" as used in this provision includes all full-time, part-time, volunteer, temporary and relief employees and independent contractors employed or hired at any time during probation.

10. **Owners and Officers: Knowledge of the Law**

Respondent Owner shall provide, within thirty (30) days after the effective date of this decision, signed and dated statements from its owners, including any owner or holder of ten percent (10%) or more of the interest in Respondent Pharmacy or Respondent Pharmacy's stock, and any officer, stating under penalty of perjury that said individuals have read and are familiar with state and federal laws and regulations governing the practice of pharmacy. The failure to timely provide said statements under penalty of perjury shall be considered a violation of probation.

11. **Posted Notice of Probation**

Respondent Owner shall prominently post a probation notice provided by the Board in a place conspicuous and readable to the public. The probation notice shall remain posted during the entire period of probation.

Respondent Owner shall not, directly or indirectly, engage in any conduct or make any statement which is intended to mislead or is likely to have the effect of misleading any patient, customer, member of the public, or other person(s) as to the nature of and reason for the probation of the licensed entity.

Failure to post such notice shall be considered a violation of probation.

12. **Violation of Probation**

If Respondent Owner has not complied with any term or condition of probation, the Board shall have continuing jurisdiction over Respondent Pharmacy's license, and probation shall be automatically extended until all terms and conditions have been satisfied or the Board has taken other action as deemed appropriate to treat the failure to comply as a violation of probation, to terminate probation, and to impose the penalty that was stayed.

If Respondent Owner violates probation in any respect, the Board, after giving Respondent Owner notice and an opportunity to be heard, may revoke probation and carry out the disciplinary

order that was stayed. Notice and opportunity to be heard are not required for those provisions stating that a violation thereof may lead to automatic termination of the stay and/or revocation of the license. If a petition to revoke probation or an accusation is filed against Respondent Pharmacy during probation, the Board shall have continuing jurisdiction and the period of probation shall be automatically extended until the petition to revoke probation or accusation is heard and decided.

13. **Completion of Probation**

Upon written notice by the Board or its designee indicating successful completion of probation, Respondent Pharmacy's license will be fully restored.

14. **Community Services Program**

Within sixty (60) days of the effective date of this decision, Respondent Owner shall submit to the Board or its designee, for prior approval, a community service program in which Respondent shall provide free brown-bag events to the community for at least twenty (20) days per year for the first two (2) years of probation.

Within thirty (30) days of Board approval thereof, Respondent Owner shall submit documentation to the Board demonstrating commencement of the community service program. Respondent Owner shall report on progress with the community service program in the quarterly reports.

Failure to timely submit, commence, or comply with the program shall be considered a violation of probation.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Tony J. Park, Esq.. I understand the stipulation and the effect it will have on my Pharmacy Permit. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: 12-9-2014

OWNER, SUPER CARE, INC. DBA SUPERCARE
Respondent

I have read and fully discussed with Respondent Super Care, Inc. dba Supercare; Gabriel Cassar; Micheline Cassar; John L. Cassar; Michael Cassar; Katherine Le; the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 12/09/2014

Tony J. Park, Esq.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy.

Dated: 1/5/2015

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
ARMANDO ZAMBRANO
Supervising Deputy Attorney General

LINDA L. SUN
Deputy Attorney General
Attorneys for Complainant

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Disciplinary Questions, Statement of Explanation

Any lawsuit or arbitration, as either a claimant or respondent, that I have been party to as an individual, owner, director, or officer of a corporation, has not been in relation to the practice of pharmacy.

The following Board of Pharmacy disciplinary actions occurred while I was an Officer of Bond Pharmacy, Inc. and a Board Member of SCA Pharmaceuticals, LLC.

Bond Pharmacy, Inc. dba Advanced Infusion Solutions
623 Highland Colony Parkway, Ste. 100
Ridgeland, MS 39157

April 24, 2018: Maine Board of Pharmacy

- Maine License Number MO40001605
- Complaint No. 2017-PHA-13671
- Consent agreement for administrative action based upon delay in reporting a change in pharmacist-in-charge along with a warning and civil penalty of $250 as the change was reported in seven business days rather than seven calendar days. Fine was paid and all states were notified upon receiving the fully executed order.

February 3, 2020: Ohio Board of Pharmacy

- Ohio License Number 02-2033100
- Case No. A-2019-0158
- Disciplinary action based upon an alleged single dispensing error which resulted in Advanced Infusion Solutions paying a monetary penalty of $1,500.00. Fine was paid and all states were notified upon receiving the fully executed order.

August 20, 2020: Hawaii Board of Pharmacy

- Hawaii License Number PMP 1016
- Complaint No. PHA-2020-0040L
- Pre-petition settlement agreement which resulted in an administrative fine of $500.00. Based off Ohio allegations. Fine was paid and all states were notified prior to receiving the fully executed order.

May 18, 2021: Alabama Board of Pharmacy

- Alabama License Number 113398
- Case No. 20-L-0026
- Consent agreement which resulted in an administrative fine of $5000.00. Based on former matters. Fine was paid and all states were notified upon receiving the fully executed order.

January 5, 2022: Pennsylvania Board of Pharmacy

- Pennsylvania License Number NP000010
- Case No. 20-54-002960
- Consent agreement and civil penalty of $750.00 was paid to the Pennsylvania board and all states were notified upon receiving the fully executed order.

May 15, 2023: Illinois Board of Pharmacy

- Illinois License Number 054018232
- CaseNo. 2020-03088
- Consent agreement was executed resulting in a reprimand of license and disciplinary fine of $1,500.00. Based on former matters. A fine was paid to the Illinois board and all states were notified upon receiving the fully executed order.

April 30, 2025: Ohio Board of Pharmacy

- Ohio License Number 02-2033100
- Case No. A-2023-0119
- Disciplinary action based upon an alleged single dispensing error that occurred in 2022 for which there is no definitive proof of fault. Advanced Infusion Solutions entered a settlement agreement and agreed to pay a monetary penalty of $8,000.00. Fine was paid and all states were notified upon receiving the fully executed order.

SCA Pharmaceuticals, LLC
755 Rainbow Road, Suite B
Windsor, CT 06095.

July 14, 2025: Massachusetts Board of Registration in Pharmacy

- Massachusetts License Number NO00045
- Case No. PHA-2024-0008
- Consent Agreement for Reprimand regarding allegations for failure to notify the Massachusetts Board of Registration in Pharmacy within 14 days of an FDA inspection that occurred in 2023. Subsequently, SCA Pharmaceuticals, LLC took corrective action, including updating internal procedures to ensure timely reporting of all future inspections. This improvement was demonstrated through timely reporting of the results of the company's 2024 FDA inspection to the Massachusetts Board.

I hereby affirm that the above information is true and correct to the best of my knowledge.

Michael Geldart — 01 / 09 / 2026

Signature — Date

Michael Geldart
Vice President, Super Care, LLC

4YY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☒ 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 [illegible]		☐ 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: TOI Easy Rx

Physical Address: 15262 Goldenwest St

City: Westminster State: CA Zip: 92683

Mailing Address (if different from physical address): 18000 Studebaker Rd #800

City: Cerritos State: CA Zip: 90703

Telephone: 714-430-3865 Toll Free # (NAC 639.708, NRS 639.23286): 855-789-4473

Fax: 833-412-0480 Contact Email: EasyRx@theoncologyinstitute.com

Website: N/A

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Huda Fatma Jawad

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 80230 (CA)

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: Brian Ngo	NV Pharmacist Registration #: 19863
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): The Oncology Institute, LLC

Corporation/Organization Name: TOI MANAGEMENT, LLC

Mailing Address: 18000 Studebaker Rd #800

City: Cerritos State: CA Zip: 90703

Telephone: 714-430-3865 Email: MarkHueppelsheuser@theoncologyinstitute.com

Contact Person Name: Mark Hueppelsheuser

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 Officer (title) for TOI Easy 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).

Daniel Virnich

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

2/16/26

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Daniel Virnich 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 Officer (title) for TOI Easy 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 _____ day of _____, 20_____

See California Jurat attached

Notary Public

CALIFORNIA JURAT **GOVERNMENT CODE § 8202**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 16 (Date) day of February (Month), 2026 (Year), by

(1) Daniel Virnich

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

JONNIE ETELVINA MALI
Comm. # 2541763
Los Angeles County
California - Notary Public
Comm. Expires DEC. 16, 2029

Place Notary Seal and/or Stamp Above

Signature _____
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

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I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Virnich

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

2/16/26

Date

Board Use Only	Date Received: 2/18/26	Amount: $500

TOI Easy Rx

Officers and Directors List:

Dan Virnich: CEO
Mark Hueppelsheuser: General Counsel
Rob Carter: CFO
Yale Podnos: Chief Medical Officer

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	TOI MANAGEMENT, LLC
Entity No.:	201829910144
Registration Date:	10/25/2018
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 March 09, 2026.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 431736729

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.

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 **TOI MANAGEMENT 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 04/01/2019, 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 06/16/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202506165813822
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: TOI Easy Rx

Pharmacy/Wholesaler License # (if applicable): PHY 59233

Physical Address: 15262 Goldenwest Street

City: Westminster State: CA Zip: 92683-6169

Mailing Address (if different from physical address): 18000 Studebaker Road #800

City: Cerritos State: CA Zip: 90703

Telephone: 562-735-3226 Website:

Licensing Company Email: katieveech@theoncologyinstitute.com

Section 2: Personal Information

First: Brian Middle: Last: Ngo

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: CA Zip: [redacted]

Telephone: [redacted] Email: [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)
MCPHS University			09/2010-09-2015
Address	**City**	**State**	**Zip**
19 Foster Ave	Worcester	MA	01608
Diploma/Degree obtained, if any			
Pharmacy			

School Name			From - To (MM/YY – MM/YY)
UC Riverside			09/04-06/08
Address	**City**	**State**	**Zip**
900 University Ave	Riverside	CA	92521
Diploma/Degree obtained, if any			
BS Biochemistry			

School Name			From - To (MM/YY – MM/YY)
Fairmont Preparatory Academy			09/03-06/04
Address	**City**	**State**	**Zip**
2200 W Sequoia Ave	Anaheim	CA	92801
Diploma/Degree obtained, if any			
High School Diploma			

School Name			From - To (MM/YY – MM/YY)
Mentor College (High School)			09/00-06/03
Address	**City**	**State**	**Zip**
40 Forest Ave	Mississauga	ON	L5G 1L1
Diploma/Degree obtained, if any			
Located in Canada, I moved to the US and transferred schools.			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 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
02/26-Current	[redacted]	[redacted]	CA	[redacted]
11/21-02/26			CA	
01/21-11/21			CA	
12/18-12/20			CA	
06/16-12/18			CA	
06/15-06/16			CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
TOI Easy Rx Pharmacy			12/25-Current
Business Address	**City**	**State**	**Zip**
15262 Goldenwest St	Westminster	CA	92683
Phone	**Title**	**Number of Employed Hours**	
714-430-3865	Specialty Pharmacist	40 hours/week	
Description of Duties			
- Prescription Verification - Operational duties			

Business Name			From - To (MM/YY – MM/YY)
California Specialty Pharmacy			03/22-11/25
Business Address	**City**	**State**	**Zip**
12110 Hadley St Suite B	Whittier	CA	90601
Phone	**Title**	**Number of Employed Hours**	
877-602-7779	Pharmacist in Charge	40 hours/week	
Description of Duties			
- Prescription Verification - Operational management, state licensing, compliance			

Business Name			From - To (MM/YY – MM/YY)
Walmart Pharmacy			01/21-11/21
Business Address	**City**	**State**	**Zip**
20251 CA-18	Apple Valley	CA	92307
Phone	**Title**	**Number of Employed Hours**	
(760) 946-2430	Pharmacy Manager	40 hours/week	
Description of Duties			
- Prescription Verification - Operational management			

Business Name			From - To (MM/YY – MM/YY)
CVS/Pharmacy			10/18-12/20
Business Address	**City**	**State**	**Zip**
1595 Main St	Weaverville	CA	96093
Phone	**Title**	**Number of Employed Hours**	
(530) 623-5555	Pharmacy Manager	40 hours/week	
Description of Duties			
- Prescription Verification - Operational management			

Business Name			From - To (MM/YY – MM/YY)
CVS/Pharmacy			06/18-09/18
Business Address	**City**	**State**	**Zip**
1120 Forest Ave	Chico	CA	95928
Phone	**Title**	**Number of Employed Hours**	
(530) 894-5112	Floating Pharmacist	40 hours/week	
Description of Duties			
- Prescription Verification			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✔	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
09/01/2018	12/04/2018	CA	Fort Bragg	Mendocino
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
MCTM-CRTR 18-95775		Suprior Court of California, Mendocino		
Reason/Charge				
DUI				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Brian Ngo				
Name of Business/Industry/Entity				

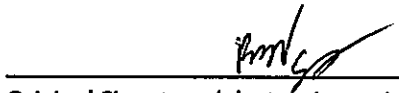
Provide explanation below:

I was convicted by the Mendocino Superior Court (Mendocino County in California) in regards to an incident that resulted in a charge for driving under the influence (DUI) with special allegations in the early morning of September 1st, 2018. An explanation of the circumstances is as followed. On the night of August 31st, 2018 in Fort Bragg, CA; I was with a friend as we went to eat dinner together and then decided to head to the Golden West Saloon afterwards. Since I am only a social drinker, I had decided to have a glass of beer and 2 shots of Maker's Mark (45% alcohol, 90 proof) to drink along with my friend. After allowing sufficient time for the alcohol to process, my friend and I decided to head home at 2:00 am in the morning on September 1st, 2018. At this moment, I did not feel physically or mentally impaired and made the decision to drive the 1 and 1/2 mile trip back to my lodging. In hindsight, I realized that this was a poor decision on my part. While going down the road, I was stopped by Officer Wilder of the Fort Bragg Police Department due to speeding, going 40 mph on a 25 mph road. It was then, that a field sobriety test (FST) was conducted and it was determined that I was also not fit to drive any further that night. As a result, I was booked, but then released to another friend on the promise to appear in court on a later date. At this time, I was a floating pharmacist and traveled through different counties for work.

Over the course of the next few weeks afterwards, my attorney helped me with the court process in Mendocino County which lead to my plea of nolo contendere and my final conviction and sentencing. Also, as a result of my verdict, the special allegation of my Blood Alcohol Content (BAC) level was dropped from an enhanced DUI to a normal DUI upon the court receiving a letter of character from my supervisor at the time.

I was convicted of a misdemeanor and received a 5 year terms of probation with the Mendocino Superior Court which required me to serve 48 hours of jail time, attend 3 months of a DUI program and to pay a fine and court fees. In terms of my driver's license during that time; I was allowed to have a restricted driver's license that allowed me to drive to and from work and to and from my DUI classes. I was placed into a work release program in Ukiah, CA (another city within Mendocino County) in lieu of the required 48 hour jail time and completed all hours in February 2019.

During this time, I had provided all court documents and notified the states in which I was licensed as a pharmacist of this incident, which included California and Nevada. The California State Board of Pharmacy issued a citation of unprofessionalism and I was fined $1000. Additionally, I had forwarded documentation of this citation from the California State Board of Pharmacy to the Nevada State Board of Pharmacy and was allowed to continue to practice and hold a pharmacist license.



Original Signature (electronic, copies or stamps not accepted)

2/4/26

Date

I, Brian Ngo, **certify that as the designated representative for**

The Oncology Institute,

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 Ngo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/4/26

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 Ngo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/4/26

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Orange

I, Brian Ngo, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/4/26

Date

Subscribed and Sworn to before me this ✓ day of ✓.

See attached document for notary jurat

Notary Public Signature

(Seal)

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☑ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

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 4th day of February, 2026,
Date *Month* *Year*
by
(1) Brian Ngo
(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____
Signature of Notary Public

SARA JO GALINDO
Notary Public - California
Orange County
Commission # 2437726
My Comm. Expires Feb 10, 2027

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Designated Rep. Application Document Date: 02/04/2026
Number of Pages: 9 Signer(s) Other Than Named Above: N/A

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Brian Ngo: Written Description of Incident

A detailed, written description of the incidents that led to each arrest/citation/charge and/or disciplinary action, and the surrounding circumstances; this must include relevant dates, the city and state where the incidents occurred, and the outcome of any charges

I was convicted by the Mendocino Superior Court (Mendocino County in California) in regards to an incident that resulted in a charge for driving under the influence (DUI) with special allegations in the early morning of September 1st, 2018. An explanation of the circumstances is as followed. On the night of August 31st, 2018 in Fort Bragg, CA; I was with a friend as we went to eat dinner together and then decided to head to the Golden West Saloon afterwards. Since I am only a social drinker, I had decided to have a glass of beer and 2 shots of Maker's Mark (45% alcohol, 90 proof) to drink along with my friend. After allowing sufficient time for the alcohol to process, my friend and I decided to head home at 2:00 am in the morning on September 1st, 2018. At this moment, I did not feel physically or mentally impaired and made the decision to drive the 1 and 1/2 mile trip back to my lodging. In hindsight, I realized that this was a poor decision on my part. While going down the road, I was stopped by Officer Wilder of the Fort Bragg Police Department due to speeding, going 40 mph on a 25 mph road. It was then, that a field sobriety test (FST) was conducted and it was determined that I was also not fit to drive any further that night. As a result, I was booked, but then released to another friend on the promise to appear in court on a later date. At this time, I was a floating pharmacist and traveled through different counties for work.

Over the course of the next few weeks afterwards, my attorney helped me with the court process in Mendocino County which lead to my plea of nolo contendere and my final conviction and sentencing. Also, as a result of my verdict, the special allegation of my Blood Alcohol Content (BAC) level was dropped from an enhanced DUI to a normal DUI upon the court receiving a letter of character from my supervisor at the time.

I was convicted of a misdemeanor and received a 5 year terms of probation with the Mendocino Superior Court which required me to serve 48 hours of jail time, attend 3 months of a DUI program and to pay a fine and court fees. In terms of my driver's license during that time, I was allowed to have a restricted driver's license that allowed me to drive to and from work and to and from my DUI classes. I was placed into a work release program in Ukiah, CA (another city within Mendocino County) in lieu of the required 48 hour jail time and completed all hours in February 2019.

During this time, I had provided all court documents and notified the states in which I was licensed as a pharmacist of this incident, which included California and Nevada. The California State Board of Pharmacy issued a citation of unprofessionalism and I was fined $1000. Additionally, I had forwarded documentation of this citation from the California State Board of Pharmacy to the Nevada State Board of Pharmacy and was allowed to continue to practice and hold a pharmacist license.

As a result of this incident, I am completely aware of my unprofessional conduct regarding this matter and feel that it does not accurately reflect my professional character nor does it impair my ability to provide professional judgment. I understand that my actions that night could have resulted in harm or death for others and myself. In the future moving forwards, I realized that it would have been better to take a taxi, Uber or Lyft back to my residence regardless if I had a low number of drinks or how I feel.

If there are any other information or documents required in this investigation, please do not hesitate to contact me through mail, email or phone. Thank you.

California State Board of Pharmacy
1625 N. Market Blvd, N219
Sacramento, CA 95834
Phone: (916) 574-7900 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

March 11, 2019

BRIAN NGO
[redacted]

RE: CI 2018 81550
BRIAN NGO
RPH 78567

This is in response to the administrative fine provided to the board for the above referenced citation. The payment has been received and accepted as satisfactorily resolving the matter.

Please be advised that this citation has become a part of the board's records and constitutes a public record for purposes of disclosure.

If you have any questions regarding this matter, please contact the Citation and Fine Analyst, Joshua Monforte at (916) 574-7903.

Sincerely

Joshua Monforte
Citation and Fine Analyst
Board of Pharmacy

California State Board of Pharmacy
1625 N. Market Blvd, N219
Sacramento, CA 95834
Phone: (916) 574-7900 Fax: (916) 574-8617
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

January 14, 2019

Brian Ngo
[redacted]

RE: CI 2018 81550

Dear Mr. Ngo:

In reference to your **pharmacist license** with the California State Board of Pharmacy (Board), the Board has received notification from the California Department of Justice and/or the Federal Bureau of Investigation, or California Courts that you were convicted, received diversion/deferred entry of judgment, charged or arrested for the following offense(s):

Conviction Date	Court	Case #	Code/Description
12/04/2018	Mendocino Superior Court	MCTM-CRTR-2018-95775-1	VC 23152(b) – DUI Alcohol/0.08%
			W/ Special Allegation VC 23578 – BAC 0.15%

In order for the Board to complete their investigation, you will need to provide the following documentation relevant to the offense(s) listed above and/or any other pending or completed court cases:

- A detailed explanation summarizing the specific circumstances that led to your offense. Please include the type of offense, date, and location of the incident. For any drug and/or alcohol related offenses, please indicate the type of substances involved.

Please submit this information to my attention by **January 28, 2019**. Failure to provide this information may result in disciplinary action being taken against your license.

Thank you for your cooperation. If you have any questions, you may contact the Criminal Conviction Unit at enfappreview@dca.ca.gov

Enclosure(s)

DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: Pharmacist License

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 1625 N. Market Blvd, Suite N219, Sacramento, California 95834.

On January 14, 2019, I served the attached:

Letter

In said cause, by placing a true copy thereof enclosed with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California, addresses as follows:

NAME	CERTIFIED NUMBER
Brian Ngo [redacted] Chico, CA [redacted]	7017 0530 0000 3305 9742

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 14, 2019, at Sacramento, California.

COPY

DECLARANT
Brynn Thomison
Criminal Conviction Analyst

Sincerely,

Anne Sodergren
Interim Executive Officer

By Brynn Thomison

Brynn Thomison
Criminal Conviction Analyst

California State Board of Pharmacy
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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

February 05, 2019

DATED MATERIAL ENCLOSED

BRIAN NGO
[redacted]

RE: CI 2018 81550
BRIAN NGO
RPH 78567

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- March 07, 2019: Unless the Citation is contested payment of fine(s) must be received by the Board.
- February 19, 2019: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- March 07, 2019: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Joshua Monforte, Citation and Fine Analyst at (916) 574-7903.

Sincerely,

Anne Sodergren

Anne Sodergren
Interim Executive Officer
Board of Pharmacy

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **March 07, 2019.**
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation
  Mail payment to: State Board of Pharmacy
  Attn: Cashier
  1625 North Market Boulevard, Suite N219
  Sacramento, CA 95834-1924

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than February 19, 2019 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than March 07, 2019 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have questions regarding any documents enclosed with the Citation, please contact Jennifer Sevilla, Associate Enforcement Analyst, at (916) 574-7924.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No
CI 2018 81550	BRIAN NGO , RPH 78567

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775;

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4301 subd. (l)	Unprofessional Conduct - Conviction of a crime substantially related to the practice of pharmacy	$1,000.00
Bus. & Prof. Code § 4301 subd. (h)	Unprofessional Conduct – The administering to oneself, of any controlled substance, or the use of any dangerous drug or of alcoholic beverages to the extent or in a manner as to be dangerous or injurious to oneself...	Citation without a fine

CONDUCT:

Business and Professions Code section 4301(l) authorizes the board to take action against a licensee for the conviction of a crime substantially related to the qualifications, functions, and duties of a licensee under this chapter. Specifically, on December 4, 2018, RPH Ngo was convicted of misdemeanor Vehicle Code section 23152(b) – DUI Alcohol/0.08% with special allegation Vehicle Code section 23578 – BAC 0.15%.

Business and Professions Code section 4301(h) authorizes the board to take action against a licensee for the use of any dangerous drug or of alcoholic beverages to the extent or in a manner as to be dangerous or injurious to oneself or others. Specifically, on September 1, 2018, RPH Ngo was arrested for driving under the influence of alcohol. According to the court documentation, RPH Ngo's blood alcohol content (BAC) registered 0.15%.

[redacted]

California State Board of Pharmacy

REQUEST FOR OFFICE CONFERENCE

Licensee: BRIAN NGO

License No: RPH 78567

Citation Number : CI 2018 81550

I hereby acknowledge receipt of the Citation referenced above and notification of my rights to contest the Citation.

Check ☐ I contest the Citation and request an Office Conference.

Check One:

☐ I contest the entire Citation or

☐ specific violations for the following reasons (list each violation with your specific reason):

_____

_____

_____

_____

_____

_____

If more space is needed attach additional sheets of paper.

Name: _____

Signature: _____ Dated: _____

Address of Service: _____

City: _____ State: _____ Zip: _____

Telephone: (Business) ( ) _____ Residence: ( ) _____

NOTE: Any written documentation or evidence you wish to be considered for the office conference review or hearing should be submitted with this request.

Mailing Address: State Board of Pharmacy
Attn: Jennifer Sevilla
1625 North Market Boulevard, Suite N219
Sacramento, CA 95834-1924
(916) 574-7925

REQUEST FOR APPEAL

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

Check [ ] I contest the Citation and request an administrative hearing before an Administrative Law Judge.

In the Matter of the Citation Against: BRIAN NGO RPH 78567 Respondent	Citation Case No : CI 2018 81550 NOTICE OF APPEAL (Pursuant to sections 11505, and 11506 Government Code)

I, the undersigned, the respondent named in the above-entitled proceeding, hereby acknowledge receipt of a copy of the Citation.

I hereby request a hearing in said proceeding to permit me to present my defense to charges contained herein in said Citation.

DATED _____ _____
(Respondent)

Mailing Address of Respondent:

_____
(Street Address)

_____ (___) _____
(City (State) (Zip) (Telephone)

Please indicate whether or not you intend to be represented by counsel. If you intend to have counsel, please complete the following:

Mailing Address of Attorney

_____
(Attorney's Name)

_____
(Street Address)

_____ (___) _____
(City (State) (Zip) (Telephone)

California State Board of Pharmacy

DECLARATION OF SERVICE BY CERTIFIED MAIL

Name: BRIAN NGO , RPH 78567
Citation and Fine CI 2018 81550

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 1625 North Market Boulevard, Suite N219, Sacramento, California 95834-1924.

On February 05, 2019, I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME	CERTIFIED MAIL NO
BRIAN NGO PO BOX 2452 WEAVERVILLE, CA 96093	7018 0680 0000 1183 0366

I declare under penalty of perjury that the forgoing is true and correct.

Executed on February 05, 2019, at Sacramento, California.

DECLARANT
Joshua Monforte
Citation and Fine Analyst

California State Board of Pharmacy
1625 N. Market Blvd, N219
Sacramento, CA 95834
Phone: (916) 574-7900 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

February 5, 2019

BRIAN NGO
[redacted]

RE: Your Criminal History Record Information

Dear Licensee:

Pursuant to Penal Code section 11105 or 11105.2, enclosed please find a copy of the Criminal History Record Information our agency received pertaining to you. The information enclosed was provided to this agency by the California Department of Justice pursuant to those same provisions.

If you wish to refute the information in the enclosed report, you may contact the Department of Justice's California Justice Information Services Division (www.oag.ca.gov).

Please note that while you are authorized to receive this information, it is a misdemeanor to provide it to anyone not authorized to receive it by law. (Penal Code section 11142.)

Sincerely,

Joshua Monforte
Enforcement Analyst

cc: File

Enclosure: Criminal History Record Information Report

DECLARATION OF SERVICE BY MAIL

RE: Criminal History Record Information Report

I, the undersigned, declare that I am over eighteen (18) years of age and not a party to the within entitled cause or action. I am employed in the County of Sacramento, and my business address is 1625 N Market Blvd., Suite N-219, Sacramento, California 95834.

On February 5, 2019, I served the attached foregoing document described as:

Letter and Criminal History Record Information Report

by placing it in an envelope addressed to the last known address of the person to whom it is addressed, as follows:

BRIAN NGO
PO BOX 2452
WEAVERVILLE, CA 96093

I am familiar with our Department's practice of collection and processing correspondence for mailing. Under that practice, it would be deposited with the U.S. Postal Service on that same day with first class mail postage thereon fully prepaid at Sacramento, California in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if the postal cancellation date or postage meter date is more than one working day after the date of deposit for mailing in this declaration.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on February 5, 2019, at Sacramento, California.

Joshua Monforte, Enforcement Analyst

Subject: Subsequent Disposition Notification (SARSID:9738178.6856738)
From: California Department of Justice <cadojsa@doj.ca.gov>
Date: Sun, 23 Dec 2018 02:06:34 -0800 (PST)
To: a05712@smss.doj.ca.gov

SA5
State of California
Department of Justice
Bureau of Criminal Information and Analysis
P.O. Box 903417
Sacramento, CA 94203-4170

Date: December 23, 2018

CASBPHARMACY - A0071
1625 N MARKET BLVD STE N219
SACRAMENTO, CA 95834

Subsequent Disposition Notification
Furnished pursuant to your prior Applicant Fingerprint Submission

This information is for OFFICIAL USE ONLY
Unauthorized use is a Criminal Offense

Our records indicate that you have a contract for subsequent arrest notification service with the Department of Justice. Below is a disposition which corresponds to a subsequent arrest notification you received.

Pursuant to Section 11105.2 of the California Penal Code your agency is required to notify the Department of Justice when it no longer has a legitimate interest in this subject, i.e., the employment of the applicant is terminated or not employed, when the applicant's license or certification is denied or revoked, or when the applicant may no longer renew or reinstate the license or certificate. Therefore, if this subject is no longer employed, licensed, or certified by your agency, please return this notification with the notation "No Longer Interested" and the records of the Department of Justice will be updated.

CII/A28736293
DOB/19861211
NAM/001 NGO,BRIAN

****
APPLICANT:
2017/07/31 CASBPHARMACY NAM:NGO,BRIAN
SACRAMENTO
001:
APPLICANT LICENSE CERT OR PERMIT

SCN:W25K2120002 ATI-B212NGB494

****
ARR/DET/CITE:
2018/09/01 CAPDFORT BRAGG NAM:NGO,BRIAN
001:FJ1800571-FG1801254
22350 VC-UNSAFE SPEED:PREVAILING CONDITIONS TOC:I
002:
23152(A) VC-DUI ALCOHOL TOC:M

COURT:
2018/12/04 CASCFORT BRAGG NAM:NGO,BRIAN
001:MCTMCRTR180095775001
23152(B) VC-DUI ALCOHOL/0.08 PERCENT TOC:M
DISPO:CONVICTED-PROB/JAIL
CONV STATUS:MISDEMEANOR
SEN: JAIL SS COND, 005 YEARS PROBATION, 002 DAYS JAIL, FINE,
IMP SEN SS

DISPO:FOR CERT INFO SEE AUTOMATED ARCHIVE SYS
COM:CONVICTION CERTIFIED BY MARISSA GOULD,DEPUTY
CLERK,CASCFORT BRAGG

DCN:P23531035518230005 93

If the applicant wishes to obtain a copy of his/her criminal history record, he/she should either contact the Department of Justice Record Review office at (916)227-3835 or access the required forms at www.ag.ca.gov/fingerprints/security.php.

* * * END OF MESSAGE * * *

SUPERIOR COURT OF CALIFORNIA

COUNTY: Mendocino

PLAINTIFF: PEOPLE OF THE STATE OF CALIFORNIA

DEFENDANT: Brian Nye

FILED
TEN MILE BRANCH
DEC 04 2018
CLERK OF MENDOCINO COUNTY
SUPERIOR COURT OF CALIFORNIA

DUI ADVISEMENT OF RIGHTS, WAIVER, AND PLEA FORM
(First Offense Only - Vehicle Code § 23152)

CASE NUMBER: MCTM-CRTR 18-95775

DEPARTMENT: Ten Mile

INSTRUCTIONS

Fill out this form if you wish to plead guilty or no contest to the charges against you. Initial the box for each applicable item only if you understand it, and **sign and date the form on page 4.** If you have any questions about your case, the possible sentence, or the information on this form, ask your attorney or the judge.

	INITIALS
RIGHT TO AN ATTORNEY	
1. I understand that I have the right to be represented by an attorney throughout the proceedings. I understand that the Court will appoint a free attorney for me if I cannot afford to hire one, but at the end of the case, I may be asked to pay all or part of the cost of that attorney, if I can afford to. I understand that there are dangers and disadvantages to giving up my right to an attorney, and that it is almost always unwise to represent myself.	1. BN
2. I give up my right to an attorney, and I choose to represent myself. (Does not apply if you have an attorney.)	2.
NATURE OF THE CHARGES (Complete all items you are charged with.)	
I understand that I am charged with a violation of Vehicle Code section(s):	
3. **23152(a)** - Driving under the influence of alcohol or drugs, or both.	3.
4. **23152(b)** - Driving when my blood-alcohol level was .08 percent or higher.	4. BN
5. **23152(d)** - Driving a commercial vehicle when my blood-alcohol level was .04 percent or higher.	5.
6. **23103, 23103.5** - Reckless driving involving alcohol or drugs, or both.	6.
7. **If applicable** - I understand that I am also charged with the following other offense(s): VC § 23578 (TYPE OF OFFENSE(S) AND SECTION NUMBER(S))	BN
8. I understand the charge(s) against me, and the possible pleas and defenses.	8. BN
CONSTITUTIONAL RIGHTS/WAIVER OF RIGHTS	
9. **RIGHT TO A JURY TRIAL** - I understand that I have the right to a speedy, public jury trial. At the trial, I would be presumed innocent, and I could not be convicted unless 12 impartial jurors were convinced of my guilt beyond a reasonable doubt.	9. BN
10. I give up my right to a jury trial.	10. BN
11. **RIGHT TO CONFRONT WITNESSES** - I understand that I have the right to confront and cross-examine all witnesses testifying against me.	11. BN
12. I give up my right to confront and cross-examine witnesses.	12. BN

CASCADE CIRCLE INC.
3161 Bechelli Lane Suite 204B
Redding, CA 96002
Phone: 530 222-8302 Fax: 530 222-5872

Date: 2/2/19

Court: Mendocino - Ten Mile

Docket #: 18-95775

FEB 08 2019

JESSICA DIAS

PLEASE PRINT FULL NAME

Participant Name: Brian Ngo

Address: PO Box 2452

City: Weaverville State: CA Zip Code: 96093

The above named defendant enrolled in our Program on: 2/2/19 and will be attending the following program:

New enroll ✓ Reinstatment ___ Transfer in ___

County of enrollment:

Shasta County ___ Lassen County ___ Trinity County ✓ Siskiyou County ___

Program Required:

Wet Reckless/12 hour ___ First Offender/# of months 3 Multiple Offender ___

Court Mandated additional services: Type None Frequency ___

Participant Signature [signature] Date 2/2/19

Staff Signature [signature] Date 2/2/19

(March 2014)

THOMAS D. ALLMAN
Sheriff-Coroner

Under Sheriff Matthew Kendall
Administrative Services
Captain Gregory L Van Patten
Field Services
Captain Tim Pearce
Corrections

County of Mendocino
Office Of The Sheriff-Coroner

WORK RELEASE PROGRAM
(707) 463-4092

COURT: MCUK **DATE: 03/05/2019**

DOCKET: 18-95775

WRP# 18-193

NAME: NGO, BRIAN

[redacted]

The Inmate listed above has completed, 48 HOURS in the Mendocino County Work Release program effective: 02/23/2019.

o The Inmate listed above has been *REMOVED* from the Mendocino County Work Release program effective. This Inmate completed: ___ while on the program and we have closed his/her file.

o The Inmate listed above has *FAILED* the Mendocino County Work Release program effective: __ This Inmate completed: - HOURS while on the program and we have closed his/her file.

COMMENTS

Respectfully submitted,

CD MORENO 2550
Work Release Coordinator

Form #501

951 Low Gap Road
Ukiah, California 95482
Fax 707-463-4093

Case Information

MCTM-CRTR-2018-95775-1 | NGO, BRIAN

Case Number	Court	Judicial Officer
MCTM-CRTR-2018-95775-1	Traffic	Brennan, Clayton
File Date	Case Type	Case Status
09/27/2018	Traffic: Adult Misdemeanor	Closed

Party

Plaintiff
The People of the State of California

Defendant
NGO, BRIAN

DOB
XX/XX/1986

Active Attorneys
Lead Attorney
PEKIN, PATRICK M
Retained

Charge

Charges
NGO, BRIAN

	Description	Citation	Statute	Level	Date
1	VC23152(B): DUI W 08 ALCOHOL	18-4732	23152(B)	Misdemeanor	09/01/2018
1	VC23578: SA ALCOHOL OVER .15	18-4732	23578	Allegation	09/01/2018
2	VC23593(A): DUI VIOL ADV MUR ADV	18-4732	23593(A)	Misdemeanor	09/01/2018

Disposition Events

12/04/2018 Plea

1 VC23152(B): DUI W 08 ALCOHOL *No Contest

12/04/2018 Disposition

1 VC23578: SA ALCOHOL OVER .15 *Dismissal - Other Dismissal

12/04/2018 Disposition

1 VC23152(B): DUI W 08 ALCOHOL *Plea of Guilty/Nolo - After hearing or prelim

12/04/2018 Disposition

2 VC23593(A): DUI VIOL ADV MUR ADV *Plea of Guilty/Nolo - After hearing or prelim

01/15/2019 Jail

1 VC23152(B): DUI W 08 ALCOHOL Jail

Converted Disposition

OneSolutions Orders tab DUI Treatment Program: Yes DUI Treatment Program (YMD): 0 | 3 | 0

Converted Disposition

OneSolutions Probation tab Probation type: SUMMARY PROBATION Probation starts: 12/04/2018

Traffic Confinement

Type: Jail

Start Date: 01/15/2019

Term Type: Conv - Term Type

Term: 0 Year 0 Month 2 Days

Suspended: 0 Year 0 Month 0 Day

12/04/2018 Sentenced

2 VC23593(A): DUI VIOL ADV MUR ADV Sentenced

Events and Hearings

09/27/2018 Order for Repayment of Cost of Legal Services

Comment
ATTORNEY FEES ORDER Notes: ORDER FOR PAYMENT OF ATTORNEYS FEES

10/02/2018 *Arraignment

COMPLAINT

Judicial Officer
Brennan, Clayton

Hearing Time
9:00 AM

Result
Held

Comment
ARRAIGNMENT

10/02/2018 Conversion - Criminal - Other

Comment
PRIVATE CNSL GEN APP Notes: PRIVATE COUNSEL APPEARING GENERALLY

11/06/2018 Setting of Jury Trial

Judicial Officer
Brennan, Clayton

Hearing Time
9:00 AM

Result
Held

Comment
SETTING OF JURY TRIAL

12/04/2018 Setting of Jury Trial

Judicial Officer
Brennan, Clayton

Hearing Time
01:30 PM

Result
Held

Comment
SETTING OF JURY TRIAL

12/04/2018 Conv - Default Event

Comment
DISPO CASE-CA2C/1D Notes: DISPOSED CASE - CALIF 2C/1D JUDICIAL COUNCIL RPTS

12/04/2018 Plea Form

Comment
TAHL WAIVER FILED Notes: TAHL WAIVER SIGNED AND FILED IN OPEN COURT

12/06/2018 Notify Jail Commitment

Comment
NOTIFY JAIL COMMTMNT Notes: NOTIFY JAIL OF COMMITMENT DATE M-VC 23152(B) JAIL: 48 HOURS SURRENDER: 1/15/19 @ 2PM WORK REL AUTH

12/11/2018 Conversion - Criminal - Other

Comment
DISPO NEEDED FOR TPA Notes: DSP - Dispo Request Sent to Court Action: VAC

12/20/2018 Conv - US8715 INITIAL

Comment
JUS8715 INITIAL Notes: INITIAL JUS8715 FORM SUBMITTED Action: JCS

12/20/2018 Conversion - Payment/Balance Adjustment

Comment
PAYMENT/BALANCE ADJ Notes: PAY/BALANCE ADJUSTMENT Action: TAR Action Cmnt: TRANSFER TO A/R

12/20/2018 Conv - Default Event

Comment
FLT TO TMACTIVE Notes: FILE TRACKED TO TEN MILE ACTIVE SHELF

12/20/2018 CONV - Transferred to AR

Comment
TRANSFER TO A/R Notes: api - Court to Collections

12/29/2018 Conversion - Time Payments Agreement

Comment
TIME PAYMNTS AUTH. Notes: DSP - TPA - Payment Plan Authorized -

12/29/2018 Conversion - Time Payments Agreement

Comment
TIME PAYMNTS AUTH. Notes: DSP - TPA - Payment Plan Authorized -

02/08/2019 Compliance

COURT COMPLIANCE REC

Comment
COURT COMPLIANCE REC Notes: COURT COMPLIANCE RECEIVED FROM CASCADE CIRCLE INC, REDDING, CADEFENDANT ENROLLED EFFECTIVE 2/2/2019 1ST OFFENDER PROGRAM 3 MONTHS

03/05/2019 Compliance

COURT COMPLIANCE WRK RLS

Comment
COURT COMPLIANCE REC Notes: COURT COMPLIANCE RECEIVED FROM MCSO INMATE COMPLETED 48 HOURS IN WORK RELEASE PROGRAM EFFECTIVE 02/23/19 AS TERM OF PROBATION

06/13/2019 Compliance

COURT COMPLIANCE REC

Comment
COURT COMPLIANCE REC Notes: COURT COMPLIANCE RECEIVED FROM LUCKY DEUCE NOTICE OF COMPLETION CERTIFICATE DATE OF COMPLETION 06/08/2019 1ST OFFENDER PROGRAM 3 MONTHS

Documents

COURT COMPLIANCE WRK RLS

MIN 110618

TAHL WAV 120418

COURT COMPLIANCE REC

MIN 120418

PROB ORD 120418

MIN 100218

COMPLAINT

COURT COMPLIANCE REC

PROOF OF ENROLLMENT CERTIFICATE

DL 107

NAME (LAST, FIRST, MIDDLE, SUFFIX)		BIRTHDATE	DRIVER LICENSE NUMBER
NGO, BRIAN		[redacted]	[redacted]
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)
P.O. BOX 2452	WEAVERVILLE	CA	96093

1ST OFFENDER PROGRAM 03 MONTHS

Participant **MAY** be eligible for departmental restrictions. By submitting this form to DMV, the Participant is applying for the restrictions to drive to and from treatment program; to and from employment; and during course of employment. **Admin Per Se restrictions may begin after a mandatory 30 day suspension ends.**

2ND OFFENDER PROGRAM (§23152 VC ONLY)

- ☐ 18 MONTHS
- ☐ 30 MONTHS

DATE OF ENROLLMENT OR RE-ENROLLMENT	VIOLATION DATE	COURT CODE	DOCKET NUMBER
02/02/2019	09/01/2018	23675	18-95775

PROGRAM NAME	ADP LICENSE NUMBER
Cascade Circle, Inc.	5300201120

PROGRAM ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)
1450 Main Street	Weaverville	CA	96093

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	PARTICIPANT'S SIGNATURE		TELEPHONE NUMBER
	X	DL 804 on file	(508) 335-6767
DATE	**AUTHORIZED PROGRAM REPRESENTATIVE'S PRINTED NAME**	**AUTHORIZED PROGRAM REPRESENTATIVE'S SIGNATURE**	**TELEPHONE NUMBER**
02/04/2019	Robin Sparks	X	(530) 222-6302

INSTRUCTIONS TO PROVIDER: Print the appropriate number of copies, apply the signatures (program representative and participant), retain a copy, and distribute to participant and court.

NOTE: Before a restriction is processed, Proof of Financial Responsibility and reissue fee payment must be received.

This Proof of Enrollment Certificate is a facsimile of electronically transmitted information. Any copy printed for court, participant or record keeping is not valid for DMV purposes.

DL 107 (REV. 8/20/2005) WWW **UNIQUE ID#:** 5300201120020420191557S1CCI53ROBIN@YAHOO.COMD7130311DL107

The DL107 FORM [for a restricted license] or the DL101 COMPLETION FORM has been electronically filed with D.M.V. The type of form is highlighted for you.
You may contact D.M.V. upon receiving this notice.
You should contact your local D.M.V. office or call Mandatory actions in Sacramento [Phone Number: 916-657-6525]. D.M.V. will tell you if and when you can have either a restricted license or full driving privileges. You will need an SR22 from your insurance company and usually $125.00.

California State Transportation Agency

DEPARTMENT OF MOTOR VEHICLES

LICENSING OPERATIONS DIVISION
P.O. BOX 942890, MAIL STATION J-233
SACRAMENTO, CA. 94290-0001
(916) 657-6525

DEC 28, 2018

ORDER OF SUSPENSION

PLEASE SHOW THIS NUMBER ON YOUR CORRESPONDENCE

005061228180713031INGO120418
BRIAN NGO
[redacted]

DRIVERS LICENSE NO. [redacted]

YOUR PRIVILEGE TO OPERATE A MOTOR VEHICLE IS SUSPENDED EFFECTIVE DEC 04, 2018 AND SHALL NOT BE REINSTATED BEFORE JUN 04, 2019 AND UNTIL YOU PROVIDE THIS DEPARTMENT WITH PROOF OF FINANCIAL RESPONSIBILITY (SEE ENCLOSURE) AND PROOF OF COMPLETION OF A DRIVING-UNDER-THE-INFLUENCE PROGRAM LICENSED PURSUANT TO SECTION 11836 OF THE HEALTH AND SAFETY CODE. THE REQUIRED PROGRAM MUST BE COMPLETED AFTER THE MOST RECENT UNDERLYING CONVICTION.

YOU MAY IMMEDIATELY APPLY TO DMV FOR A RESTRICTED NON-COMMERCIAL DRIVER LICENSE, PER SECTION 13352.4(A) VC.

THIS ACTION IS TAKEN UNDER THE AUTHORITY OF SECTION 13352A1 OF THE VEHICLE CODE (V.C.) BECAUSE OF THE FOLLOWING CONVICTION:

SECTION VIOLATED	VIOLATION DATE	CONVICTION DATE	DOCKET NUMBER	COURT
23152B VC	09/01/18	12/04/18	1895775	FORT BRAGG COORDINATED COURTS

YOU MUST SURRENDER ANY DRIVER LICENSE IN YOUR POSSESSION. NOT DOING THIS IS A MISDEMEANOR UNDER CVC SECTION 14610. IF ELIGIBLE, YOU MAY APPLY FOR AN IDENTIFICATION CARD AT ANY DMV OFFICE.

YOUR VEHICLE CAN BE IMPOUNDED AND MAY BE SOLD IF YOU DRIVE WHILE UNLICENSED, SUSPENDED, OR REVOKED, IN VIOLATION OF A RESTRICTION REQUIRING USE OF AN IID, OR AFTER REFUSING TO OBEY THE LAWFUL ORDER OF A PEACE OFFICER, OR WHILE ATTEMPTING TO EVADE A PEACE OFFICER. A CONVICTION CAN RESULT IN SUSPENSION, JAIL TIME, A FINE, AND/OR INSTALLATION OF AN IID.

YOU HAVE THE RIGHT TO SEEK REVIEW OF THIS ACTION IN THE COURT FOR YOUR COUNTY OF RESIDENCE WITHIN 94 DAYS FROM THE DATE OF THIS ORDER (CVC SECTIONS 23 AND 14401). PLEASE CONTACT YOUR ATTORNEY OR THE COURT FOR ASSISTANCE.

BEFORE A LICENSE CAN BE ISSUED OR RETURNED, A REISSUE FEE OF $125 IS DUE (CVC SECTIONS 14904-14906). PLEASE INCLUDE YOUR DRIVER LICENSE NUMBER OR FILE NUMBER WITH YOUR PAYMENT.

ANY OTHER ORDER ALREADY TAKEN IN YOUR NAME CONTINUES IN FULL FORCE AND EFFECT.

DEPARTMENT OF MOTOR VEHICLES

ENCLOSURES

18554 837.1
DUC/10008600/HXG

California State Transportation Agency

DEPARTMENT OF MOTOR VEHICLES

LICENSING OPERATIONS DIVISION
P.O. BOX 942890, MAIL STATION J-233
SACRAMENTO, CA. 94290-8001
(916) 657-6525

IMPORTANT NOTICE
SERVICE FOR
ORDER OF SUSPENSION

DEC 28, 2018

PLEASE SHOW THIS NUMBER ON YOUR CORRESPONDENCE

BRIAN NGO [redacted]

DRIVERS LICENSE NO. [redacted]

TO ASSIST THE DEPARTMENT IN CLEARING YOUR RECORD LATER, COMPLETE AND RETURN THIS FORM TO THE DEPARTMENT OF MOTOR VEHICLES. PLEASE USE THE ADDRESSED RETURN ENVELOPE WHICH IS ENCLOSED. NOTIFY THIS DEPARTMENT PROMPTLY OF ANY CHANGE OF ADDRESS.

I ACKNOWLEDGE RECEIPT OF THE ORDER AUTHORIZED BY THE VEHICLE CODE WITH THE AUTHORITY SECTION(S) AND EFFECTIVE DATE AS INDICATED BELOW:

SIGNATURE:		DATE:
STREET ADDRESS:	CITY:	BIRTHDATE:
STATE:		ZIP:
VEHICLE CODE SECTIONS(S): 13352AI		EFFECTIVE DATE: DEC 04, 2018

☐ CHECK HERE IF THE ABOVE IS A CHANGE OF ADDRESS.

PLEASE RETURN ANY DRIVER'S LICENSE IN YOUR POSSESSION WITH THIS FORM. IF NOT IN YOUR POSSESSION, PLEASE EXPLAIN BELOW:

FOR DEPARTMENT USE ONLY: LIC LOC: ☐☐ SERVICE CODE: ☐ AND DATE: ☐☐☐☐☐☐

18156 857.2
DOC/18006067/MKG

California State Transportation Agency

DEPARTMENT OF MOTOR VEHICLES

PROOF FILING INFORMATION

THE USUAL METHOD OF SHOWING PROOF OF FINANCIAL RESPONSIBILITY IS TO PROVIDE A CALIFORNIA INSURANCE PROOF CERTIFICATE (FORM SR-22/SR-1P) FROM AN INSURANCE COMPANY AUTHORIZED TO DO BUSINESS IN CALIFORNIA. THE TYPES OF COVERAGE ON THE FORM SR-22/SR-1P ARE LISTED BELOW:

SR-22: A MOTOR VEHICLE LIABILITY POLICY MAY BE PROVIDED TO COVER ONLY VEHICLES REGISTERED IN YOUR NAME (OWNER'S POLICY), ONLY TO VEHICLES YOU DO NOT OWN (OPERATORS POLICY), OR ALL VEHICLES WHETHER YOU OWN THEM OR NOT (BROAD COVERAGE). THIS CERTIFICATE IS ACCEPTABLE FOR ALL DMV ACTIONS REQUIRING PROOF OF FINANCIAL RESPONSIBILITY. AN SR-22 IS REQUIRED FOR ALL DRIVING UNDER THE INFLUENCE (DUI) ACTIONS.

SR-1P: AN AUTOMOBILE LIABILITY POLICY OR A LIABILITY POLICY FOR VEHICLES WITH LESS THAN FOUR WHEELS. THIS CERTIFICATE IS USED AFTER AN ACCIDENT WITHOUT INSURANCE, FOR NEGLIGENT OPERATOR SANCTIONS PER CALIFORNIA VEHICLE CODE SECTION 12810.5, OR FOR AN APPLICATION BY A MINOR REQUIRING PROOF.

TO OBTAIN A CALIFORNIA INSURANCE PROOF CERTIFICATE, CONTACT AN INSURANCE AGENT OR BROKER. DO NOT SUMBIT A COPY OF YOUR POLICY OR APPLICATION, AS NEITHER CAN BE ACCEPTED IN PLACE OF THE CALIFORNIA INSURANCE PROOF CERTIFICATE. IF NECESSARY, PERSONS UNABLE TO OBTAIN THIS INSURANCE COVERAGE THROUGH THEIR REGULAR INSURANCE COMPANY MAY HAVE ANY INSURANCE AGENT OR BROKER SUBMIT AN APPLICATION TO THE CALIFORNIA AUTOMOBILE ASSIGNED RISK PLAN. THE PLAN MAY BE CONTACTED DIRECTLY FOR INFORMATION AT:

CALIFORNIA AUTOMOBILE ASSIGNED RISK PLAN
P.O BOX 7917
SAN FRANCISCO, CA 94120-7917

PROOF OF FINANCIAL RESPONSIBILITY MAY BE MET BY A $35,000 CASH DEPOSIT OR $35,000 SURETY BOND. PROOF MAY ALSO BE FILED BY A SELF-INSURER ON BEHALF OF AN EMPLOYEE TO PERMIT DRIVING VEHICLES OWNED BY THE SELF-INSURER WITHIN THE SCOPE OF EMPLOYMENT. BOND INFORMATION MUST BE OBTAINED FROM A SURETY BOND COMPANY AUTHORIZED IN CALIFORNIA. FOR INFORMATION ON THE CASH DEPOSIT OR SELF INSURANCE, YOU MAY CALL (916) 657-6677, OR WRITE TO:

DMV, FINANCIAL RESPONSIBILITY UNIT
P.O. BOX 942884, MAIL STATION J-237
SACRAMENTO, CA 94284-0884

18354 .037.3
DUC/1000000/MXG

California State Transportation Agency

DEPARTMENT OF MOTOR VEHICLES

ELIGIBILITY FOR RESTRICTED DRIVER LICENSE

YOU ARE ELIGIBLE TO IMMEDIATELY APPLY FOR A RESTRICTED NON-COMMERCIAL DRIVING PRIVILEGE, SUBJECT TO THE FOLLOWING CONDITIONS:

- YOU HAVE CLEARED ALL OTHER OUTSTANDING SUSPENSION OR REVOCATION ACTIONS ON YOUR DRIVER RECORD.
- YOU HAVE ENROLLED IN A DRIVING UNDER THE INFLUENCE (DUI) PROGRAM AND THE DEPARTMENT HAS RECEIVED A "PROOF OF ENROLLMENT CERTIFICATE" FORM (DL-107) FROM THE DUI PROGRAM PROVIDER, OR YOU HAVE COMPLIED WITH ALL DUI PROGRAM REQUIREMENTS AND THE DEPARTMENT HAS RECEIVED A "NOTICE OF COMPLETION CERTIFICATE" FORM (DL-101) FROM THE DUI PROGRAM PROVIDER.
- YOU HAVE PROVIDED TO THE DEPARTMENT PROOF OF FINANCIAL RESPONSIBILITY.
- YOU HAVE PAID ALL APPLICABLE REINSTATEMENT OR REISSUE FEES REQUIRED BY THE DEPARTMENT INCUDING A $15 RESTRICTION FEE(S).

ALL REQUIRED FORMS AND FEES MUST BE MAILED TO THE DEPARTMENT OF MOTOR VEHICLES, P.O.BOX 942890, SACRAMENTO, CA, 94290-0001.

18584 637.4
DUC/1000600/MXG

FORT BRAGG POLICE DEPARTMENT

250 CYPRESS STREET, FORT BRAGG, CA 95437 | 707-961-2800

DUI CITE AND RELEASE ADMONISHMENT

Arrestee: BRIAN NICO Report/Citation #: F2180257

The person named above has been arrested for driving under the influence of alcohol and/or drugs. In taking responsibility for this person, you understand and agree to the following:

1. The person has been arrested for driving under the influence of alcohol and/or drugs.
2. The arrestee is not to drive a motor vehicle until he/she is no longer under the influence, or may again be subject to arrest.
3. The arrestee is responsible for his/her own actions.
4. The arrestee is being released to you by mutual agreement and you accept responsibility for his/her care.

Your signature below is your acknowledgement that you have read, understand, and agree to the conditions set forth above.

Name: ANA GABRIEL TEPEPA 7/22/97

Address: 32094 N. Harbor Dr. City: Fort Bragg Zip: 95437

Driver License #: _____ Telephone #: 508-335-6767

Officer: WILDEN Badge #: 54

Date: 9-1-18 Time: 1500

Signature: _____

H- 045484

CITY OF FORT BRAGG POLICE DEPT.
NOTICE TO APPEAR

☒ MISDEMEANOR ☐ Traffic ☐ Nontraffic

Date of Violation	Time	☒ AM ☐ PM	Day of Week	Case No.
9 1 1 18	251		S M T W T F (S)	F01801254

Name (First, Middle, Last): BRIAN NG ☐ Owner's Responsibility (Veh. Code, § 40001)

[redacted]

State	Class	Commercial ☐ Yes ☒ No	Age
CA	C		30

Sex	Hair	Eyes	Height	Weight	Race	☐ Juvenile (Phone No.)
M	Blk	BRN	511	170	Asian	( )

Veh. Lic. No. or VIN	State	Reg. MO/YR
7WAF810	CA	1/19

Yr. of Veh.	Make	Model	Body Style	Color
2017	FORD	Fusion	Sedan	Silver

☐ COMMERCIAL VEHICLE (Veh. Code, § 15210(b))
☐ HAZARDOUS MATERIAL (Veh. Code, § 353)

Evidence of Financial Responsibility: CHP/DOT/PUC/CO

Registered Owner or Lessee: ☒ Same as Driver

Address: ☐ Same as Driver

City: State: ZIP Code:

Correctable Violation (Veh. Code, § 40610) ☐ Booking Required (see reverse)

Yes	No	Code and Section	Description	Misdemeanor or Infraction (Circle)
☐	☒	2230 VC	Speeding	M (I)
☐	☒	23152(A)(3) VC		(M) I
☐	☐	DUI		M I
☐	☐			M I

Speed Approx.	P.F./Max Spd.	Veh. Lmt.	Safe	Radar	☐ Continuation Form Issued
40	25	25	25	Pal	

Location of Violation(s): 200 N Main St City/County of Occurrence: W E

Comments (Weather, Road & Traffic Conditions): clear dry, light ☐ Accident S

☐ Violations not committed in my presence, declared on information and belief.
I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct.
Executed at (place) – Violation Location –

Dec. Date	Arresting or Citing Officer	Serial No.	Dates Off
1 1	WILDER	54	to

Dec. Date	Name of Arresting Officer, if different from Citing Officer	Serial No.	Dates Off
1 1			to

WITHOUT ADMITTING GUILT, I PROMISE TO APPEAR AT THE TIME AND PLACE INDICATED BELOW.
X Signature: [signature]

WHEN: ON OR BEFORE THIS DATE: 10/12/18 Time: 900 ☒ AM ☐ PM
WHAT TO DO: FOLLOW THE INSTRUCTIONS ON THE REVERSE. Time: ☐ AM ☐ PM
WHERE: ☐ Juvenile Court ☐ To be notified

Mendocino County Superior Court
Ten Mile Branch
700 South Franklin Street
Fort Bragg, CA 95437
(707) 964-3192

Judicial Council of California Form
Rev. 08-26-15 (Veh. Code, §§ 40500(b), 40513(b), 40522, 40600; Pen. Code, § 853.9) SEE REVERSE TR-130

COURT COPY

09-04-18

H- 045484

NAME OF COURT:	MENDOCINO COUNTY SUPERIOR COURT
STREET ADDRESS:	
MAILING ADDRESS:	700 SOUTH FRANKLIN STREET
CITY AND ZIP CODE:	FORT BRAGG, CA 95437
BRANCH NAME:	TEN MILE BRANCH
TELEPHONE:	(707) 964-3192

PEOPLE OF THE STATE OF CALIFORNIA
vs.
DEFENDANT: BRIAN NGO

NOTICE OF CORRECTION AND PROOF OF SERVICE
(Vehicle Code, § 40500)

AMENDING OFFICER NAME/ID NO.:	DEPARTMENT/AGENCY:
WILDEN 54	FORT BRAGG POLICE DEPARTMENT
CITATION NUMBER: H045489	CASE NUMBER: FB1801754

1. A *Notice to Appear/Notice to Correct Violation* was issued to you by an officer of this department on *(date)*:

2. The citation issued to you contained an error as indicated by the items checked below. This notice of correction does not affect the validity of the citation or the required court appearance.

- ☐ Date/time of violation should be _____
- ☐ Date/time of court appearance should be changed
  from _____ to _____
- ☒ Violation section(s) should be changed
  from 2230 to 23350 VC
- ☐ Location of violation should be changed
  from _____ to _____
- ☒ Other *(specify)*: 16028(A) Proof INS
  X TRAFFIC MISDEMEANO

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: WILDER
(Signature of officer)

Form Adopted for Mandatory Use
Judicial Council of California
TR-100 [Rev. January 1, 2004]

Original to Court — Defendant's Address

I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place. My business address is: FORT BRAGG POLICE DEPARTMENT, 250 CYPRESS ST. FORT BRAGG, CA. 95437-5437

On (date): 09-11-2018 I served this Notice of Correction on the parties at the address listed below by depositing in a sealed envelope, postage prepaid, with the United States Postal Service at (city and state):

FORT BRAGG, CA

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 09-11-18

(Type or print name) (SIGNATURE)

09-10-18

DRIVING UNDER THE INFLUENCE
ARREST--INVESTIGATION REPORT
FORT BRAGG POLICE DEPARTMENT

Court	Arresting Agency
MENDOCINO	FORT BRAGG POLICE DEPARTMENT

Area	Collision Report Number	Case Report Number
CTY		FQ1801254

NGO, BRIAN
Last Name, First Name, and Middle Initial

Subj. No.	Date/Time Of Arrest/Report	Location Of Arrest / Incident
	09/01/18 02:24	600 BLOCK N MAIN STREET FORT BRAGG

Citation Number	Offense(s) Charged Or Investigated
H045484	23152(A) VC / 22350 VC /

SUSPECT

Name (last)	(first)	(middle)
NGO	BRIAN	

Mailing Address Or Residence Address			State	
[redacted]	[redacted]		CA	[redacted]

Race/Ethnicity	Sex	Birthdate	Age	Hair	Eyes	Height	Weight	Place Of Birth
W	M	[redacted]		BLACK	BROWN	511	170	TORANTO

Driver's License No.	State	DDL Status	DL Check Date / Time / Method
[redacted]	CA	VALID	09/01/18 02:14

Employer	Address
CVS	150 S MAIN ST FORT BRAGG

Booking Number	CII Number	FBI Number	Where Booked/Confined	Booking Officer	Date	Time	Fingerprinted
FJ180			FBPD	WILDER	09/01/18	02:30	YES

Notification Juvenile	Parent/Kin	Address (phone)	Notified By	Date	Time
				//	:

VEHICLE

License	State	Year	VIN / Number	Vehicle Disposition	CHP 180
[redacted]	CA	19	[redacted]	STORED	YES

Veh. Year	Make	Model	Body Style	Color
17	FORD	FUSION	SEDAN	SILVE

Name Of Registered Owner	Address	Phone
SAME AS SUSPECT	SAME AS SUSPECT	

Location Of Vehicle/Released To	Address	Phone
ORCA TOW	32180 -B AIRPORT ROAD	964 - 8352

WITNESS/PASSENGER/VICTIM

BIRTHDATE	AGE	SEX		(last)		
[redacted]	25	F	WITNESS	[redacted]	Res:	() -
					Bus:	() -
//					Res:	() -
					Bus:	() -
//					Res:	() -
					Bus:	() -
//					Res:	() -
					Bus:	() -

ADMONITION OF RIGHTS

1. YOU HAVE THE RIGHT TO REMAIN SILENT.
2. ANYTHING YOU SAY CAN AND WILL BE USED AGAINST YOU IN A COURT OF LAW.
3. YOU HAVE THE RIGHT TO TALK WITH AN ATTORNEY AND TO HAVE AN ATTORNEY PRESENT BEFORE AND DURING QUESTIONING.
4. IF YOU CANNOT AFFORD AN ATTORNEY, ONE WILL BE APPOINTED FREE OF CHARGE TO REPRESENT YOU BEFORE AND DURING QUESTIONING, IF YOU DESIRE.

THE ABOVE STATEMENT WAS READ TO THE ARRESTEE BY: (ARRESTING OFFICER) WILDER I.D. 54 TIME: 02:40

DO YOU UNDERSTAND EACH OF THESE RIGHTS I HAVE EXPLAINED TO YOU? YES

HAVING THESE RIGHTS IN MIND, DO YOU WISH TO TALK TO US NOW? YES

WAIVER STATEMENT

MISDEMEANOR INCARCERATION (To be completed upon physical arrest for any misdemeanor, pursuant to Penal Code Section 853.6)
The person arrested:

1. ☐ Was so intoxicated as to be a danger to himself/herself or others.
2. ☐ Required medical examination or medical care or was otherwise unable to care for his/her own safety.
3. ☐ Was charged with one or more of the offenses listed in Section 40302 of the Vehicle Code.
4. ☐ Had one or more outstanding arrest warrants issued.
5. ☐ Could not provide satisfactory evidence of personal identification.
6. ☐ If released immediately, would jeopardize the prosecution of the offense or offenses for which arrested or the prosecution of any other offenses.
7. ☐ Would be reasonably likely to continue the offense or offenses, or the safety of persons or property would be imminently endangered if immediately released.
8. ☐ Demanded to be taken before a magistrate or refused to sign the citation.
9. ☐ Other.

Arresting Officer	Rank	I.D. Number	Date / Time Printed	Case Number	Reviewed By	I.D. Number	Date
WILDER	OFC	54	9/4/2018 6:21:16PM	FQ1801254	LEE	S65	09/04/18

I hereby certify this document is a true copy of the original on file in this office. DATE: 09-11-2018

Fort Bragg Police Department

By: [signature]

PROVENCHER

Page No. 1 Of 2

NGU, BRIAN

Citation/Case #
FQ1801254

INVESTIGATION INTERVIEW

Do You Know Of Anything Mechanically Wrong With Your Vehicle? Describe.
Y/N= NO

Are You Sick Or Injured? Describe.
Y/N= NO

Are You Diabetic Or Epileptic?
Y/N= NO

Do You Take Insulin? (Pills/Injections)
Y/N= NO

Do You Have Any Physical Impairments? Describe.
Y/N= NO

When Did You Last Sleep?
LAST NIGHT

How Long?
8 HOUR

When Did You Last Eat?
TWO HOURS AGO

Describe.
HAMBURGERS

Were You Driving The Vehicle?
Y/N= YES

If Not, Who?

Where Did You Start Driving?

Where Were You Going?

Where Were You Stopped?

What Have You Been Drinking?

How Much?

Time Started

Time Stopped

Location Where You Were Drinking?
BAR

Do You Feel The Effects Of The Drinks? Describe.
Y/N= NO

Did You Bump Your Head?
Y/N= NO

Have You Been Drinking Since The Accident?
Y/N=

What?

How Much?

Are You Under The Care Of A Doctor Or Dentist?
Y/N= NO

If Yes, Name And Address

Recent Surgery Performed?
Y/N= NO

Have You Taken Any Medicine Or Drugs? Y/N= NO

If Yes, What?

How Much?

Time Last Dosage

Do You Feel The Effects Of The Medication/Drugs? Describe.

OBJECTIVE SIGNS/APPEARANCE/FIELD SOBERIETY TEST LOCATION

Breath Odor Of Alcoholic Beverage Present
MODERATE

Glasses/Lenses?
YES

Speech
SLOW, SLURRED

Eyes
RED WATERY

Demeanor
NERVOUS

Clothing Worn: Condition And Description
JEANS TEESHIRT AND TENNIS SHOES

Describe Test Location, Surface, Weather And Lighting
WELL LIT FLAT SIDEWALK

DESCRIPTION OF FIELD SOBRIETY TEST

SEE NARRATIVE

Y/N = N	Alphabet Test Attachment	Y/N = N	202E Chemical Tests
Y/N = N	11550 Worksheet	Y/N = N	CHP 202 DRE - Drug Influence
Y/N = N	Intoxilyzer Checklist / Test Record	Y/N = N	13353 - DL 367 Refusal
Y/N = N	F. S. T. Interrgation Test Notes		

No.	Involvement	Value	Quantity	Name	Make	Model
01	EVIDENCE	$ 0.00		ALCOTEST	760	
	Primary Color	Trim Color	Size/WT/Cal	Year/Age	Serial	Lic or Owner Applied #	Bike	Gears	Wheel Size
	WHITE	BLACK			ARBF00060				

Fort Bragg Police Department
250 Cypress Street
Fort Bragg, CA 95437-5437
Bus: (707) 961-2800
Fax: (707) 961-2806

Case Number: FQ1801254 | Date: 09/01/18 | Officer: WILDER

Primary Narrative

DRIVING UNDER INFLUENCE NARRATIVE

ELEMENTS:

a. It is unlawful for any person who is under the influence of an alcoholic beverage or any drug, or under the combined influence of an alcoholic beverage and any drug, to drive a vehicle.

b. It is unlawful for any person who has 0.08 percent or more, by weight, of alcohol in his or her blood to drive a vehicle.

c. It is unlawful for any person who is addicted to the use of any drug to drive a vehicle, except for a person who is participating in an approved methadone maintenance treatment program.

SUMMARY:
On 9-1-18 at approximately 0214 hours officers observed a silver sedan speeding. Upon contacting the driver Brain Ngo, he had the strong odor of alcohol emitting from his breath and person. Ngo failed FST's and was arrested. His BAC was .15% and .15%. He was issued a citation, and released with his written promise to appear in court on 10-2-18 at 0900 hours.

NARRATIVE:
On 9-1-18 at approximately 0214 hours, I was on patrol in my fully marked Fort Bragg Police Department patrol vehicle. I was sitting in the 200 block of N Main Street when I observed a silver sedan approaching my location N/B. The vehicle was going approximately 40 mph in a 25 mph zone, thus a violation of California Vehicle Code Section 22350. I watched the vehicle go past me and I began to follow it. The vehicle then made a u turn and began going S/B. As I followed the vehicle it made a quick right hand turn on to W Alder Street driving over the sidewalk as it turned. I sat in the 100 block of N Main Street waiting for the vehicle to reemerge. After a moment the vehicle emerged in the 100 block of N Main Street and began going N/B again. I advised dispatch I was going to be conducting a traffic enforcement stop in the 500 block of N Main Street. I activated my red and blue lights and the vehicle pulled over.

I approached the driver's side of the vehicle and experienced the moderate odor of alcohol emitting from the inside of the vehicle. I contacted the driver of the vehicle and asked him for his driver's license and proof of insurance. After a

moment the driver located his driver's license. As he handed it to me he dropped it on the ground. The driver's license stated his name was Brian Ngo. I asked Ngo if he had been drinking and he advised he had one beer. As we spoke he advised he had two beers or something. As I spoke with him I observed he had the strong odor of alcohol emitting from his breath and person. He had red watery eyes, and slightly slurred speech.

I requested dispatch complete a records check on the status of Ngo's driver's license. Dispatch advised he possessed a valid driver's license.

INVESTIGATION:
I requested Ngo exit the vehicle so I could evaluate his level of intoxication to determine if it was safe for him to drive. As he exited the vehicle I observed he was very unsteady on his feet. I advised him I wanted to ask him some questions regarding his health. He agreed to speak with me. I asked him when he last drank and he advised approximately one hour ago. I asked him if he took and medication and he stated no. Ngo stated there was nothing mechanically wrong with his vehicle. He advised he was not injured in any way, nor was he diabetic or using insulin.

I explained to Ngo part of the test was his ability to follow my verbal instruction. I told him I would first demonstrate each of the tests first, and then ask him to preform them. With the exception of Nystagmus, I explained and demonstrated each of the following SFT's to Ngo before asking him to begin. He stated he understood.

FIELD SOBRIETY TESTS:
Test #1 Horizontal Gaze Nystagmus: The eye's ability to follow a moving object smoothly. The tests included Lack of Smooth pursuit and the angle of onset.

Observation: Ngo's eyes bounced side to side as they followed the tip of my finger displaying lack of smooth pursuit, and onset was immediate. Ngo continued to move his head as he watched my finger. Furthermore his eyes lacked convergence.

Test #2 Finger count: Using their thumb, the subject is advised to begin counting touching the index finger down to the pinky finger 1-2-3-4, and then instructed to count backward 4-3-2-1 starting from the pinky finger and continuing to the index finger. He was advised to do this five times.

Observations: Ngo was unable to complete this test. He did the test four times and was shown each time how to do it and he could not do it right. He was able to do the 1-2-3-4 but then did 4-5-6-7-8-9-10-12-13-14. He was shown how to do this test multiple times, but was unable to do as shown.

Test #3 RHOMBERG STAND: I advised Ngo I wanted him to stand with his feet together with his hands to his sides. Ngo had a difficult time with this test. I told him I wanted him to tilt his head back, close his eyes, and estimate 30 seconds in his head. I asked him if he understood and he said yes.

Observations: As he began the test he had a 1 inch gap between his feet. His head was back, but his eyes were open. I explained the test to him again and he did the same thing. I explained it to him again and he began to count out loud. I explained the test to him again, and this time he was able to complete it, though he estimated 30 seconds to be 15 seconds.

Test #4 Walking in a straight line: Subject is instructed to walk heel to toe while counting aloud to 9 in one direction then turn anyway he wanted and return walking heel to toe counting to 9, while maintaining a straight line. He was also instructed to keep his hands at his side.

The area was a well-lit paved sidewalk with lines all over the place for Ngo to walk down.

Observations: Ngo began this test but had a 1 to 2 inch gap between his heels to toe. He had to stop several times because he almost fell over. He was unable to walk in a straight line.

NARRATIVE CONTINUED:
Due to Ngo's inability to perform the FST's correctly, I advised him he was under arrest for 23152 (A) CVC (Driving under the Influence of Alcohol). I secured him in handcuffs, checked them for proper fit, and escorted him to my marked patrol vehicle. He was secured in the backseat.

Ngo's vehicle was towed from the scene by Orca Towing. I then transported Ngo to booking at the Fort Bragg Police Department. Upon arrival I provided Ngo with the Chemical Test Admonishment. He stated he would provide a breath sample. Ngo was tested by the Alcotest 7510 Plus EPAS (Evidential Portable Alcohol System) (Serial # ARBF 0060.) The test results were as follows:

TEST # 1: At 0241 hours, 0.15 % BAC
TEST # 2: At 0244 hours, 0.15 % BAC

I completed the Admin Per Se, and provided Ngo with his copy.

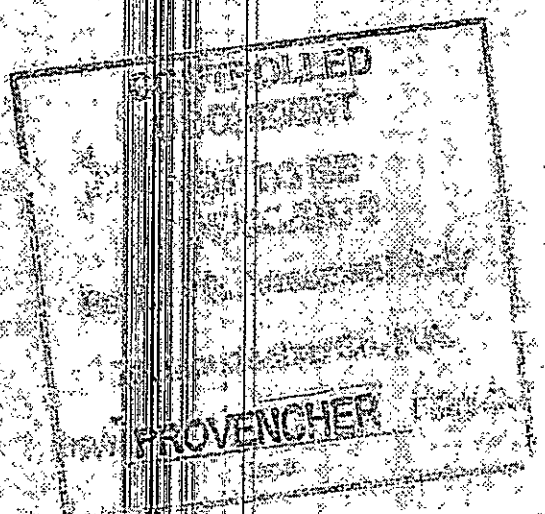
Ngo was released to Ana Tepepa a sober friend. He was released with his written promise to appear in court on 10-2-18 at 0900 hours.

Fort Bragg Police Department
250 Cypress Street
Fort Bragg, CA 95437-5437
Bus: (707) 961-2800
Fax: (707) 961-2806

This investigation was captured on my body worn camera.

RECOMMENDATION:
Forward to the District Attorney for Prosecution

Approved by: LEE Date: 09/04/2018 06:18 PM



FORT BRAGG POLICE DEPARTMENT

250 CYPRESS STREET, FORT BRAGG, CA 95437 707-961-2800

DUI CITE AND RELEASE ADMONISHMENT

Arrestee: BRIAN NICO Report/Citation #: F21801257

The person named above has been arrested for driving under the influence of alcohol and/or drugs. In taking responsibility for this person, you understand and agree to the following:

1. The person has been arrested for driving under the influence of alcohol and/or drugs.
2. The arrestee is not to drive a motor vehicle until he/she is no longer under the influence, or may again be subject to arrest.
3. The arrestee is responsible for his/her own actions.
4. The arrestee is being released to you by mutual agreement and you accept responsibility for his/her care.

Your signature below is your acknowledgement that you have read, understand, and agree to the conditions set forth above.

Name: ANA GABRIEL TEPEPA 7/22/97

Address: 32094 N. Harbor Dr City: Fort Bragg Zip: 95437

Driver License #: _____ Telephone #: 508-335-6961

Officer: WILDER Badge #: 54

Date: 9-1-18 Time: 0300

Signature: _____

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

VEHICLE REPORT

CHP 180 (Rev. 7-13) OPI 061

ADMIN. FEE DUE TO FBPD PRIOR TO RELEASE OF VEHICLE $ 90.00

NOTE: CHP 180 IS FURNISHED TO ALL PEACE OFFICERS BY THE CALIFORNIA HIGHWAY PATROL

Cash only

REPORTING DEPARTMENT	LOCATION CODE	DATE / TIME OF REPORT	NOTICE OF STORED VEHICLE DELIVERED PERSONALLY	FILE NO.
FORT BRAGG PD	2301	9/1/18 0237	☑	FQ1801254

LOCATION TOWED / STOLEN FROM: 500 BLK OF N. MAIN ST

ODOMETER READING: 47354

VIN CLEAR IN SVS? ☑ YES ☐ NO

LIC. CLEAR IN SVS? ☑ YES ☐ NO

DATE / TIME DISPATCH NOTIFIED: 9/1/18 @ 0233

LOG NO.:

YEAR	MAKE	MODEL	BODY TYPE	COLOR	LICENSE NO.	☐ ONE ☑ TWO	MONTH / YEAR	STATE
2017	FORD	[illegible]		[illegible]ILVER	7WAF810		1/2019	CA

[redacted]

GINE NO.:

VALUATION BY: ☐ OFFICER ☐ OWNER ☐ 0-500 ☐ 501-4000 ☐ 4001+ ☐ $

GIANG LUU-KIEUOANH
121 PENZANCE AVE #72
CHICO, CA 95973

☐ SAME AS R/O

LEGAL OWNER:
FORD MOTOR CREDIT COMPANY
P.O. BOX 105704
ATLANTA, GA 30749

☑ STORED ☐ IMPOUNDED ☐ RELEASED ☐ RECOVERED - VEHICLE / COMPONENT

TOWING / STORAGE CONCERN (NAME, ADDRESS, PHONE): ORCA TOWING, 32180 H B AIRPORT RD, FORT BRAGG, CA

STORAGE AUTHORITY / REASON: 22651 (h)(1), DR [illegible]

REASON FOR STOP: 22350 VC

AIRBAG? ☑ YES ☐ NO ☐ 1 ☑ 2

DRIVEABLE? ☑ YES ☐ NO ☐ JUNK ☐ LINK

VIN SWITCHED? ☐ YES ☑ NO

CONDITION	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	TIRES / WHEELS	CONDITION
WRECKED			SEAT (FRONT)			REGISTRATION			CAMPER			LEFT FRONT	FAIR
BURNED HULK per 431(c) CVC			SEAT (REAR)			ALT. / GENERATOR			VESSEL AS LOAD			RIGHT FRONT	
VANDALIZED			RADIO			BATTERY			FIREARMS			LEFT REAR	
ENG. / TRANS. STRIP			TAPE DECK			DIFFERENTIAL			OTHER			RIGHT REAR	
MISC. PARTS STRIP			TAPES			TRANSMISSION			MISC			SPARE	
BODY METAL STRIP			OTHER RADIO			AUTOMATIC			PROPERTY			HUB CAPS	
SURGICAL STRIP per 431(b) CVC			IGNITION KEY			MANUAL						SPECIAL WHEELS	

RELEASE VEHICLE TO: ☑ R/O OR AGENT ☐ AGENCY HOLD ☐ 22850.3 CVC

GARAGE PRINCIPAL / AGENT STORING VEHICLE (SIGNATURE): [signature]

DATE / TIME: 9-1-18 03:00

NAME OF PERSON / AGENCY AUTHORIZING RELEASE | I.D. NO. | DATE

CERTIFICATION: I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT I AM LEGALLY AUTHORIZED AND ENTITLED TO TAKE POSSESSION OF THE ABOVE DESCRIBED VEHICLE.

SIGNATURE OF PERSON AUTHORIZING RELEASE

SIGNATURE OF PERSON TAKING POSSESSION

☐ STOLEN VEHICLE / COMPONENT ☐ EMBEZZLED VEHICLE ☐ PLATE(S) REPORT

DATE / TIME OF OCCURRENCE | DATE / TIME REPORTED | NAME OF REPORTING PARTY (R/P) | DRIVER LICENSE NO. / STATE

LAST DRIVER OF VEHICLE | DATE / TIME | ADDRESS OF R/P | TELEPHONE OF R/P ( )

I CERTIFY OR DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF PERSON MAKING REPORT

REMARKS

(LIST PROPERTY, TOOLS, VEHICLE DAMAGE, ARRESTS)

DRIVER'S NAME	ARRESTED / SECTION?	REPORTED BY	CARGO / TYPE?	VALUE $
BRIAN NGO	☑ YES ☐ NO 23152 VC	WILDER	☐ YES ☑ NO	☐ BILL OF LANDING ATTACHED

SIGNATURE OF OFFICER TAKING REPORT: WILDER | I.D. NO.: 54 | SUPERVISOR

REQUIRED NOTICES SENT TO REGISTERED AND LEGAL OWNERS PER 22852 CVC? ☐ YES ☐ NO | DATE NOTIFIED

OSP 13 131741

An Internationally Accredited Agency

Chp180_0813.pdf

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO

SUMMARY PROBATION ORDER

BRANCH: ☐ Ukiah ☐ Ten Mile

THE PEOPLE OF THE STATE OF CALIFORNIA vs. Brian NGO

Case Number: MCTMCRTR 18-95775 Violation Date: 9-1-18

The above named defendant having been convicted of a misdemeanor violation of Section: VC 23152(B)

IT IS HEREBY ORDERED:
Imposition of Judgment be suspended and Summary Probation be granted for: 60 Months

PROGRAM TERMS – Defendant shall:
☐ Appear on _____ at ____ Dept ____ re: ____

JAIL
1. ☐ Be IMPRISONED in the County Jail in a clean and sober condition. CONSECUTIVE/CONCURRENT TO CASES:
☑ for 48 Days/Hrs commencing 1-15-19 @ 2pm
☐ May be served in any penal institution
☐ Defendant given credit for _____ days/hrs served
☐ Days/hrs suspended _____
☐ Work release/Work furlough authorized

FINES/FEES
2. ☑ PAY fine and assessment of $ 2622.60
$ _____ suspended. ☐ Plus Admin. Fee
☐ Def. given credit of _____ Hrs/Days jail towards fine.
☐ Fine to be paid in installments of $ _____ Per Mo beg:

☐ Pay Admin. Fees as follows:
☐ Pay _____ Criminalistic Lab Fund (11372.5HS)
☐ Pay _____ Drug Program Fee (11372.7HS)
☑ Pay 25 (1463.07 PC Screening Fee)
☐ Pay _____ (1463.07 PC Cite Fee)
☑ Pay 40 Court Assessment Fee (1465.8PC)
☑ Pay 30 Criminal Conv Assess (70373GC)
☐ Pay _____ Preservation Fee (12021FG)
☐ SEE COLLECTIONS DEPT TODAY (See address Pg 2)
☐ Clerk of this Court. (See address Pg 2)
☐ FINE TO BE PAID BY: _____
☐ MAKE RESTITUTION in the sum of $ _____
or in an amount to be determined by Collections Dept.
☐ Payable to _____
☐ Restitution to be reserved.
☐ Defendant shall pay restitution fine pursuant to 1202.4PC $ 150 See Collections Dept
If in custody, see Collections Dept w/i 10 days of release.

PROGRAM TERMS:
NAME: Vicky Deuce
☐ ATTEND AA/NA MEETINGS ____ times/week for ____
☐ FIRST OFFENDER DUI Program (3 mos/9 mos) and Enroll within 21 days. *BAC .15
☐ Wet Reckless
☐ MULTIPLE OFFENDER (1-1/2 years) alcohol treatment program and enroll within 21 days BAC _____

PROGRAM TERMS (Cont.)
☐ Out of County Alcohol Program Authorized
☑ Defendant shall pay restitution fine pursuant to 1202.44PC in the Amt. of $ 150 Stayed. Effective only upon revocation of probation or conditional sentence.
☐ AIDS/DRUG COUNSELING/MENTAL HEALTH
☐ COMMUNITY SERVICE: Perform ____ Hours in lieu of fine $ _____ as standard condition.
☐ MLAS (Room 209, Ukiah) – Enroll by 4 pm (See address Pg2)
☐ Attend Anger Management Program
☐ Other _____
☐ Court authorizes day to day credit towards jail time upon successful completion of residential treatment program
☐ Provide proof of enrollment/completion to court within 30 days

FILED
TEN MILE BRANCH
DEC 04 2019
CLERK OF MENDOCINO COUNTY
SUPERIOR COURT OF CALIFORNIA

DRIVING TERMS:
☐ Your driving privilege is:
☐ Restricted ☐ Suspended ☐ Revoked
☐ For _____ days/months/years
☐ Effective _____ (Upon reinstatement by DMV)
☑ DO NOT DRIVE WITHOUT A VALID LICENSE AND INSURANCE IN POSSESSION
☐ Do not drive any vehicle without having first installed and ignition interlock device (IID). For a period of ____

OTHER TERMS
☑ OBEY ALL LAWS and all Orders of the Court
☑ Do not commit same or similar offense
☐ Totally abstain from use of alcoholic beverage or other drugs, and do not go to places where alcohol is the chief item of sale
☑ Do not drive a vehicle with a measurable amount of alcohol in your blood.
☐ Submit to testing of blood (including blood draw), breath and/or urine, without a search warrant
☑ If driving, submit to testing of blood (including a blood draw) and/or breath, without a search warrant
☐ Submit person, vehicle, place of residence or area over which you have control to search and seizure of narcotics, drugs, or other contraband at any time of day or night, with or without search warrant without prior notice by any peace officer
☐ Do not own, possess or control any firearm
☐ Do not annoy, harass or threaten _____
☑ Keep court informed of current address
☐ Stay away from _____
☐ See attached Gang terms ☐ See attached F&G terms

☐ ADDITIONAL CONDITIONS _____

* If BAC is less than .20=3 mo. DUI program. If BAC is .20 or greater or chemical testing is refused-9 mo. DUI program.

Upon satisfactory completion of probation, you may apply to the Court to have your conviction set aside pursuant to Section 1203.4 of the Penal Code. 12-4-18 (Date) _____ (Signature)

I have read and received a copy of these conditions of probation and I understand and agree to perform them and understand that if I fail to do so, my probation may be revoked and I may be sentenced to jail.

x _____ (Signature) 121 Penzance Ave Unit 72 Chico, CA 95973 (Address) (508) 335-6767 (Telephone No.)

☐ TO THE SHERIFF: This certified copy of judgment/proceedings in the above-entitled action is your authority for the execution thereof.

DISTRIBUTION: D.A. – Defense Attorney Jail – Probation Defendant Alc. Prgm. – MLAS Collections

SUMMPROB (rev 1113) – ENTPRI

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO
CLERK'S DOCKET & MINUTES

Clerk: Costa
Court Reporter: Shaia
Judge: HON. CLAY BRENNAN
Bailiff:

THE PEOPLE OF THE STATE OF CALIFORNIA, Plaintiff,
vs.
BRIAN NGO, Defendant.

APPEARANCES:
D.A. Sloan/Clancy
P.D.
ATTY/PD/APD Pelham G.A.
CASE# MCTM-CRTR-2018-95775-1

[ ]Present [ ]In Custody [ ]Remanded [✓]Not Present [ ]Cash/Bond Posted/Forf. PAGE 1 of 2

DATE: 10/02/2018 TIME: 9:00 COURTROOM: tm MATTER: ARRAIGNMENT

1	VC 23162(B)	M	DUI W 08 ALCOHOL	09/01/2018
1	VC 23578		SA ALCOHOL OVER .15	09/01/2018

ACTIVE RESTRAINING ORDERS: LIST RESTORDERS
ACTIVE WARRANTS: NONE
CONTINUANCES: TO FOR Constitutional & Statutory Time

NEP TW

[ ]Defendant ordered present.
[✓]Time Waived 22
[ ]Time Not Waived. NTW

INTERPRETER: # language: [ ] Oath administered; [ ] Certified/Registered
[ ]Non-Cert/Non-Reg; [ ]Certification of Unavailability on file; [ ]Good cause found; [ ]Qualified to interpret
[ ]Not provisionally qualified;good cause found CRC 2.893(2)(A) [ ]Defendant waives certified/registered interpreter

[ ] Bench Warrant $_____ [ ]Issued [ ]Held [ ]Recalled [ ]Warrant remains active. [ ]Forfeitable
[ ]No O.R. [ ]No Recall/Request to Calendar [ ]No Cite to Release [ ]DA to file Aff. support of warrant.

ARRAIGNMENT:
[ ]Defendant answers true name as charged [ ] Proof of booking confirmed/needed/ordered.
[ ]Defendant arraigned and advised of the following rights: [ ]the right to an attorney at all stages of the proceedings and that the Court would appoint an attorney for him if he did not have the financial means to retain his own; [✓]The right to reasonable bail; [ ]The right to a speedy, public trial before a jury or judge and the right to have that trial within either 30 or 45 days as provided in Penal Code § 1382; [ ]The right to the processes of the Court to subpoena and produce witnesses appearing against him; the right not to incriminate himself;
[ ]Defendant advised that, if an alien, by pleading guilty he may be deported from the United States, excluded from admission to the United States, or denied naturalization, as a result of conviction.
[ ] The Court found the defendant understood his right to an attorney and the appointment of an attorney if unable to obtain his own and knowingly and voluntarily waived the same.
[ ]Defendant advised of pitfalls and dangers of representing him/herself. Court finds intelligent waiver of counsel.
FOE[ ] Defendant referred to Collections 501 Low Gap Rd., Rm 1080 to complete financial ded. for elig. of appointed counsel before the next court date.
TDE[ ]PD appointed _____ ALT Alt PD appointed _____ APC Private Counsel appointed _____
PRG[ ] $50 Registration Fee assessed for appointment of counsel pursuant to 987.5PC
[ ] Def. adv. that upon the conclusion of the case, the Court would conduct a hearing to determine the defendant's then ability to pay for all or any part of the cost of appointed counsel, and that defendant may be ordered to pay all or that part of said costs with defendant's ability to pay, and that such order could be enforced as a civil judgment.
[ ] Arraignment and advisement of Constitutional Rights waived.[ ] Counsel/Defendant handed copy of complaint/discovery.
[ ] 136.2 Protective Order signed and filed in open court and defendant served.
[ ] Firearms statement/packet provided to defendant. [ ] Signed and filed in open court.
[ ]DDA/_____ to submit 136.2 Protective Order[ ]Termination Order for signature by the Court.

CUSTODIAL STATUS:
[ ] Motion by Attorney for O.R. release:[ ]People opposed/not opposed[ ] Granted [ ] Denied
[ ] Defendant released on O.R.;[ ]Defendant to remain free on bail [ ]Bail set/reduced $_____
[ ] Conditions of O.R./Bail: [ ]sign PTA; [ ]obey all laws;[ ]Submit to search & seizure;[ ]Submit to chemical testing;[ ]Do not consume/possess alcohol/drugs[ ]Stay away where alcohol is chief item of sale
[ ]Stay away from_____ [ ] Do not drive without valid CDL & INS [ ] Do not drive with measurable amount of alcohol in blood [ ]Do not annoy/harass/molest/batter/strike/disturb the peace of _____
[ ] Defendant ordered released [ ]Def. to contact Probation forthwith/immediately upon release
[ ]Bail exonerated [ ]Bail forfeited [ ]Bail forfeiture set aside [ ]Bail Bond reinstated [ ]Bail in the amt of $_____ forfeitable. [ ] B/B to be exonerated/reinstated upon payment of $____ assessment

PLEA OF NOT GUILTY:
[ ] Defendant pleads NOT GUILTY to count(s) _____. Special Allegation(s)[ ]denied
[ ]Defendant understood his right to jury trial and personally waived that right.
[ ] Doubt is declared pursuant to 1368/1370/1370.1 PC; Criminal proceedings held in abeyance.
[ ]Dr. _____ appointed and medical report to be filed.

Certified copy delivered to Sheriff on _____, _____, Clerk

[FEARRNG-P02] (rev 04/15)

rev 2099

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO
CLERK'S DOCKET & MINUTES

Clerk: Costa
Court Reporter: Brown
Judge: HON. CLAY BRENNAN
Bailiff:

THE PEOPLE OF THE STATE OF CALIFORNIA,
Plaintiff,
vs.
BRIAN NGO,
Defendant.

APPEARANCES:
D.A. Steen / Cudney
PD
ATTY/PD/APD Peker / 977
CASE# MCTM-CRTR-2018-95775-1

[_]Present [_]In Custody [_]Remanded [✓]Not Present [_]Cash/Bond Posted/Forf.

DATE: 11/06/2018 TIME: 9:00 COURTROOM: TM MATTER: SETTING OF JT

1	VC	23152(B)	M	DUI W 08 ALCOHOL	09/01/2018
1	VC	23578		SA ALCOHOL OVER .15	09/01/2018

ACTIVE RESTRAINING ORDERS: LIST RESTORDERS
ACTIVE WARRANTS: NONE
CONTINUANCES: TO FOR Constitutional & Statutory Time

Set PY 12-4-18 1:30 TM

[_]Defendant ordered present.
[_]Time Waived 122
[_]Time Not Waived. #TW

INTERPRETER: # language: ; [_]Oath administered; [_]Certified/Registered
[_]Non-Cert/Non-Reg; [_]Certification of Unavailability on file; [_]Good cause found; [_]Qualified to interpret
[_]Not provisionally qualified;good cause found CRC 2.893(2)(A) [_]Defendant waives certified/registered interpreter

[_]Bench Warrant $ [_]Issued [_]Held [_]Recalled [_]Warrant remains active. [_]Forfeitable
[_]No O.R. [_]No Recall/Request to Calendar [_]No Cite to Release [_]DA to file Aff. support of warrant.

[_]Defendant arraigned and advised of all rights.
TDE[_]PD appointed ALT Alt PD appointed APC Private Counsel appointed
PRG[_]$50 Registration Fee assessed for appointment of counsel pursuant to 987.5PC
[_]Arraignment and advisement of Constitutional Rights waived.[_]Counsel/Defendant handed copy of complaint/discovery. [_]977waiver filed

PLEA:
[_]Defendant pleads NOT GUILTY to count(s) . Special Allegation(s)[_]denied
[_]On motion of DDA / Court complaint amended to add/reduce COUNT(s) violation of
[_]Defendant requests, and is granted, permission to withdraw previous not guilty plea and/or pleads [_]GUILTY [_]NOLO CONTENDERE to count(s)
[_]Prior convictions ADMITTED [_]Plea in Absentia filed.
[_]HARVEY WAIVER on count(s) and/or case no.(s)
[_]On motion of District Attorney/Court court(s) ordered DISMISSED (basis)
[_]Defendant advised of, understands and knowingly, and voluntarily waives all he following rights: [_]the right to an attorney. [_]the right to a jury, court trial, hearing [_]the right to confrontation and cross-examination of the witnesses against him. [_]the right to subpoena witnesses and present evidence in own behalf. [_]the privilege against self-incrimination.[_]Tahl waiver signed and filed in open court.[_]Factual basis stipulated/stated/found by
[_]Watson advisement given.
[_]Defendant advised: [_]Lifetime/10-year firearm/ammo prohibition[_]possible fines, fees, restitution, parole/probation, and immigration consequences. [_]MCT= [_]Registration requirement pursuant to

JUDGMENT/SENTENCE/COMMITMENT:
[_]Probation Granted: [_]Formal [_]Summary [_]per PC 1210.1[_]Per 1203.097for Mos. (See Order)
[_]Diversion Granted [_] Deferred Entry of Judgment Granted: [_]PC 1000 [_]Miscellaneous (See Order)
[_] Probation is DENIED [_]Electronic monitoring [_]Day for day credit authorized,
[_]Def to serve days/hours in Mendocino County Jail with credit for days/hrs served.
[_]Sentence to be served [_]consecutively/ [_]concurrently to
days suspended. [_]Stay of execution granted until by and defendant is ordered to surrender to Sheriff at that time in a clean and sober condition.
[_]Work Release/Furlough Authorized [_] Sentence may served in any penal institution.
[_]That defendant pay a fine of $ by due date of $ suspended.
[_]Fine reduced to with proof of by
Def shall pay: [_]$ restitution fine (1202.4PC) [_]$ Security Fee (1465.8 PC)
[_]$10 Cite fee (1463.07PC) [_]$25 Screening fee (1463.07PC) [_]$30 / $35 Conv. fee misd/fel/inf (70373GC)
[_]$78.50 F&G Preservation Fee (12021 F&G) [_]See Collections at 501 Low Gap Rd., Rm 1060
58[_] COMMUNITY SERVICE. Perform hours [_]In lieu of fine $ Enroll w/ MLAS by 4pm / w/in
[_]Referred to Probation Department for report and recommendation. [_]Def. to contact Probation forthwith/immediately upon release.
[_] Defendant re-referred to
[_] Defendant ordered certified to Superior Court for Competency Examination per 1368/1370/1370.1 PC.
[_] Criminal proceedings held in abeyance. [_]Dr. appointed and medical report to be filed.
[_] 136.2 Protective Order signed and filed in open court and defendant served.
[_] Firearms statement/packet provided to defendant. [_] Signed and filed in open court.
[_]DDA/ to submit 136.2 Protective Order/Termination Order for signature by the Court.

CUSTODIAL STATUS:
[_]Defendant ordered released [_]O.R. Granted [_]Def to remain free on bail [_]Bail set/reduced$
[_]Bail exonerated [_]Bail forfeited [_]Bail forfeiture set aside[_] B/B to be exonerated/reinstated upon payment of $ assessment.

Certified copy delivered to Sheriff on Clerk

PEFSENMC.P07 (rev 0115)

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO
CLERK'S DOCKET & MINUTES

Clerk: Costa
Court Reporter: Jones
Judge: HON. CLAY BRENNAN
Bailiff:

THE PEOPLE OF THE STATE OF CALIFORNIA, Plaintiff,
vs.
BRIAN NGO, Defendant.

APPEARANCES:
D.A. Sloan / Gurney
P.O.
ATTY/PD/APD Peterson
SABER MCTM-CRTR-2018-95775-1

[X] Present [ ] In Custody [ ] Remanded [ ] Not Present [ ] Cash/Bond Posted/Forf.

DATE: 12/04/2018 TIME: 1:30 COURTROOM: TM MATTER: SETTING OF JT

VC	23152(B)	M	DUI W 08 ALCOHOL	08/01/2018
VC	23578		BA ALCOHOL OVER .15	08/01/2018

ACTIVE RESTRAINING ORDERS: LIST RESTORDERS
ACTIVE WARRANTS: NONE
CONTINUANCES: TO FOR Constitutional & Statutory Time

[ ] Defendant ordered present.
[ ] Time Waived 12
[X] Time Not Waived. NTW

INTERPRETER: # language: ; [ ] Oath administered; [ ] Certified/Registered [ ] Non-Cert/Non-Reg; [ ] Certification of Unavailability on file; [ ] Good cause found; [ ] Qualified to interpret [ ] Not provisionally qualified; good cause found CRC 2.893(2)(A) [ ] Defendant waives certified/registered interpreter

[ ] Bench Warrant $ [ ] Issued [ ] Held [ ] Recalled [ ] Warrant remains active [ ] Forfeitable [ ] No O.R. [ ] No Recall/Request to Calendar [ ] No Cite to Release [ ] DA to file Aff. support of warrant.

[ ] Defendant arraigned and advised of all rights.
TDE [ ] PD appointed ALTA PD appointed APC Private Counsel appointed
PRC [ ] $50 Registration Fee assessed for appointment of counsel pursuant to 987.5PC
[ ] Arraignment and advisement of Constitutional Rights waived. [ ] Counsel/Defendant handed copy of complaint/discovery. [ ] 977 waiver filed

PLEA:
[ ] Defendant pleads NOT GUILTY to count(s) Special Allegation(s) [ ] denied
[ ] On motion of DDA / Court complaint amended to add/reduce COUNT(s) violation of
[ ] Defendant requests, and is granted, permission to withdraw previous not guilty plea and/or pleads [ ] GUILTY [X] NOLO CONTENDERE to count(s)
[ ] Prior convictions ADMITTED [ ] Plea in Absentia filed.
[ ] HARVEY WAIVER on count(s) and/or case no.(s)
[ ] On motion of District Attorney Court count(s) Rem ordered DISMISSED (basis)
[ ] Defendant advised of, understands and knowingly, and voluntarily waives all the following rights: [ ] the right to an attorney, [ ] the right to a jury, court trial, hearing [ ] the right to confrontation and cross-examination of the witnesses against him, [ ] the right to subpoena witnesses and present evidence in own behalf, [ ] the privilege against self-incrimination. [ ] Rahl waiver signed and filed in open court. [ ] Factual basis stipulated/stated/found by BAC .15
[ ] Watson advisement given.
[ ] Defendant advised: [ ] Lifetime/10-year firearm/ammo prohibition [ ] possible fines, fees, restitution, parole/probation, and immigration consequences. [ ] NCT: [ ] Registration requirement purs to

JUDGMENT/SENTENCE/COMMITMENT:
[X] Probation Granted: [ ] Formal [X] Summary [ ] per PC 1210.1 [ ] Per 1203.097 for 60 Mos. (See Order)
[ ] Diversion Granted [ ] Deferred Entry of Judgment Granted: [ ] PC 1000 [ ] Miscellaneous (See Order)
[ ] Probation is DENIED [ ] Electronic monitoring [ ] Day for day credit authorized.
[ ] Def to serve days/hours in Mendocino County Jail with credit for days/hrs served.
[ ] Sentence to be served [ ] consecutively [ ] concurrently to
days suspended. [ ] Stay of execution granted until by and defendant is ordered to surrender to Sheriff at that time in a clean and sober condition.
[ ] Work Release/Furlough Authorized [ ] Sentence may served in any penal institution.
[ ] That defendant pay a fine of $ by due date of $ suspended.
[ ] Fine reduced to with proof of by
Def shall pay: [ ] $ restitution fine (1202.4PC) [ ] $ Security Fee (1465.8 PC)
[ ] $10 Cite fee (1463.07PC) [ ] $25 Screening fee (1463.07PC) [ ] $30 / $35 Conv. fee misd/fel/inf (70373GC)
[ ] $79.50 F&G Preservation Fee (12021 F&G) [ ] See Collections at 501 Low Gap Rd. Rm 1060
ISR [ ] COMMUNITY SERVICE. Perform hours [ ] In lieu of fine $ Enroll w/ MCAS by 4pm / w/in
[ ] Referred to Probation Department for report and recommendation. [ ] Def. to contact Probation forthwith/immediately upon release
[ ] Defendant re-referred to
[ ] Defendant ordered certified to Superior Court for Competency Examination per 1368/1370/1370.1 PC.
[ ] Criminal proceedings held in abeyance [ ] Dr. appointed and medical report to be filed.
[ ] 136.2 Protective Order signed and filed in open court and defendant served.
[ ] Firearms statement/packet provided to defendant. [ ] Signed and filed in open court.
[ ] DDA / to submit 136.2 Protective Order/Termination Order for signature by the Court.

CUSTODIAL STATUS:
[ ] Defendant ordered released [ ] O.R. Granted [ ] Def to remain free on bail [ ] Bail set/reduced $
[ ] Bail exonerated [ ] Bail forfeited [ ] Bail forfeiture set aside [ ] B/B to be exonerated/reinstated upon payment of $ assessment

Certified copy delivered to Sheriff on Clerk

PEPSENMC P07 (rev 01/15)

NOTICE OF COMPLETION CERTIFICATE

DL 101

A Public Service Agency

NAME (LAST, FIRST, MIDDLE, SUFFIX)	BIRTHDATE	DRIVER LICENSE NUMBER
NGO, BRAIN	[redacted]	[redacted]

ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)
[redacted]	[redacted]	CA	[redacted]

The above named individual has successfully completed a Driving-Under-the-Influence Program licensed by the California Department of Alcohol and Drug Programs to provide the following services: ☐ Education Component Only (23140 CVC Conviction) 1st Offender Program 03 months

Multiple Offender Program ☐ 12 months ☐ 18 months ☒ 30 months ☐ Multiple Offender Program (ID restriction only) ____ months of ____ months

DATE OF ENROLLMENT	DATE OF COMPLETION	VIOLATION DATE	COURT CODE	DOCKET NUMBER
02/02/2019	06/08/2019	09/01/2018	23675	18-95775

PROGRAM NAME	ADP LICENSE NUMBER
Cascade Circle, Inc.	5300201120

PROGRAM ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)
1450 Main Street	Weaverville	CA	96093

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	PARTICIPANT'S SIGNATURE		TELEPHONE NUMBER
	X DL 804 on file		(508) 335-6767
DATE	**AUTHORIZED PROGRAM REPRESENTATIVE'S PRINTED NAME**	**AUTHORIZED PROGRAM REPRESENTATIVE'S SIGNATURE**	**TELEPHONE NUMBER**
06/11/2019	Robin Sparks	X	(530) 222-8302

JUN 13 2019 JESSICA DIAZ

INSTRUCTIONS TO PROVIDER: Print the appropriate number of copies, apply the signatures (program representative and participant), retain a copy, and distribute to participant and court.

NOTE: Before a restriction is processed, Proof of Financial Responsibility and reissue fee payment must be received.

This Notice of Completion Certificate is a facsimile of electronically transmitted information. Any copy printed for court, participant or record keeping is not valid for DMV purposes.

DL 101 (REV. 6/2005) WWW

UNIQUE ID#: 5300201120061120191017S8CCI53ROBIN@YAHOO.COMD7130311DL101

CASCADE CIRCLE INC

3161 Bechelli Lane Suite 204B
Redding, CA 96002
Phone: 530-222-8302 Fax: 530-222-5872

Date: 2/2/19

Court: MENDOCINO - TEN MILE

Docket #: 18-95775

PLEASE PRINT FULL NAME

Participant Name: Brian Nagy

Address: [redacted]

City: [redacted] State: CA Zip Code: [redacted]

FEB 08 2019

JESSICA DIAS

The above named defendant enrolled in our Program on: 2/2/19 and will be attending the following program:

New enroll ✓ Reinstatement ____ Transfer in ____

County of enrollment:

Shasta County ____ Lassen County ____ Trinity County ____ Siskiyou County ✓

Program Required:

Wet Reckless/12 hour ____ First Offender/# of months 3 Multiple Offender ____

Court Mandated additional services: Type NONE Frequency ____

Participant Signature [signature] Date 2/2/19

Staff Signature [signature] Date 2/2/19

(March 2014)

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy X | Hospital Pharmacy ___ | Clinic ___ | Exempt Hospital ___ | Wholesaler ___ | Hypodermic ___

Date: 10/24/2024 | Inspector: Elham Delune

Firm: TOI EASY RX | Phone: (714) 430-3865

Address: 15262 GOLDENWEST ST | City: WESTMINSTER | Zip: 92683

Ownership: CORPORATION

Permit #: PHY59233 | Permit Exp: 11/1/2024 | DEA#: [redacted] | DEA Exp: 11/30/2026

Date of Self Assessment Form: 4/19/2024 | Other Permit #: N/A | Date of DEA Inventory:

Hours M-F: 8:30AM-5PM | Hours Saturday CLOSED | Hours Sunday: CLOSED

PIC TANYA E FEDEROFF | RPH81579 | Administrator

RPH Consultant

Staff RPH Name:	License #:	Staff Name:	License #:
CHARLES LE	RPH76375	MELANIE D SMALLCOMB	TCH33782
		MELISSA VASQUEZ	TCH169182
		VALERIO GALVAN	TCH158596

Inspector Remarks:

Full Routine Inspection/CI 2023 104999
The pharmacy fills on average 30-50 RX a day (85% refill, all rx is delivered, mostly for oncology)
The pharmacy typically is staffed 2 RPH, 1 TCH, 2 Clerks (1 RPH for PV1, 1 RPH for PV2)
WLS: McKesson
R/D: Med Flats
No immunization, No compounding, No controls
Software: Platform

Items Reviewed:
-Self-assessment, permit, notice to consumer sign/point to your language sign , staff - name tags, restroom accessible, policy and procedures (Quality Assurance, Temp Absence of RPH, Theft and Impairment), hot water, Rx labels, security, consultation (delivered Rx), freezer and fridge temp. is monitored, invoices, DEA Biennial (was not conducted).
-CURES transmitted daily (zero reporting)
-QA are conducted online

Discussions
1. Removal of unused sink (provide photo)
2. Tech Job Description (CCR 1793.2)
3. Interpretive Services (CCR 1707.5(d)
4. Label w/ physical description of drug (BPC 4076 (11), increase the font size (provide sample).
5. Consultation for delivered rx (include pharmacy's hours of operations, Consultation shall be available 6 days a week and at minimum of 40 hours per week. See September 2020 Script for details CCR 1707.2).
DEA biennial inventory.(CFR 1304.11 c)

Topics to Education
1. BPC 4052.04 – Pharmacist may furnish COVID-19 oral therapeutics following a positive test.
   - "COVID-19 oral therapeutics" means drugs that are approved or authorized by the FDA for the treatment of COVID-19 and administered orally.

2104

INSPECTION REPORT

- Prior to furnishing COVID-19 oral therapeutics, a pharmacist shall utilize relevant and appropriate evidence-based clinical guidelines published by FDA in providing these patient care services.
- A pharmacist who furnishes COVID-19 oral therapeutics shall notify patient's PCP or enter appropriate information into patient record system shared with PCP, as permitted by that PCP. If the patient does not have a PCP, the pharmacist shall provide the patient with a written record of the drugs furnished and advise the patient to consult a physician of the patient's choice.
- Document the kind and amounts of COVID-19 oral therapeutics furnished, as well as any information regarding testing services provided, in the patient's record in the record system maintained by the pharmacy.
- Retain records for 3 years.

2. BPC 4113 – PIC authority to make staffing decisions
   - PIC may make staffing decisions to ensure sufficient personnel are present in the pharmacy to prevent fatigue, distraction, or other conditions that may interfere with a pharmacist's ability to practice competently and safely.
   - If PIC is not available, a pharmacist on duty may adjust staffing according to workload if needed.
   - PIC or pharmacist on duty shall immediately notify the store management of any conditions that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff. If the conditions are not resolved within 24 hours, the PIC or RPH on duty shall ensure the BOP is timely notified. Conditions that present an immediate risk of death, illness, or irreparable harm to patients, personnel, or pharmacy staff include, but are not limited to:
     - Workplace safety and health hazards that present an immediate risk of death, illness or irreparable harm to patients, personnel, or pharmacy staff.
     - Sustained temperatures that could impact ambient temperature drug stability according to manufacturer data on acceptable drug storage conditions.
     - Vermin infestation that poses a risk to the safety or efficacy of medicine.
3. BPC 4113.1 – Reporting medication errors within 14 days from discovery.
   - Applies to "community pharmacies" – i.e., any pharmacy that dispenses medication to an outpatient (but not including facilities of CDCR).
   - Per the BOP's AB 1286 Implementation Statement, the reporting of medication errors under BPC 4113.1 will not be required until the BOP approves an entity to receive the reports.
4. BPC 4113.6 – Chain community pharmacy subject to BPC 4113.5 must be staffed at all times with at least one clerk or pharmacy technician fully dedicated to performing pharmacy-related services. The BOP will not take action against a pharmacy for violation of this staffing requirement if any of the following conditions apply:
   - RPH on duty waives the requirement in writing during specified hours based on workload need.
   - The pharmacy is open beyond normal business hours (i.e., before 8am, after 7pm). During the hours before 8am and after 7pm, the staffing requirement shall not apply.
   - The pharmacy's prescription volume per day on average is less than 75 prescriptions per day based on the average daily prescription volume for the past calendar year. However, if the pharmacist is also expected to provide additional pharmacy services (such as immunizations or CLIA-waived tests) this exception does not apply.

   When staffing of pharmacist hours within a chain community pharmacy does not overlap sufficiently, scheduled closures for lunch time for all pharmacy staff shall be established and publicly posted, and included on the outgoing telephone message.
5. BPC 4115 – Pharmacy technician may, under the direct supervision and control of a pharmacy, prepare and administer influenza and COVID-19 vaccines via injection or intranasally, prepare and administer epinephrine, perform specimen collection for tests that are CLIA waived, receive prescription transfers, and accept clarification on prescriptions under certain specified conditions.
6. BPC 4231 – CE required for pharmacists to renew their pharmacist license must now include at least one hour of participation in a cultural competency course which meets specified requirements.
7. The Board has posted on its website the FAQ's to address the changes in pharmacy law related AB1286, dated 12/21/2023. Here's the link: https://pharmacy.ca.gov/publications/ab1286_faqs.pdf

DISCLAIMER:
Any issues referenced/discussed in this report are not intended to be an all-inclusive list of issues that may exist at your facility. Your facility is responsible for investigating and determining the causes of any issues and items to be corrected and for preventing their recurrence. Further review of items provided at inspection, may result in further communication after this report.

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California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Please provide the following documents to inspector Delune at elham.delune@dca.ca.gov within 14 days:

1. Removal of unused sink (provide photo)
2. Tech Job Description (CCR 1793.2)
3. Interpretive Services (CCR 1707.5(d)
4. Label w/ physical description of drug (BPC 4076 (11), increase the font size (provide sample).
5. Consultation for delivered rx (include pharmacy's hours of operations, Consultation shall be available 6 days a week and at minimum of 40 hours per week. See September 2020 Script for details CCR 1707.2).
6. DEA biennial inventory.(CFR **1304.11 c)**

Licensee Remarks:

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) _____

Pharmacist (print) THUY FEDERFF

Inspector (sign) _____

Inspector (print) E. Delune

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

CALIFORNIA STATE BOARD OF PHARMACY
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100

Renewal Certificate

Retail Pharmacy Permit

License No. PHY 59233
Receipt No. 52802101

Valid Until: 11/1/2026

TOI EASY RX
15262 GOLDENWEST ST
WESTMINSTER, CA 92683

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.

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) administrator or pharmacist-in-charge.

This permit is valid only at the address shown.

The official status of this license can be verified at www.pharmacy.ca.gov

---- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

FORM WPHPHY (09/30/19) PHY

CALIFORNIA STATE BOARD OF PHARMACY
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100

Renewal Certificate

Retail Pharmacy Permit

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---- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

FORM WPHPHY (09/30/19) PHY

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 59233

NAME: TOI EASY RX

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

15262 GOLDENWEST ST
WESTMINSTER CA 92683
ORANGE COUNTY

ISSUANCE DATE

NOVEMBER 28, 2023

EXPIRATION DATE

NOVEMBER 1, 2026

CURRENT DATE / TIME

MARCH 31, 2026
10:36:07 AM

LICENSE RELATIONSHIPS

NAME: JAWAD, HUDA FATMA

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 80230 **PRIMARY STATUS:** CLEAR

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: TOI Easy Rx

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PHY 59233

Physical Address: 15262 Goldenwest St

City: Westminster State: CA Zip: 92683

Mailing Address (if different from physical address): 18000 Studebaker Rd #800

City: Cerritos State: CA Zip: 90703

Telephone: 714-430-3865 Website:

Licensing Company Email: EasyRx@theoncologyinstitute.com

Section 2: Personal Information

First: Daniel Middle: Last: Virnich

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: CA Zip: [redacted]

Telephon: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northwestern University		09/08-07/11	
Address	City	State	Zip
633 Clark St.	Evanston	IL	60208
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
University of Chicago		09/01-06/05	
Address	City	State	Zip
5801 S Ellis Ave.	Chicago	IL	60637
Diploma/Degree obtained, if any			
MD			

School Name		From - To (MM/YY – MM/YY)	
University of Chicago		09/96-06/00	
Address	City	State	Zip
5801 S Ellis Ave.	Chicago	IL	60637
Diploma/Degree obtained, if any			
BA			

School Name		From - To (MM/YY – MM/YY)	
The Vail Mountain School		09/1993-09/1996	
Address	City	State	Zip
3000 Booth Falls Rd	Vail	CO	81657
Diploma/Degree obtained, if any			
High school Diploma			

School Name		From - To (MM/YY – MM/YY	
Choate Rosemary Hall		09/1992-06/1993	
Address	City	State	Zip
333 Christian St	Wallingford	CT	06492
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/22- PRESENT	[redacted]	[redacted]	CA	[redacted]
05/19-07/22			CA	
04/18-07/19			FL	
11/17-04/18			CA	
11/16-11/17			CA	
07/15-11/16			CA	
11/13-07/15			FL	

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 Oncology Institute of Hope and Innovation			02/2020-PRESENT
Business Address	**City**	**State**	**Zip**
18000 Studebaker Rd., Suite 800	Cerritos	CA	90703
Phone	**Title**		
562-735-3226	CEO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
DaVita Medical Group			04/18-07/19
Business Address	**City**	**State**	**Zip**
5130 Sunforest Dr. Suite 300	Tampa	FL	33634
Phone	**Title**		
727-824-0780	Market President		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
DaVita Medical Group			07/15-04-18
Business Address	**City**	**State**	**Zip**
2175 Park Place	El Segundo	CA	90245
Phone	**Title**		
310-354-4200	SR. VP of Operations		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

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 Virnich

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/16/26

Date

See attached California Jurat *

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

CALIFORNIA JURAT **GOVERNMENT CODE § 8202**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 16 (Date) day of February (Month), 20 26 (Year), by

(1) Daniel Virnich

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

JONNIE ETELVINA MALI
Comm. # 2541763
Los Angeles County
California - Notary Public
Comm. Expires DEC. 16, 2029
NXCT

Signature _____
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

©2019 National Notary Association

4ZZ

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee
Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☐ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☒ Out-of-Nevada	☒ Ownership Change*	☐ Hospital (# beds _____)	☒ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: [redacted]
	☐ 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 02866		☐ 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: Truax Patient Services, LLC
Physical Address: 1112 Railroad St SE Ste 4
City: Bemidji State: MN Zip: 56601
Mailing Address (if different from physical address): Same as above
City: _____ State: _____ Zip: _____
Telephone: 218-444-8217 Toll Free # (NAC 639.708, NRS 639.23286): 844-289-3981
Fax: 218-444-2267 Contact Email: pharmacy@tps-rx.com
Website: www.tps-rx.com
Nevada Business License # (if applicable) _____
Supervising/Managing Pharmacist Name (NRS 639.220): Terry Storm
Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21207

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: Terry Storm	NV Pharmacist Registration #: 21207
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: MN

Parent Company (if any): _____

Corporation/Organization Name: Truax Patient Services, LLC

Mailing Address: 1112 Railroad St SE Ste 4

City: Bemidji State: MN Zip: 56601

Telephone: 218-444-8217 Email: pharmacy@tps-rx.com

Contact Person Name: Tyler Truax

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 of Operations (title) for Truax Patient Services, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each 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).

Tyler Truax

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

1/29/26

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Tyler Truax hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the VP of Operations (title) for Truax Patient Services, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 29 day of January, 2024

Notary Public

JENNIFER ELIZABETH HAZELTON
NOTARY PUBLIC
MINNESOTA
My Commission Expires 01/31/28

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tyler Troax

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

11/29/26

Date

Board Use Only	Date Received: _____	Amount: 500.00	√#: 0938104615

PH # (218) 444-8217
FAX # (218) 444-2267

TRUAX PATIENT SERVICES

NATIONAL SPECIALTY PHARMACY

1112 Railroad St SE, Suite #4, BEMIDJI, MN 56601

Name	% Ownership	Title/Position	Address
Amy Truax	30%	Owner	[redacted]
Truax holdings, LLC	70%	Owner	17300 5th Ave N, Minneapolis, MN 55447
Tyler Truax	0%	VP of Operations	[redacted]
Christopher Knutson	0%	CEO	[redacted]

Business Record Details »

Minnesota Business Name
Truax Patient Services, LLC

Business Type
Limited Liability Company (Domestic)

File Number
1171015400027

Filing Date
8/10/2020

Renewal Due Date
12/31/2026

Registered Agent(s)
Business Filings Incorporated

Principal Executive Office Address
1112 RAILROAD ST SE STE 4
BEMIDJI, MN 56601-4893
USA

MN Statute
322C

Home Jurisdiction
Minnesota

Status
Active / In Good Standing

Registered Office Address
1010 Dale ST N
Saint Paul, MN 55117-5603
USA

Manager
Amy Truax
1112 RAILROAD ST SE STE 4
BEMIDJI, MN 56601-4893
USA

Filing History

Filing History

Select the item(s) you would like to order: Order Selected Copies

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 TRUAX PATIENT SERVICES, LLC

Pharmacy/Wholesaler License # (if applicable) PH02866.

Physical Address 1112 RAILROAD ST SE STE 4

City BEMIDJI State MN Zip 56601

Mailing Address (if different from physical address) SAME

City _____ State _____ Zip _____

Telephone 2184448217 Website TPS-RX.COM

Licensing Company Email COMPLIANCE.TRUAX@GMAIL.COM

Section 2: Personal Information

First TYLER Middle NATHANIEL Last TRUAX

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State MN 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 639.123)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your highschool 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)	
BEMIDJI HIGHSCHOOL		1999-2003	
Address	**City**	**State**	**Zip**
2900 Division St W	BEMIDJI	MN	56601
Diploma/Degree obtained, if any			
DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
BEMIDJI STATE UNIVERSITY		2006-2007	
Address	**City**	**State**	**Zip**
1500 Birchmont Dr NE	BEMIDJI	MN	56601
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
PHARMACY TECHNICIANS UNIVERSITY		2013-2014	
Address	**City**	**State**	**Zip**
ONLINE	BEMIDJI	MN	56601
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
2019-CURRENT	[redacted]	[redacted]	MN	[redacted]
2010-2019			MN	
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: 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)
TRUAX PATIENT SERVICES			03/2023-CURRENT
Business Address	**City**	**State**	**Zip**
1112 RAILROAD ST SE STE 4	BEMIDJI	MN	56601
Phone	**Title**	**Number of Employed Hours**	
2184448217	VP OF OPERATIONS	40 HRS WEEK	
Description of Duties			
OVERSEE ALL DAY TO DAY OPERATIONS, SALES, MARKETING.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description 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, TYLER TRUAX, **certify that as the designated representative for**

TRUAX PATIENT SERVICES, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. YES I am at least 21 years of age;
3. YES I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. YES I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. YES I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. YES I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. YES I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

TYLER TRUAX

Print Name (First, Last)

Original signature (electronic, copies or stamps not accepted)

03/04/2026

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.

TYLER TRUAX

Print Name (~~First, Last~~)

Original Signature (electronic, copies or stamps not accepted)

03/04/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Minnesota, ss. County of Beltrami

I, Tyler Truax, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/4/26

Date

Subscribed and Sworn to before me this 4 day of March.

Notary Public Signature

JENNIFER ELIZABETH HAZELTON
NOTARY PUBLIC
MINNESOTA
My Commission Expires 01/31/28

(Seal)

335 Randolph Ave, Suite 230
St. Paul, MN
Phone: 651-201-2825 Fax 651-215-0951
Email: pharmacy.board@state.mn.us
www.pharmacy.mn.gov

MINNESOTA BOARD OF PHARMACY

COMMUNITY PHARMACY SURVEY

Pharmacy	License #
Truax Patient Services	**266705**
Address	Phone /Fax
1112 Railroad St SE	
City/Zip	DEA #
Bemidji, MN 56601	
PIC	License #
Coralyn Strodtman	**119312**
Pharmacist(s) Participating in Inspection Coralyn Strodtman	Technicians

GENERAL

Inspection: X Routine ☐ New Opening ☐ Remodel ☐ Investigation
Other pharmacy services provided: See Supplemental Inspection Form
☐ LTC Pharmacy ☐ Sterile Compounding ☐ Other

Variances Current (6800.9900): ✓ Equipment exemption counseling area

Pharmacy and pharmacist licenses posted (MR 6800.0600, MR. 6800.1150) ✓

Pharmacy substitution sign posted (MS 151.21) Closed door
PMP notification provided (MS 152.126) ✓ controlled substances

Central Service pharmacy with policy? Notification posted? (MR 6800.4075) NA

Counseling area provides reasonable assurance of privacy (MR 6800.0700) VAR

Lighting, counter space; pharmacy security (MR 6800.0700) ✓

Pharmacy maintained in an orderly, clean, and sanitary conditions (MR 6800.2300) ✓

Required references available, incl 1 current hard copy dosage & tox (MR 6800.1050)
Ref: Date:

Refrigerator/freezer for drug storage, documented temperature (if storing / providing immunizations, 2x daily) (MR 6800.1050) ✓

Equipment and sink available in pharmacy (MR 6800.1050) VARIANCE

Non-Sterile Compounding follows USP 795 Standards (MR 6800.3300) NA

Proper storage and removal of expired medications from dispensing inventory (MR 6800.2400, MS 151.35) Return to pharm

Hazardous drug handling follows USP 800 guidelines. *Ref: OSHA, NIOSH* NA

Hazardous pharmaceutical waste per MPCA (MR 6800.2350)
Collection receptacle? (MS 151.37 subd6a) NA

HIPAA practices; Confidential information disposal ✓

Pharmacy provides emergency kits /required documentation (MR 6800.6700) NA

AUTOMATION

Automation utilized in pharmacy? (MR 6800.2600) Type:

Written policy and procedures, procedure to prevent cross contamination and quality assurance process (MR 6800.2600)

Documentation of initial and ongoing training, trainer, and date must be maintained (MR 6800.2600)

Pharmacist certification of product in automation (MR 6800.2600)

PHARMACY PRACTICE/PROTOCOLS

Pharmacist verification and certification of all prescription drug orders (MR 6800.3100, MS 151.215)
Operating system: Data scan

Work Conditions Rule: List of drugs not allowed to dispense, counseling documentation (MR 6800.2160) NA Multiple RPhs

Individual unique identification documentation of all portions of the prescription dispensing process maintained for a minimum of 2 years (MR 6800.0100, 6800.3100, 6800.9110) ✓

Patient profile maintained and reviewed by pharmacist prior to every new and refilled prescription drug order, RPH override alerts (MR 6800.3100, MR 6800.3110) Reviewed

Quality assurance plan for new Rx current (MR 6800.3950) paper

P&P for decreasing and monitoring errors (MR 6800.2400) ✓

Pharmacist mandatory consult on all new prescriptions (MR 6800.0910) over phone
Refusal to consult on new prescriptions to pharmacist only (MR 6800.0910)

Pharmacy maintains documentation of refusal with circumstances (on prescription, patient record, or in specially developed log) (MR 6800.0910)

Pharmacy provides immunizations and has signed current protocol in place (MS 151.01 subd27)
Date:
Training and CPR current (MS 151.01 subd27) NA

Pharmacy accesses and reports required immunizations to MIIC (MS 151.01 subd27) NA

Pharmacy provides naloxone under protocol (MS 151.01 subd27, MS 151.37) NA

Pharmacist prescribes per 151.37 NA
☐ Self-administered hormonal contraceptives ☐ Nicotine Replacement ☐ Opiate Antagonist
Training, counseling, and documentation maintained

PHARMACY TECHNICIANS AND INTERNS

Pharmacy technician registration posted. (MR 6800.3850) ✓
Technicians wear name badge ID themselves as "Pharmacy Technician" (MR 6800.3850)

PIC has written procedures (current within 5 years) for use of technicians and training documentation maintained for 2 years. A copy of the procedures available in the pharmacy (MR 6800.3850) Date: 12-2022

Current pharmacist to technician ratio (MR 6800.3850, MS 151.102) 2:1

Interns are properly registered, identified, and supervised (MR 6800.5300, MS 151.101)

CONTROLLED SUBSTANCES

Perpetual CII CS Inventory; monthly reconciliation documented (MR 6800.4600)

CS Biennial Inventory current and completed (21CFR 1304.11)
Date:

Storage of Controlled Substances (21 CFR 1301.75)

Schedule II CSOS / DEA 222 executed and reconciled (21CFR 1305)

Schedule II prescriptions filed separately; III-V readily retrievable (21CFR 1304.04)

Pharmacist verification of CS refills (Logbook or CS daily printout) (21CFR 1306.22)

During this inspection, not all rules and regulations were inspected for compliance, nor are they all represented above. This does not preclude your pharmacy from the requirements to comply with all rules and regulations of the Minnesota Board of Pharmacy.
MR 6800.2400: The pharmacist-in-charge of any pharmacy wherein deficiencies are noted upon inspection by the board or its staff shall, within 30 days of receiving notice of such deficiency, submit in writing to the board the steps taken or proposed to eliminate the deficiency.

1. Pharmacy receives drugs directly from manufacturer to ship to patients. Most prescriptions are for anti-hypertensives

2. Discussed shipping and temp regulation. Currently no products requiring refrigeration after dispensing.

Surveyor Kelly Hudnall Date 12-20-24 Pharmacist Coralyn Strodtman 2131

State of Minnesota

Minnesota Board of Pharmacy
St. Paul, MN 55102

HAS ISSUED

Pharmacy
License Number 266705, Limited Service

To: Truax Patient Services, LLC (dba) Truax Patient Services
1112 Railroad St SE
Suite 4
Bemidji, MN 56601

EFFECTIVE DATE
7/1/25

EXPIRATION DATE
6/30/26

State of Minnesota

Minnesota Board of Pharmacy
St. Paul, MN 55102

HAS ISSUED

Pharmacy
License Number 266705

To: Truax Patient Services, LLC (dba) Truax Patien
Services

EFFECTIVE DATE
7/1/25

EXPIRATION DATE
6/30/26

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: Truax Patient Services, LLC

Address: 1112 Railroad St SE Ste 4

City: Bemidji State: MN Zip: 56601

I hereby authorize the MN Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant: Carolyn Schroeder

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
206705	ACTIVE	3/15/23	6/30/26

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
Marsha Lynn	SR Licensing Specialist	MN	1/16/26	

MINNESOTA BOARD OF PHARMACY

PROFILE

NAME	Truax Patient Services, LLC (dba) Truax Patient Services	ADDRESS	1112 Railroad St SE Ste 4 Bemidji, MN 56601

LICENSES

Pharmacy Active	TYPE	Pharmacy	NUMBER	267315
	ISSUE DATE	01/02/2026	EXPIRE DATE	06/30/2026

CATEGORY OF LICENSURE

Limited Service

PUBLIC ACTIONS

No items to display

This information is valid as of: Monday, April 6, 2026 11:34:26 AM. The licensure data on this website is provided and controlled by the Minnesota Board of Pharmacy. Licensure information is updated as changes to status occur, is secure and considered primary source for verification of a Minnesota license.

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: Truax Patient Services, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH02866

Physical Address: 1112 Railroad St SE Ste 4

City: Bemidji State: MN Zip: 56601

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 218-444-8217 Website: www.tps-rx.com

Licensing Company Email: pharmacy@tps-rx.com

Section 2: Personal Information

First: Amy Middle: Jean Last: Truax

Alias(es, nicknames, name changes, etc.): Amy Sandberg, Amy Detwiler

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: MN Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.320)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List 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)	
Northwest Technical College			
Address	City	State	Zip
905 Grant Ave SE	Bemidji	MN	56601
Diploma/Degree obtained, if any			
Dental Assisting Degree			

School Name		From - To (MM/YY – MM/YY)	
Bemidji High School		1989 - 1992	
Address	City	State	Zip
	Bemidji	MN	56601
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
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	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: Trimax Patent Services			From - To (MM/YY - MM/YY): 2017 - Present
Business Address: 1112 Railroad St SE #4	City: Bemidji	State: MN	Zip: 56601
Phone: 844-289-3981	Title: Owner		
Description of Duties:			

Business Name: Progressive Health Care			From - To (MM/YY - MM/YY): 2006 - 2012
Business Address: 405 Bethrami Ave NW	City: Bemidji	State: MN	Zip: 56601
Phone: 218-444-6878	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY - MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY - MM/YY):
Business Address:	City:	State:	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.

Truax, Amy

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3.4.26

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Collier

I, Amy Truax, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3-4-26

Date

Subscribed and Sworn to before me this 4th day of March.

Notary Public Signature

DYLAN DETWEILER
NOTARY PUBLIC
My Comm. Expires January 29, 2029
No. HH 633610
STATE OF FLORIDA

(Seal)

PH # (218) 444-8217
FAX # (218) 444-2267

NATIONAL SPECIALTY PHARMACY

1112 Railroad St SE, Suite #4, BEMIDJI, MN 56601

Pre-Close Ownership:

Truax Patient Services, LLC

Amy Truax single member- 100%

Post- Close Ownership:

Truax Patient Services, LLC

Amy Truax single member- 30%

Truax Holdings, LLC-70%

4AAA

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: Daniel Middle: C. Last: Chow

NV Pharmacist Registration # 45143

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:

CVS

Address: 1 CVS Drive

City: Woonsocket State: RI Zip: 02895

Employer Contact Name: Sherry Oh

Employer Contact Telephone: 562-480-2485 Employer Contact email: Sherry.Oh@CVSHealth.com

Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)

Name of Site (if applicable): CVS
Address: 812 S. Grand Ave
City: Los Angeles State: Ca Zip: 90017
Country/Territory/Province: US
Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☒ Business
Days of the week and hours services will be provided at this site? Wed / Thurs / Sat

Name of Site (if applicable): CVS
Address: 2419 Workman St
City: Los Angeles State: Ca Zip: 90031
Country/Territory/Province: US
Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☒ Business
Days of the week and hours services will be provided at this site? Wed / Thurs / Sat

Name of Site (if applicable): Atlantic Pharmacy
Address: 5119 E Beverly Blvd
City: Los Angeles State: Ca Zip: 90022
Country/Territory/Province: US
Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☒ Business
Days of the week and hours services will be provided at this site? Fri

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.

Immunizations, checking prescriptions

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

Retail customers, elderly, families

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

Electronic, Fax, paper prescriptions

4. Provide an explanation of the policy for users of the services when you are unavailable.

Pharmacy is closed when I am unavailable.

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.

Pharmacy computers has 3 layers of username and pass codes. Hippa policy annually signed.

6. Provide a description of the business plan for the services provided.

Vertically integrated, technology-driven model that connects with Aetna, Caremark, and in person care at the Minute Clinics.

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.

Daniel Chow

Print Name

Original Signature, no copies or stamps accepted

3-27-26

Date

Board Use Only	Date Received: 4/6/26 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.

4BBB

04/15/2026

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206

Reno, NV 89521

RE: Application to Engage in the Practice of Pharmacy at a Site Other Than a Licensed Pharmacy

Dear Members of the Board,

I respectfully submit my application pursuant to NAC 639.403 to engage in the practice of pharmacy at a site other than a licensed pharmacy.

This practice will be a non-dispensing clinical services model providing Remote Patient Monitoring (RPM), Chronic Care Management (CCM), and Comprehensive Medication Management (CMM) under collaborative practice agreements with licensed Nevada physicians.

All services will be provided remotely via secure, HIPAA-compliant communication systems and performed under physician supervision. No medications will be stored, dispensed, or administered at the practice site.

All services will comply fully with Nevada law, HIPAA, and applicable federal regulations.

Thank you for your consideration.

Sincerely,

Joanne M. Dominguez, Pharm.D.

Nevada License #: 16762

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: Joanne Middle: Marie Last: Dominguez

NV Pharmacist Registration # 16762

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:

LuzVida CareLLC

Address: [redacted]

City: Henderson State: NV Zip: [redacted]

Employer Contact Name: Joanne M Dominguez Wittie

Employer Contact Telephone: 702-236-3586 Employer Contact email: [redacted]@gmail.com

Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)

Name of Site (if applicable): Home office

Address: [redacted]

City: [redacted] State: NV Zip: [redacted]

Country/Territory/Province: Clark County

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, varying 8am-6pm as needed

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.

Please see attached pages for responses.

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

Please see attached pages for responses.

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

Please see attached pages for responses.

4. Provide an explanation of the policy for users of the services when you are unavailable.

Please see attached pages for responses.

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.

Please see attached pages for responses.

6. Provide a description of the business plan for the services provided.

Please see attached pages for responses.

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.

Joanne M Dominguez

Print Name

Original Signature, no copies or stamps accepted

04/15/2026

Date

Board Use Only	Date Received: 4/21/26 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.

SECTION 6 RESPONSES

1. Description of Services

The pharmacist will provide non-dispensing clinical pharmacy services within the scope permitted under NAC 639.0124 and NAC 639.403. Services include Remote Patient Monitoring (RPM), Chronic Care Management (CCM), Comprehensive Medication Management (CMM), medication reconciliation, medication therapy management, medication regimen review for safety and efficacy, identification of drug interactions, therapeutic duplication, contraindications, adherence support, and patient education.

All services are provided under collaborative agreements with licensed Nevada physicians. No medications will be dispensed, administered, or stored at the practice site.

2. Types of Patients

Services will be provided to adult patients enrolled through collaborating physician practices, primarily Medicare beneficiaries with two or more chronic conditions, including but not limited to hypertension, diabetes, cardiovascular disease, COPD, and other chronic conditions requiring ongoing medication management and monitoring.

The pharmacist does not independently diagnose conditions and operates within physician-directed care plans.

3. Resources

This practice will operate as an electronic-only record system. No paper records containing protected health information will be routinely created or maintained.

Electronic resources include a HIPAA-compliant clinical platform (Prevounce) for RPM and CCM services, secure Microsoft Office or Google email, encrypted computer systems, secure cloud-based storage, and a secure business phone system (Talkroute).

Clinical resources include evidence-based guidelines and electronic drug information databases.

Written policies and procedures, HIPAA compliance documentation, and administrative materials will be maintained electronically and securely.

4. Policy When Pharmacist is Unavailable

If the pharmacist is unavailable, patients will be instructed to contact their primary care provider for medical concerns or dial 911 in the event of an emergency.

The collaborating physician practice retains responsibility for medical decision-making and continuity of care.

Automated communication systems provide appropriate guidance to patients when necessary.

5. Confidentiality and Security of Patient Data

All patient information is maintained in compliance with HIPAA, HITECH, and applicable federal and Nevada laws.

Safeguards include encrypted systems, password protection, multi-factor authentication, role-based access controls, and secure cloud-based storage as appropriate. Business Associate Agreements are maintained with all vendors.

This practice will operate using electronic-only PHI systems. No patient data is stored on unsecured or personal devices.

6. Business Plan

This business will operate as a pharmacist-led clinical services model providing Remote Patient Monitoring (RPM) and Chronic Care Management (CCM) services under collaborative practice agreements with licensed Nevada physicians.

All services are provided remotely via secure, HIPAA-compliant communication systems and are performed in coordination with, and under the supervision of, the collaborating physician(s). The pharmacist provides medication management, monitoring, and clinical recommendations, while all medical decision-making, diagnosis, and prescribing authority remain with the physician.

The physician practice is responsible for referring patients for enrollment and billing under applicable Medicare CPT codes. The pharmacist delivers clinical services as part of the care team pursuant to these agreements.

This is a non-dispensing practice. No medications are stored, dispensed, or administered at the practice site. The model is compliant with NAC 639.403 and all applicable federal and state laws.

4CCC

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: ProRx

Physical Address: 619 Jeffers Circle

City: Exton State: PA Zip Code: 19341

Telephone: 484-696-1766 Fax: _____

Toll Free Number: 888-345-3465 (Required per NAC 639.708)

E-mail: compliance@prorxpharma.com Website: www.prorxpharma.com

Supervising Pharmacist: Albert Fuchs Nevada License #: 24948

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: 10/15/25 Amount: $500 - MO 38101864533

FEI Number (From FDA application): 87-1305547

Please provide the name of the facility as registered with the FDA and the registration number:
ProRx LLC

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
ProRx, ProRx Pharma

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Albert Fuchs Nevada License Number: 24948

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.

Amanda Harris

Original Signature of Person Authorized to Submit Application, no copies or stamps

Amanda Harris — Print Name of Authorized Person

10/10/2025 — Date

OWNERSHIP IS A PUBLICY TRADED COMPANY

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

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

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.

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Pennsylvania

Parent Company if any: US Pharmacy Holdings LLC

Address: 619 Jeffers Circle

City: Exton State: PA Zip: 19341

Telephone: 484-696-1766 Fax: _____

Contact Person: Mark L'Hommedieu

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Christie Cover [redacted]
Name Address

b) Mark L'Hommedieu [redacted]
Name Address

c) Fabian Calvo [redacted]
Name Address

d) Kurt Lunkwitz [redacted]
Name Address

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

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

619 Jeffers Circle
Exton, PA 19341
Ph: (484) 696-1766

To Whom It My Concern,

In response to question 2 on the Outsourcing Application, ProRx has been denied licensure in Iowa due to lack of inspection. At the time we submitted our application, we had the 483 and subsequent warning letter from the prior ownership, no state inspection was available due to Pennsylvania Department of Health having a policy to not perform inspections.

Please let us know if any additional information is needed.

Thank you,
Amanda Harris
Compliance Manager
[redacted]
compliance@prorxpharma.com

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 1/13/2026

- 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: ProRx

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? [6]	Action Based on Last Inspection [4,5]	Intends to Compound S Drugs From Bulk Substar
ProRx LLC, Exton, PA	Mark L'Hommedieu [redacted]	4/27/2022	11/22/2024	9/19/2025	Yes (/media/190142/download?attachment)	No	Open[7]	Yes

Showing 1 to 1 of 1 entries (filtered from 93 total entries)

Previous 1 Next

Feedback

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 (/node/363232) 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 (/node/363232).
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.

Was this page helpful? * (required)

Yes

No

Submit

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
US Customhouse Rm900 200 Chestnut St Philadelphia, PA 19106 (215)597-4390 Ext:4200 Fax:(215)597-0875	9/9/2025-9/19/2025* FEI NUMBER 3022250654

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED
Gregory G. Gaiser, Senior Vice President

FIRM NAME	STREET ADDRESS
ProRx LLC	619 Jeffers Cir
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Exton, PA 19341-2540	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 failed to investigate media fill vials with positive microbial growth. Operators ST and RC conducted three media fill batches on consecutive days (March24 -26, 2025), with each operator required to fill three trays of vials per batch for qualifying operators for aseptic production. On April 8, 2025, positive microbial growth was reported for one vial from the first batch of each operator from the March 24, 2025 media fill batch. No positive growth was reported in the March 25 or the March 26, 2025 media fill batches. Your firm did not investigate the root cause of the positive growth events and did not perform microbial identification of the affected vials. Despite these contamination events, both operators were subsequently qualified for aseptic operations.

B. Despite positive environmental monitoring results in the ISO 5 area, your firm released batches of drug products intended to be sterile without investigation or scientific justification. For example, your firm reported microbial growth during environmental monitoring of the ISO 5 area and performed microbial identification, as follows:

- Semaglutide 10 mg/4 mL, Lot# PRORX050925-1, Mfg. Date: May 9, 2025, BUD: November 5, 2025 - 1 CFU of Corynebacterium sp. detected on left fingertips.
- Semaglutide 10 mg/4 mL, Lot# PRORX051425-6, Mfg. Date: May 14, 2025, BUD: November

Taichun Qin
Investigator
Signed By: FDA
Date Signed: 09-19-2025
GMT-4

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE		DATE ISSUED
	Taichun Qin, Investigator	X	9/19/2025

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
US Customhouse Rm900 200 Chestnut St Philadelphia, PA 19106 (215)597-4390 Ext:4200 Fax:(215)597-0875	9/9/2025-9/19/2025* FEI NUMBER 3022250654

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Gregory G. Gaiser, Senior Vice President	
FIRM NAME ProRx LLC	STREET ADDRESS 619 Jeffers Cir
CITY, STATE, ZIP CODE, COUNTRY Exton, PA 19341-2540	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

10, 2025 - 1 CFU of Bacillus subtilis detected on left fingertips.

- Semaglutide 5 mg/2 mL, Lot# PRORX052125-4, Mfg. Date: May 21, 2025, BUD: November 17, 2025 - 1 CFU of Bacillus filamentosus detected on left fingertips.
- Tirzepatide 27 mg/3 mL, Lot# PRORX08062025-3, Mfg. Date: August 6, 2025, BUD: April 3, 2026 - 1 CFU of Bacillus subtilis detected on right fingertips.
- Semaglutide 12.5/5ml, Lot# Prorx04282025@3, Mfg: April 28, 2025, BUD: October 25, 2025 - 2 CFUs of Bacillus subtilis detected on the settle plate.
- Semaglutide Injection, 5 mg/2 mL (2.5 mg/ml), Lot# Prorx041125@3, Mfg: April 11, 2025, BUD: October 8, 2025 - 1 CFU detected on the settle plate

No documented investigations were conducted for these positive results. Your firm released the affected batches based on the rationale that the microorganisms were not highly pathogenic, without neither adequate consideration of sterility assurance nor whether organisms would be pathogenic if injected into the body, especially for patients that are or might be immune compromised. Additionally, your firm failed to conduct microbial identification testing for Semaglutide Injection, 5 mg/2 mL (2.5 mg/ml), Lot# Prorx041125@3.

Your firm identified positive microbial growth within ISO 5 areas during monthly environmental monitoring - 2 CFUs of Bacillus subtilis and Calcarisporium cordycipiticola recovered from surface sampling on April 11, 2025. The surface sampling was conducted after cleaning of the ISO 5 hoods, as confirmed by the responsible personnel. Your firm produced three batches on that day - Semaglutide 5mg_2mL, Lot# Prorx041125-3, NAD+ 1200mg_6mL, Lot# Prorx04112025@1, and NAD+ 1200mg_6mL, Lot# Prorx04112025@2. All affected batches were released and distributed to your customers without an investigation.

C Your firm failed to investigate microbial growth exceeding action levels in the ISO 7 and ISO 8 areas during environmental monitoring, personnel monitoring, and gown qualification. For example, Operator DK exhibited the following microbial recoveries during gowning on May 29, 2025: 7 CFU from the fingertips, 17 CFUs on the left gown, and 20 CFUs on the right gown. No investigation was conducted

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Taichun Qin, Investigator	X	DATE ISSUED 9/19/2025

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
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NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Gregory G. Gaiser, Senior Vice President	
FIRM NAME ProRx LLC	STREET ADDRESS 619 Jeffers Cir
CITY, STATE, ZIP CODE, COUNTRY Exton, PA 19341-2540	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

for this nonconformance. On January 16, 2025, air sampling of the ISO 7 area detected 1 CFU of Trichoderma orientale (mold) during the production of Tirzepatide 60 mg/3 mL. No investigation was initiated or for other similar occurrences.

D. The investigation of positive environmental monitoring results for mold detected on operators' fingertips while working in the ISO 5 area was inadequate, as described below.

- Semaglutide 6 mg/2.4 mL, Lot# PRORX051425-1, Mfg. Date: May 14, 2025, BUD: November 10, 2025 - 1 CFU of Aspergillus niger detected on left fingertips and 2 CFUs of Kocuria turfanensis and Aspergillus eucalypticola/tubinensis/vadensis detected on right fingertips.
- Semaglutide 2.5 mg/1 mL, Lot# PRORX051525-6, Mfg. Date: May 15, 2025, BUD: November 11, 2025 - 2 CFUs of Brevibacterium frigoritolerans and Aspergillus niger detected on right fingertips.

Despite mold detected on two consecutive days during personnel monitoring, your investigation indicated that the positive results posed no risk to patients or products, and only minimal risk to the process given the passing sterility test results of finished products. Additionally, your investigation failed to extend to other batches produced by the affected operators during the same period to date. Your firm produced batches on April 14 and April 15, 2025, which were released and described as follows:

- Semaglutide 6mg/2.4mL , Lot# Prorx051425-2, BUD: November 14, 2025
- Semaglutide 6mg/2.4mL, Lot# Prorx051425-3, BUD: November 14, 2025
- Semaglutide 6mg/2.4mL, Lot# Prorx051425-4, BUD: November 14, 2025
- Semaglutide 10mg/4mL, Lot# ProRx051425-5, BUD: November 14, 2025
- Semaglutide 10mg/4mL, Lot# ProRx051425-6, BUD: November 14, 2025
- Semaglutide 8mg/3.2mL, Lot# Prorx051525-1, BUD: November 15, 2025
- Semaglutide 8mg/3.2mL, Lot# Prorx051525-2, BUD: November 15, 2025
- Semaglutide 8mg/3.2mL, Lot# Prorx051525-3, BUD: November 15, 2025

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Taichun Qin, Investigator X	DATE ISSUED 9/19/2025

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
US Customhouse Rm900 200 Chestnut St Philadelphia, PA 19106 (215)597-4390 Ext:4200 Fax:(215)597-0875	9/9/2025-9/19/2025* FEI NUMBER 3022250654

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Gregory G. Gaiser, Senior Vice President	
FIRM NAME ProRx LLC	STREET ADDRESS 619 Jeffers Cir
CITY, STATE, ZIP CODE, COUNTRY Exton, PA 19341-2540	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

- Semaglutide 8mg/3.2mL, Lot# Prorx051525-4, BUD: November 15, 2025
- Semaglutide 2.5mg/1mL, Lot# Prorx051525-5, BUD: November 15, 2025

E. Investigation of non-conformance results significantly exceeded the required timeframe without justification. Your firm established a due date of July 2, 2025, for investigating positive environmental monitoring results involving mold detected on operators' fingertips on June 11. 2025 during production of Semaglutide 6 mg/2.4 mL, Lot# PRORX051425-1, and Semaglutide 2.5 mg/1 mL, Lot# PRORX051525-6. The investigation has not been closed; however, no justification was documented and approved for the extended investigation timeline.

OBSERVATION 2

Aseptic processing areas are deficient regarding the system for monitoring environmental conditions.

Specifically,

Environmental monitoring during aseptic production of sterile drug products is inadequate, as described below:

• Non-viable particle counting in ISO Class 5 LAFH or BSC is conducted only every six months during clean room certification by a third-party company, according to SOP 03-05.02, "Viable and Non-Viable Sampling," dated February 2025. The two most recent clean room certifications were issued on August 13, 2024, and March 19, 2025, during which non-viable particles were measured in the ISO Class 5 hoods; however, no non-viable particle monitoring is conducted during routine batch processing.

• Although settle plates are used during production of each batch, active air monitoring is conducted only monthly per the SOP; however, the Viable Air Sampling Log shows that viable air sampling was

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Taichun Qin, Investigator X	DATE ISSUED 9/19/2025

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US Customhouse Rm900 200 Chestnut St Philadelphia, PA 19106 (215)597-4390 Ext:4200 Fax:(215)597-0875	9/9/2025-9/19/2025* FEI NUMBER 3022250654

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CITY, STATE, ZIP CODE, COUNTRY Exton, PA 19341-2540	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

not performed in January, February, and May 2025. No active air monitoring is conducted during routine batch processing.

• Surface monitoring is performed on a monthly basis per the SOP; however, the surface Sampling Log shows that surface monitoring was not performed in January, July, and August 2025. No surface sample monitoring is conducted during routine batch processing.

On September 9, 2025, it was observed that non-viable particles, active air, and surface samples were not monitored during aseptic processing of Tirzepatide Injection 45 mg/2.5 mL, Lot# Prorx09092025@2; Tirzepatide Injection 45 mg/2.5 mL, Lot# Prorx09092025@3; and Glutathione 2,000 mg/10 mL, Lot# Prorx092025@8.

Your firm produced 139 batches of sterile drug products from June 2, 2025, to September 9, 2025.

OBSERVATION 3

Procedures designed to prevent microbiological contamination of drug products purporting to be sterile are not established, written and followed.

Specifically,

A. Aseptic techniques were not adequately demonstrated during aseptic processing operations. On September 9, 2025, during the production of Tirzepatide Injection 45 mg/2.5 mL, Lot# Prorx09092025@2; Tirzepatide Injection 45 mg/2.5 mL, Lot# Prorx09092025@3; and Glutathione 2,000 mg/10 mL, Lot# Prorx092025@8, the following deficiencies were observed:

• The operator working in the ISO Class 5 area disrupted unidirectional airflow by extending their forearms over the container to retrieve each stopper and place it onto a vial during the stoppering process inside the ISO Class 5 hood

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Taichun Qin, Investigator X	DATE ISSUED 9/19/2025

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
US Customhouse Rm900 200 Chestnut St Philadelphia, PA 19106 (215)597-4390 Ext:4200 Fax:(215)597-0875	9/9/2025-9/19/2025* FEI NUMBER 3022250654

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Gregory G. Gaiser, Senior Vice President	
FIRM NAME ProRx LLC	STREET ADDRESS 619 Jeffers Cir
CITY, STATE, ZIP CODE, COUNTRY Exton, PA 19341-2540	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

• An operator working in the ISO Class 5 area had exposed forehead skin.

• The operator with exposed forehead returned to the ISO Class 8 gowning area to readjust safety goggles and subsequently reentered the ISO Class 7 buffer room without changing garments.

• During the gowning process, personnel in the unclassified area opened the door twice to pass supplies to an operator who was donning sterile garments.

• Cart wheels were not disinfected when moving from unclassified areas to the ISO Class 8 gowning room or when moving from the ISO Class 8 gowning room to the ISO Class 7 buffer room.

• An operator cut open the outer packaging of stoppers in the ISO Class 7 area. The inner bag was then transferred from the ISO 7 area into the ISO Class 5 laminar airflow workstation (LAFW) without surface disinfection. The inner bag of stoppers could be held for up to one hour within the ISO 7 area before being transferred into the operator working in the ISO Class 5 area.

• An operator working in the ISO Class 7 area transfered stopper bags into the ISO Class 5 LAFW and cut open the packaging using non-sterilized scissors that were routinely stored in the ISO Class 7 area although it was wiped with sterile 70% IPA wipe prior to use.

Your firm produced 139 batches of drug products intended to be sterile from June 2, 2025, to September 8, 2025.

OBSERVATION 4

Procedures designed to prevent microbiological contamination of drug products purporting to be sterile did not include adequate validation of the aseptic and sterilization process.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
US Customhouse Rm900 200 Chestnut St Philadelphia, PA 19106 (215)597-4390 Ext:4200 Fax:(215)597-0875	9/9/2025-9/19/2025* FEI NUMBER 3022250654

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Gregory G. Gaiser, Senior Vice President	
FIRM NAME ProRx LLC	STREET ADDRESS 619 Jeffers Cir
CITY, STATE, ZIP CODE, COUNTRY Exton, PA 19341-2540	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

Specifically,

A. Your media fill studies did not simulate the aseptic vial manufacturing process under worst-case conditions, as described below.

• Personnel media fill studies do not simulate the batch production process. Personnel media fill qualification is conducted quarterly for each operator with multiple operators involved in a single media fill, with each individual operator filling few trays of vials (up to 96 vials) and stoppering those filled vials. For example, six operators conducted personnel media fill qualification on June 2, 2025, with each individual filling and stoppering three trays from a batch of 2,880 vials (10 mL/vial). However, during batch production, two operators work together within the ISO Class 5 Laminar Airflow Hood (LAFH) or Biological Safety Cabinet (BSC) - one operator responsible for filling all vials of a batch (up to 30 trays of 2,880 units) and the other for stoppering. Operators who pass the initial media fill are qualified to work in the ISO Class 5 area to produce drug products intended to be sterile.

• Process validation media fills do not fully represent the batch production process under worst-case conditions. Your firm completed 12 media fill batches for process validation with two operators working within the ISO Class 5 LAFH or BSC simultaneously during media fill; however, the number of units filled, duration, and batch size do not simulate the batch production process. For example, a single operator filled 30 vials (30.4 mL/vial) per media fill unit Prorx06172025@3 dated June 17, 2025, while six operators filled 2,496 vials (6 mL/vial) per Prorx03242025 dated April 10, 2025. During routine aseptic processing, a single operator could fill up to 2,880 vials (6 mL/vial) for a batch.

B. Growth promotion testing has not been conducted for agar plates used for environmental monitoring, including settle plates, surface samples, and personnel monitoring.

C. Autoclave sterilization qualification is inadequate because biological indicators are not used for

Taichun Qin
Investigator
Signed By: 2001874848
Date Signed: 09-19-2025
09:49:33

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qualification. According to the "Qualification Mapping Analyses and Open-Door Study and Autoclave Sterility Study, Validated_PRX7008" dated February 10, 2025, temperature mapping results met acceptance criteria; however, no biological indicators were used for qualification of Autoclave A-027. This equipment is used for sterilization of utensils such as tweezers and scissors used in the ISO Class 5 area. The tweezers are used to add stoppers to vials during the filling of drug products intended to be sterile.

OBSERVATION 5

The quality control unit lacks responsibility to approve and reject all procedures or specifications impacting on the quality of drug products.

Specifically,

A. Your firm is constructing a new facility within the same building to manufacture sterile and non-sterile products, separated from the current sterile facility by only a wall. Construction activities (e.g., cleanroom build-out, equipment installation, floor renovation, and wall demolition) are ongoing while sterile manufacturing continues. No change control or risk assessment has been initiated. These activities pose a risk of cross-contamination and loss of environmental control due to particulate and microbial intrusion, personnel and material movement, and disruption of facility integrity.

B. Your firm has not adequately qualified operators conducting visual inspections of drug products intended to be sterile. For example, Operator DK performed visual inspection of Tirzepatide 72 mg/4 mL on September 10, 2025; however, operator visual qualification was based solely on eye examination records from physicians rather than comprehensive visual inspection competency testing, including using qualification kits containing critical, major and minor defects.

C. Visual inspection failed to accurately classify vial defects that were approved by the quality unit. For

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example, the batch record for Semaglutide 5 mg/2 mL, Lot# PRorx04112025@3, documented 4 fibers and 2 white particles, which were classified as minor. However, in the batch record for Semaglutide 12.5 mg/5 mL, Lot# 042825@3, white particles were classified as major. Despite this inconsistency, both batches were reviewed and approved by the quality unit.

D. Your firm conducted 100% visual inspection of finished vials for each batch; however, no inspection using statistical sampling methods (e.g., AQL inspection) is performed by the Quality Unit as part of batch release.

OBSERVATION 6

Aseptic processing areas are deficient regarding the system for cleaning and disinfecting the room and equipment to produce aseptic conditions.

Specifically,

A. Your firm has not conducted disinfectant efficacy studies for disinfectants used in the cleaning and disinfection of ISO Class 5 LAFH or BSC and cleanroom environments. The production operators used 70% isopropyl alcohol (IPA) for disinfecting supply surfaces and daily cleaning and disinfection of ISO Class 5 hoods, while TBI-3300 is used for weekly disinfection and Peridox is used for monthly disinfection of cleanrooms and ISO Class 5 hoods; however, your firm has not performed disinfectant efficacy studies for these disinfectants, despite various microorganisms exceeding action levels, including mold detected in both ISO 5 and ISO 7 areas during aseptic processing.

B. The floor of the ISO Class 7 buffer room equipped with an ISO Class 5 LAFH and BSC showed significant visible sporadic discoloration, the cause of which remains unknown.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

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CITY, STATE, ZIP CODE, COUNTRY Exton, PA 19341-2540	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

OBSERVATION 7

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 labels of your outsourcing facility's drug products do not include information required by section 503B(a)(10)(A). Specifically, the following information is not found on your drug product labels:

A. The established name of the drug; Examples of your drug product labels that do not contain this information, include but are not limited to:

- NAD+ Injection 1200 mg (200 mg/mL), 6 mL Multidose Vial

B. The statement "Not for resale." Examples of your drug product labels that do not contain this information, include but are not limited to:

- Tirzepatide Injection 45 m/2.5 mL (18 mg/mL), 2.5 mL Multidose Vial
- NAD+ Injection 1200 mg (200 mg/mL), 6 mL Multidose Vial
- Glutathione Injection 2000 mg (200 m/mL), 10 mL Multidose Vial

***DATES OF INSPECTION**

9/09/2025(Tue), 9/10/2025(Wed), 9/11/2025(Thu), 9/12/2025(Fri), 9/15/2025(Mon), 9/16/2025(Tue), 9/17/2025(Wed), 9/18/2025(Thu), 9/19/2025(Fri)

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Taichun Qin, Investigator	X	DATE ISSUED 9/19/2025

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."

pennsylvania
DEPARTMENT OF HEALTH

(717) 787-4779

January 3, 2024

To Whom It May Concern:

This letter is in reference to a request for the Pennsylvania Department of Health Drug, Device, and Cosmetic (DDC) program's inspection policy for facilities located in Pennsylvania that manufacture, distribute, or retail drugs, devices or cosmetics. In Pennsylvania, neither the Pennsylvania Controlled Substance, Drug, Device and Cosmetic (PA-CSDDC) Law nor the Pennsylvania Wholesaler Prescription Drug Distributor Law (WPDD) mandate annual inspection for initial or renewed registration or licensure of facilities manufacturing, distributing, or retailing drugs, medical gases, or medical devices. Given no state law inspection mandate, inspections are prioritized based on variety of factors rather than a set timeframe in state law including but not limited to agency policies, type of enterprises/products, staffing, public safety, and possibly other related laws.

Complaints and related investigations are always given the highest inspection priority. Generally, onsite inspections for initial licensure of a prescription drug wholesaler are also highly prioritized. Conversely, those entities (i.e. drug manufacturers/repackagers/503Bs, DMEs) that are already inspected routinely or jointly overseen by a federal or national accrediting agency (i.e. FDA, DEA, Medicare/CMS, NABP/VAWD, etc.) are given lower inspection priority as well as entities handling only non-prescription/OTC products, or cosmetics. Interested parties are encouraged to seek or confirm information from related federal or national accreditation agencies, if applicable.

Please note, any registered or licensed facility may request an onsite inspection, though such requested inspections may be dependent on staffing availability and other priorities. The DDC program does complete affidavit/verification forms, upon request, noting if a facility is in good standing or has had any deficiency ratings or encumbered Pennsylvania DDC registration/license. Finally, please note, the DDC program does not register or license in-state virtual headquarters or "paper only offices" where no product is physically handled directly by the virtual entity. The DDC program may recognize such entities via certificate of record after verification of business and FDA filings, but the DDC program does not inspect in-state virtual manufacturers, virtual distributors, or office only headquarters.

If you have any questions on our laws or the registration requirements for our manufacturing/distributing facilities in Pennsylvania, please contact my office at the number shown above.

Sincerely,

Theresa A. Ritchie R.Ph.

Theresa Ritchie, R.Ph.
Pharm. Consultant & Mgr.
Drug, Device and Cosmetic Program
Email: ra-ddc@pa.gov

0014355209

COMMONWEALTH OF PENNSYLVANIA
Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722
Harrisburg, Pennsylvania 17105-8722
ANNUAL REPORT
Fee: $7

Pennsylvania Department of State
-FILED-
Amendment #: 0014355209
Date Filed: 4/24/2025

In compliance with the requirements of 15 Pa.C.S. § 146 (relating to annual report), the undersigned domestic or foreign association hereby states that:

Record Information

File number	0007321536
Business name	ProRx, LLC
Jurisdiction of formation	PENNSYLVANIA
Filing type	Domestic Limited Liability Company
Filing subtype	Limited Liability Company

Current Registered Office or Commercial Registered Office Provider

Address	619 JEFFERS CIRCLE EXTON, PA 19341 Chester

Principal Office

Address	619 JEFFERS CIRCLE EXTON, PA 19341

Governor(s)

The name of at least one governor to this association.,Click on a row to edit. Use the delete button to remove any governors that are no longer serving.

Name of individual or entity
+ US PHARMACY HOLDINGS, LLC

Principal Officer(s)

The names and titles of the persons who are its principal officers, if any, as determined by its governors

Name of individual or organization	Position	Other Position
None Entered		

Electronic Signature

IN TESTIMONY WHEREOF, the association has caused this Annual Report to be signed by a duly-authorized representative

manager	*Mark L'Hommedieu*	*04/24/2025*
Signer's Capacity	Sign Here	Date

B0829-1311 04/24/2025 9:35 AM Received by Pennsylvania Department of State

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pennsylvania DEPARTMENT OF STATE

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Initial Forms

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Business Search

As of 01/21/2026 we have processed all business filings received in our office through 01/18/2026.

Business Search Info:

ProRx *

Advanced

Results: 1

Filing Information	Initial Filing Date	Status	Entity Type
ProRx, LLC (7321536)	06/28/2021	Active	Dome Limite Liabili Comp

ProRx, LLC (7321536)

File Annual Report | Request Certificate

Initial Filing Date	06/28/2021
Status	Active
Formed In	PENNSYLVANIA
Filing Type	Domestic Limited Liability Company
Filing Subtype	Limited Liability Company
Annual Report Due Date	09/30/2026
Principal Address	619 JEFFERS CIRCLE EXTON, PA 19341
Registered Office	619 JEFFERS CIRCLE EXTON, PA 19341 County: Chester
Governors	Governor US PHARMACY HOLDINGS, LLC

View History | Request Access

Skip to main content

Certificate of Registration

Certificate No. 1000004539
(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:

Manufacturer (Prescription)

PRORX LLC
DBA PRORX
619 JEFFERS CIRCLE
EXTON, PA 19341

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: November 18, 2024
Expiration Date: The Last Day of December, 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. 8000003206
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Category:

Wholesaler/Distributor

Drug & Device Registration

2525 N. 7th Street Suite 210D
Harrisburg, PA 17110
(717) 787-4779

PRORX LLC
DBA PRORX
619 JEFFERS CIRCLE
EXTON, PA 19341

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: November 18, 2024
Expiration Date: The Last Day of December, 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.

ProRx
A PHARMACEUTICAL OUTSOURCING FACILITY

LIST OF OWNERS

619 Jeffers Circle
Exton, PA 19341
904-616-7355
compliance@prorxpharma.com

ProRx is 100% owned by:

US Pharmacy Holdings, LLC
EIN: 33-1609877
1582 AIRPORT BLVD
PENSACOLA, FL 32504

Which is comprised of the following owners:

Christie Cover, Owner (21% Shareholder)
DOB: [redacted]

Mark L'Hommedieu, Owner and Manager (21% Shareholder)
DOB: [redacted]

Jackie Ducci, Owner
DOB: [redacted]

Brian Angel, Owner
DOB: [redacted]

Fabian Calvo Owner and Manager (10.3% Shareholder)
DOB: [redacted]

Kurt Lunkwitz, Owner (10.3% Shareholder)
DOB: [redacted]

Nicholas Mathews, Owner
DOB: [redacted]

Jessica Hutto, Owner
DOB: [redacted]

Brett Cyprus, Owner
DOB: [redacted]

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: ProRx LLC dba ProRx

NV Pharmacy or Outsourcing facility license # (if applicable): pending

Physical Address: 619 Jeffers Circle

City: Exton State: PA Zip: 19341

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 1-888-345-3465 Toll Free # (NAC 639.708, NRS 639.23286): 1-888-345-3465

Fax: _____ Contact Email: compliance@prorxpharma.com

Website: www.prorxpharma.com

Nevada Business License # (if applicable) pending

Supervising/Managing Pharmacist Name (NRS 639.220): Albert Fuchs

Supervising/Managing Pharmacist NV Pharmacist Registration #: 24948

Name of Designated Person(s) as defined by revised USP-797 guidelines: Albert Fuchs

Email of Designated Person(s): al@prorxpharma.com

Telephone of Designated Person(s): 252-623-9751

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? November, 2025

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? Weekly surface sampling

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:

Cyanocobalamin10mg, Glutathione 2000mg, Glutathione 6000mg, MIC (Methionine, Inositol, Choline), NAD+ 1000mg NAD+ 1200mg, NAD+ 1200mg, NAD+ 500mg, NAD+ 500mg, Phenylephrine 2mg, Sermorelin 15mg, Sermorelin 6mg, Sermorelin 8mg, Sermorelin 9mg, Tirzepatide 10mg/1mL, Tirzepatide 18mg/2mL, Tirzepatide 20mg/2mL, Tirzepatide 27mg/3mL, Tirzepatide 30mg/3mL, Tirzepatide 36mg/2mL, Tirzepatide 40mg/2mL, Tirzepatide 45mg/2.5mL, Tirzepatide 50mg/2.5mL, Tirzepatide 60mg/3mL, Tri-Mix 100 (Papaverine, Phentolamine, Alprostadil), Tri-Mix 100 (Papaverine, Phentolamine, Alprostadil), Tri-Mix 100 (Papaverine, Phentolamine, Alprostadil), Tri-Mix 200 (Papaverine, Phentolamine, Alprostadil), Testosterone Oral

12. What laboratory performs your sterility or endotoxin testing?

Name: Prompt Praxis

Address: 150 N Fairway Dr

City: Vernon Hills State: IL Zip: 60061

Telephone: (847) 859-3850

13. What is your procedure for visual inspection of compounded sterile products?
All compounded sterile products undergo 100% visual inspection by qualified visual inspectors. This involves inspecting the vial against a calibrated light board for 5 seconds against a black background, 5 seconds against a white background and inspection of container closure/external vial. Any vials with defects are documented, removed from the batch, and transferred to Quality for defect classification. After 100% visual inspection has occurred, secondary acceptance sampling occurs where a qualified Pharmacist in Charge, Quality Unit Member, or Visual Inspection Manager visual inspects a random sampling of the batch following the same guidelines as the initial visual inspection, any defects reported during acceptance sampling are reviewed and classified, results outside of specification are documented in a deviation and held in quarantine while the Quality Unit performs an investigation.

14. How often do you perform glove fingertip and medial fill testing?
Media Fill testing and fingertip testing occurs every 6 months, unless otherwise needed due to technician deviation.

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
All technicians are required to complete all Compounding Quality Center of Excellence Self-Guided Online Trainings, in addition to internal training and competencies for: aseptic technique, stoppering, hand hygiene and garbing, material staging, GDP, visual inspection, labeling, and process qualification. Trainings occur annually, or if deemed necessary due to any technician deviation. Additionally, all technicians are required to demonstrate aseptic technique in garbing through plate testing and media fill every 6 months.

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:
See attached SOP CSP-050 Sterile Compounding Area Cleaning

17. Who performs the sterile compounding process at your facility?

Qualified pharmacists and qualified technicians.

18. Who is responsible and accountable for the sterile compounding process at your facility?
Pharmacists and Operations Manager.

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Products have undergone shipment studies to ensure proper temperature controls. All shipments have specified packing materials, and ice packs if needed. All shipments are done overnight for product integrity.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? Laminar Flow Hood, Colanar		
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?

As a 503B we do not provide information to patients. All hazardous drugs compounded fall under controlled drug/scheduled drug guidelines and must be disposed of following DEA guidelines.

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?
In addition to the requirements for technicians to compound (complete all Compounding Quality Center of Excellence Self-Guided Online Trainings, in addition to internal training and competencies for: aseptic technique, stoppering, hand hygiene and garbing, material staging, GDP, visual inspection, labeling, and process qualification), technicians must complete SoleSource Academy trainings for USP 800, including proper handling of hazardous drugs, garbing including the use of a respirator, compounding principles, containment, and spill management.

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:
Testosterone

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?
Initially technicians must perform 3 consecutive, successful garbing, fingertips, and media fill testing prior to being approved for the compounding of batches. After initial qualification, technicians are requalified 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?
This occurs during every batch.

5. What is the frequency for completing surface sampling? Surface sampling occurs weekly, towards the end of a batch prior to cleaning.		
6. What is the frequency for using sporicidal agents? Weekly and monthly, during weekly and monthly cleanings.		
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

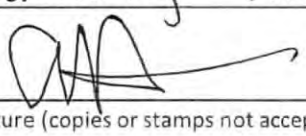
I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion 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.

Amanda Harris

Name of Person who Completed the Form

Quality Unit Manager

Title



Signature (copies or stamps not accepted)

16Jan2026

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

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A PHARMACEUTICAL OUTSOURCING FACILITY

CSP-050
Sterile Compounding Area Cleaning

Original Document Date:	16OCT2025	Revision No.:	0
Role	**Name (Print)**	**Signature**	**Date**
Author	Ashley Hernandez	Ashley Hernandez	22OCT2025
Reviewer	Jennifer Wagner		22OCT2025
(QA) Approver	Jessica Boric		22OCT2025
Effective Date:	22 OCT 25		

CSP-050 Sterile Compounding Area Cleaning

SCOPE

1. This Policy and Procedure applies to all sterile facility operations.

PURPOSE

1. To describe, standardize and define the process by which the controlled environments (ISO Class 5, 7, and 8) and the general preparation area(s) are cleaned, disinfected, and maintained to ensure an environment suitable for compounding sterile preparations.

RESPONSIBILITY

1. The Pharmacist-in-Charge (PIC)/Quality Unit Manager or designee is responsible for ensuring compliance with this policy and procedure along with Facility Management.

POLICY

1. This policy defines the Sterile Compounding Area cleaning and disinfection of the ISO Class 7 buffer rooms, ISO Class 8 anteroom, as well as the associated Primary Engineering Controls (PECs) such as, but not limited to, Laminar Air Flow Hoods.
2. The leadership will designate appropriate cleaning, disinfection, and sporicidal agents based upon careful consideration of compatibility, effectiveness, and inappropriate or toxic residues.
3. Cleaning agents shall be used alone and are not to be combined with other cleaning agents.
4. Cleaning agents are to be used in the concentrations specified in this policy and procedure.
5. Ideally, cleaning of the general compounding area (buffer area/clean room and anteroom) should occur at the end of compounding day to prevent any component residue from sitting overnight and promoting bacterial growth.
6. If cleaning occurs at the start of the compounding day, adequate time must be given to allow all cleaned surfaces to dry PRIOR to starting any compounding activity.
7. If any compounding occurs during after-hours conditions (on-call situation), additional cleaning may occur at the start of the next business day.
8. Cleaning and disinfection of the controlled environments will not be performed while compounding is taking place.

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9. Facility compounding personnel must ensure that cleaning is being performed properly by personnel who have been adequately trained on this policy as well as on Hand Hygiene and Garbing.
10. All personnel who perform cleaning and disinfecting functions in Sterile Compounding Areas must successfully complete both of the following and in this order:
    a. Competency Assessment: Hand Hygiene and Garbing
    b. Competency Assessment: Cleaning and Disinfecting
11. Cleaning of the buffer area/clean room and anteroom may be performed by trained custodial/housekeeping personnel.
12. Custodial/housekeeping personnel may not clean ISO Class 5 PECs.
13. Cleaning equipment and supplies:
    a. Shall be stored in a designated area to ensure segregation from compounding supplies.
    b. Materials used (wipers, sponges, mops, etc.) must be non-shedding and preferably composed of synthetic microfibers.
    c. Materials used must be dedicated to use in particular areas (buffer area/clean room, ante room) and will not be moved from these areas except for disposal.
    d. Floor mops may be used in both the buffer area/clean room and the anteroom if used in that order.
    e. Ideally, all cleaning materials are to be discarded after one use.
    f. For any reusable cleaning equipment:
        i. Hang mops vertically to promote drying when not in use.
        ii. Buckets must be inverted and allowed to dry.
        iii. The manufacturer's instructions on the product used must be followed to ensure that the effectiveness of the device is maintained, and that repeated use does not add to the bioburden of the areas cleaned.
14. Since disinfectant solutions are irritants and can damage the skin and eyes, the Personal Protective Gowning and Gloving procedure, which stipulates eye protection must be worn when compounding and during cleaning of ceiling and walls, must be followed.
15. Safety Data Sheets (SDSs) must be readily available for reference in the facility for all disinfectants used in the cleaning and disinfecting process.
16. Tacky Mats:
    a. Are optional.
    b. Are never to be placed within the ISO-Classed areas.
    c. If used, must be placed at the entrance to controlled areas within the

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compounding area to remove debris from personnel and equipment as they enter these areas.

d. If used, the Pharmacist-in-Charge (PIC)/Quality Unit Manager or designee will determine the location of the tacky mats depending on workflow and room configuration.
e. If used, tacky mats must be changed frequently as they become soiled. Frequency of the mat change is determined by organizational policy but no less frequently than daily when compounding is in process and change may be required more frequently depending on need.

17. Any compounding equipment (i.e., automated compounders, devices, or pumps) placed into ISO Class 5 PECs is subject to the same cleaning requirements as the LAFW and BSC itself.
18. The PEC's blower(s) shall remain on continuously except for maintenance.
19. If any equipment or device used to compound sterile preparations is removed from the ISO Class 7 buffer area/clean room, it must be properly cleaned and disinfected prior to being placed back into service within that environment.

Note: There is no scientific basis at the time of this policy writing to suggest that alternation of cleaning agents is necessary. The possibility of producing germicidal resistant microorganisms does not apply to cleaning of controlled environments.

GENERAL INFORMATION:

1. Environmental contact is a major source of microbial contamination of CSPs, therefore, scrupulous attention to cleaning and disinfecting of the areas used for sterile compounding is required to reduce and minimize this potential source of CSP contamination.
2. The cleaning sequence will be from the cleanest environment progressing to the dirtiest. The PECs will be cleaned first, the SEC area second, the buffer area third, anteroom fourth and the non-classed prep areas last.
3. The PEC's blower(s) shall remain on continuously except for maintenance.
4. Minimum Frequency for Cleaning and Disinfecting Surfaces and Applying Sporicidal Disinfectants in Classified Areas
    a. Cleaning:
        i. Daily when compounding occurs:
            1. All interior surfaces of the PEC(s) and equipment inside the PEC(s)

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2. Pass-through chambers
3. Work surface(s) outside the PEC
4. Floor(s)

ii. Monthly when compounding occurs:
1. If applicable, removable work tray of the PEC
2. Exterior of the PEC
3. Wall(s), door(s), door frame(s), ledges, and overhangs
4. Ceiling(s)
5. Storage shelving and bin(s)
6. Equipment outside the PEC(s)

b. Disinfecting
i. Daily when compounding occurs:
1. All interior surfaces of the PEC(s) and equipment inside the PEC(s)
2. Pass-through chambers
3. Work surface(s) outside the PEC
4. Floor(s)

ii. Weekly when compounding occurs.
1. PEC(s) and equipment inside the PEC(s)
2. Pass-through chambers
3. Work surface(s) outside the PEC(s)
4. Floor(s)

iii. Monthly when compounding occurs:
1. If applicable, removable work tray of the PEC
2. Exterior of the PEC
3. Wall(s), door(s), door frame(s), ledges, and overhangs
4. Ceiling(s)
5. Storage shelving and bin(s)
6. Equipment outside the PEC(s)

c. Applying Sporicidal Disinfectant:
i. Peridox RTU dwell time is 3 minutes for mold, fungi, bacteria, viruses, and spores. 2). 503B on a weekly basis:
1. PEC(s) and equipment inside the PEC(s)
2. Pass-through chambers
3. Work surface(s) outside the PEC
4. Floor(s)

ii. 503B monthly:
1. Removable work tray of the PEC, when applicable
2. Exterior of the PEC

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3. Wall(s), door(s), and door frame(s)

iii. Ceiling(s)
iv. Storage shelving and bin(s)
v. Equipment outside the PEC(s)

DEFINITIONS:

1. Cleaning: Removing organic and inorganic material.
2. Cleaning Agent: An agent, usually containing a surfactant, used for the removal of substances (e.g., dirt, debris, microbes, and residual drugs or chemicals) from surfaces.
3. Deactivation: Render HD compounds inert or inactive.
4. Deactivation Agent: Materials that have been validated to be effective for HD decontamination, or through other materials proven to be effective through testing, which may include alcohol, water, peroxide, or sodium hypochlorite.
5. Decontamination: Remove HD residue.
6. Decontamination Agent: Materials that have been validated to be effective for HD decontamination, or through other materials proven to be effective through testing, which may include alcohol, water, peroxide, or sodium hypochlorite.
7. Disinfecting Agent: A chemical or physical agent used on inanimate surfaces and objects to destroy fungi, viruses, and bacteria.
8. Disinfection: Destroy microorganisms with an appropriate EPA-registered disinfectant and/or sterile alcohol.
9. Sporicidal Agent: A chemical or physical agent that destroys bacterial and fungal spores when used at a sufficient concentration for a specified contact time. It is expected to kill all vegetative microorganisms.

MATERIALS AND EQUIPMENT

1. Plastic/stainless steel mop handles suitable for mop heads used.
2. Low particulate shedding cellulose mops (reusable) or disposable micro-fiber mop heads 3. Sterile low particle shed wipes.
3. Sporicidal Disinfectant and Cleaner
4. Appropriate disinfectant agent
5. Sterile 70% IPA

PROCEDURE:

1. The PEC's blower(s) shall remain on continuously except for maintenance.
2. Personal Protective Gowning and Gloving procedures will be followed,

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which stipulate eye protection must be worn.

a. Gloves must be worn while cleaning walls and ceilings.
b. Cleaning must occur from the cleanest to the dirtiest areas. The lowest classroom or environment (i.e., ISO Class 5) must be cleaned before the ISO Class 7 buffer area/clean room followed by the ISO Class 7/8 anteroom, then the general preparation area.
c. General consideration when cleaning floors
    i. Clean floors after the ISO Class 5 areas, counters and other easily cleanable work surfaces have been cleaned and disinfected.
    ii. Begin at the location farthest from the buffer area/clean room entrance working toward the exit to avoid walking over cleaned areas.
    iii. Move any rollable carts, shelving and chairs as cleaning is accomplished.
    iv. Perform necessary restocking or other in room activities prior to cleaning and floor washing so that buffer area/clean room may be exited and allowed to dry and remain at rest until the next shift.
d. No high particle shedding materials may enter the buffer area/clean room. This includes corrugated cardboard. Paper documents (i.e., compounding worksheets and order forms) are allowed, but should be kept to a minimum.
e. No worksheets or order forms may enter the PEC environment at any time.
f. Document the cleaning procedure with initials and date on the appropriate log immediately upon completion of the task to ensure proper documentation.
g. If using traditional buckets to perform cleaning, allow the mops to soak in their respective buckets, in solution, for approximately five (5) minutes prior to the start of cleaning.

3. Daily Cleaning and Disinfection of the Controlled Environments:
    a. Perform Cleaning and Disinfection in the following order:
        i. Clean and disinfect all interior surfaces of the PEC(s) and equipment inside the ISO Class 5 PECs.
        ii. If applicable, the passthrough chambers
        iii. Clean and disinfect counters and easily cleanable work surfaces in the clean room/buffer area (stool tops, metro cart

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shelves, etc. (including underside, legs, and feet/wheels)).

iv. Discard all trash.
v. Clean and disinfect Waste Receptacle(s)
vi. Clean and disinfect floors by mopping in the buffer area/clean room from farthest point away from the door progressing toward the door to the anteroom while moving carts and shelving.
vii. Clean and disinfect easily cleanable work surfaces in the anteroom on the "clean side" of the line of demarcation.
viii. Clean and disinfect counters and easily cleanable work surfaces in the anteroom beyond the line of demarcation ("dirty side").
ix. Clean and disinfect floors by mopping the anteroom from the clean room/buffer area entrance to the exit door.
x. Perform any required daily cleaning of the general preparation area as required.

4. Monthly Cleaning, Disinfection and Sporicidal in the 503B Controlled Environments:
   a. Perform in the following order:
      i. Apply PeridoxRTU (sporicidal agent) to all interior surfaces of the PEC(s) and equipment inside the ISO Class 5 PEC(s).
      ii. Allow PeridoxRTU to remain in place for 3 minutes.
      iii. Remove sporicidal agent with appropriate agent.
   b. Clean and disinfect all interior surfaces of the PEC(s) and equipment inside the ISO Class 5 PEC(s0.
   c. If applicable, apply PeridoxRTU (sporicidal agent) to the removable work tray of the PEC. a. Allow PeridoxRTU to remain in place for 3 minutes.
      i. Remove sporicidal agent with appropriate agent.
   d. If applicable, clean and disinfect the removable work tray of the PEC.
   e. Apply PeridoxRTU (sporicidal agent) to work surface(s) outside the PEC (counters and easily cleanable work surfaces in the clean room/buffer area (stool tops, cart shelves, underside, legs, and feet/wheels)).
      i. a. Allow PeridoxRTU to remain in place for 3 minutes.
      ii. b. Remove sporicidal agent with appropriate agent.
   f. Clean and disinfect work surface(s) outside the PEC (counters and easily cleanable work surfaces in the clean room/buffer area (stool tops, cart shelves, underside, legs, and feet/wheels)).
   g. Apply PeridoxRTU (sporicidal agent) to Ceiling(s)

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i. Allow PeridoxRTU to remain in place for 3 minutes.
ii. Remove sporicidal agent with appropriate agent.

h. Clean and disinfect Ceiling(s)
i. Apply PeridoxRTU (sporicidal agent) to Wall(s), door(s), and door frame(s)
   i. Allow PeridoxRTU to remain in place for 3 minutes.
   ii. Remove sporicidal agent with appropriate agent.
j. Clean and disinfect Wall(s), door(s), and door frame(s)
k. If applicable, apply PeridoxRTU (sporicidal agent) to the passthrough chamber(s) a. Allow PeridoxRTU to remain in place for 3 minutes.
   i. b. Remove sporicidal agent with appropriate agent.
l. If applicable, clean and disinfect the passthrough chamber(s)
m. Apply PeridoxRTU (sporicidal agent) to Storage shelving and bin(s)
   i. Allow PeridoxRTU to remain in place for 3 minutes.
   ii. Remove sporicidal agent with appropriate agent.
n. Clean and disinfect Storage shelving and bin(s)
o. Discard all trash.
p. Apply PeridoxRTU (sporicidal agent) to Waste Receptacle(s)
   i. Allow PeridoxRTU to remain in place for 3 minutes.
   ii. Remove sporicidal agent with appropriate agent.
q. Clean and disinfect Waste Receptacle(s)
r. Apply PeridoxRTU (sporicidal agent) to floors.
   i. Allow PeridoxRTU to remain in place for 3 minutes.
   ii. Remove sporicidal agent with appropriate agent.
s. Clean and disinfect floor(s) by mopping floors in the buffer area/clean room starting from the farthest point away from the door progressing toward the door to the anteroom while moving carts and shelving.
t. Clean and disinfect easily cleanable work surfaces in the anteroom on the "clean side" of the line of demarcation.
u. Clean and disinfect sink and easily cleanable work surfaces in the anteroom beyond the line of demarcation ("dirty side").
v. Clean and disinfect floors by mopping them from the clean room/buffer area entrance to the exit door.
w. Perform daily cleaning of the general preparation area as required.

5. Routine Cleaning of the General Preparation Area:
   a. Though not part of the controlled environments, cleanliness and order is required in the General Preparation Area.
   b. The Pharmacist-in-Charge (PIC)/Quality Unit Manager or designee will

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stipulate how and when the general area is to be cleaned.

c. Document cleaning on the Cleaning Log for General Preparation Area

6. Three-time Cleaning of Controlled Environments:
   a. Three-time cleaning will be performed when the following conditions occur:
      i. Action levels are exceeded during environmental monitoring, air, or surface sampling procedures.
      ii. After any maintenance work performed in the clean room that would compromise environmental integrity.
   b. Three-time cleaning will include a sporicidal agent used according to its manufacturer's instructions allowing sufficient dwell time. (i.e.,anti-tuberculosis agent (TB1) / sporicide / alcohol)

ARCHIVING REQUIREMENTS

1. The QU has responsibility for archiving facility records according to Record Retention SOP RM-050.

DISTRIBUTION

1. The original SOP is retained by the QU. An electronic copy is made available to all employees.

TRAINING REQUIREMENTS

1. The Quality Unit, Department Management, and supervisory personnel must be trained on this procedure.

APPLICABLE DOCUMENT(S)

1. SOP: PT-030 Orientation, Training and Competency Evaluation of Compounding Personnel
2. SOP: PT-040 Aseptic Technique Overview
3. SOP: PT-050 Universal Precautions
4. SOP: PT-060 Sterile Compounding Hand Hygiene and Garbing Procedure
5. FORM: CSP-051 503B Sterile Daily Cleaning and Disinfection Log for IV Room(s) and Ante Area(s)
6. FORM: CSP-052 503B Sterile Weekly Cleaning and Disinfection Log for IV Room(s) and Anteroom(s)
7. FORM: CSP-053 Monthly Cleaning and Disinfection Log
8. FORM: CSP-054 Daily Cleaning and Maintenance Log for Non-Classed Areas

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9. FORM: CSP-055 Three Time Cleaning of Controlled Environments Log
10. FORM: PT-034 Competency Assessment: Cleaning and Disinfecting Sterile Area(s)

CGMP COMPLIANCE REFFERENCE

1. Subpart B-Organization and Personnel
    a. 211.2 Personnel Qualifications
    b. 211.28 Personnel Responsibilities (b)
2. Subpart C-Buildings and Facilities
    a. 211.42 Design and construction features (a, c10v)
    b. 211.46 Ventilation, air filtration, air heating and cooling (b)
    c. 211.56 Sanitation (a-b)
    d. 211.58 Maintenance
3. Subpart D-Equipment
    a. 211.67 Equipment (a-c)
4. Subpart J-Records and Reports
    a. 211.180 General Requirements
    b. 211.182 Equipment cleaning and use log
5. Current USP <797> PHARMACEUTICAL COMPOUNDING—STERILE PREPARATIONS 6. Current USP <800> HAZARDOUS DRUGS—HANDLING IN HEALTHCARE SETTINGS

ATTACHMENTS

1. None.

REVISION HISTORY

Revision:	Date of Change:	Reason for Change:
0	06NOV2024	Creation of SOP
1	22OCT2025	Format Change

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CSP-050
Sterile Compounding Area Cleaning

Original Document Date:	16OCT2025	Revision No.:	0
Role	**Name (Print)**	**Signature**	**Date**
Author	Ashley Hernandez	Ashley Hernandez	22OCT2025
Reviewer	Jennifer Wagner		22OCT2025
(QA) Approver	Jessica Boric		22OCT2025
Effective Date:	22 OCT 25		

ProRx, LLC
619 Jeffers Cir
Exton, PA 19341-2540

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CSP-050 Sterile Compounding Area Cleaning

SCOPE

1. This Policy and Procedure applies to all sterile facility operations.

PURPOSE

1. To describe, standardize and define the process by which the controlled environments (ISO Class 5, 7, and 8) and the general preparation area(s) are cleaned, disinfected, and maintained to ensure an environment suitable for compounding sterile preparations.

RESPONSIBILITY

1. The Pharmacist-in-Charge (PIC)/Quality Unit Manager or designee is responsible for ensuring compliance with this policy and procedure along with Facility Management.

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3. Cleaning agents shall be used alone and are not to be combined with other cleaning agents.
4. Cleaning agents are to be used in the concentrations specified in this policy and procedure.
5. Ideally, cleaning of the general compounding area (buffer area/clean room and anteroom) should occur at the end of compounding day to prevent any component residue from sitting overnight and promoting bacterial growth.
6. If cleaning occurs at the start of the compounding day, adequate time must be given to allow all cleaned surfaces to dry PRIOR to starting any compounding activity.
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9. Facility compounding personnel must ensure that cleaning is being performed properly by personnel who have been adequately trained on this policy as well as on Hand Hygiene and Garbing.
10. All personnel who perform cleaning and disinfecting functions in Sterile Compounding Areas must successfully complete both of the following and in this order:
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    b. Competency Assessment: Cleaning and Disinfecting
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12. Custodial/housekeeping personnel may not clean ISO Class 5 PECs.
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    b. Materials used (wipers, sponges, mops, etc.) must be non-shedding and preferably composed of synthetic microfibers.
    c. Materials used must be dedicated to use in particular areas (buffer area/clean room, ante room) and will not be moved from these areas except for disposal.
    d. Floor mops may be used in both the buffer area/clean room and the anteroom if used in that order.
    e. Ideally, all cleaning materials are to be discarded after one use.
    f. For any reusable cleaning equipment:
        i. Hang mops vertically to promote drying when not in use.
        ii. Buckets must be inverted and allowed to dry.
        iii. The manufacturer's instructions on the product used must be followed to ensure that the effectiveness of the device is maintained, and that repeated use does not add to the bioburden of the areas cleaned.
14. Since disinfectant solutions are irritants and can damage the skin and eyes, the Personal Protective Gowning and Gloving procedure, which stipulates eye protection must be worn when compounding and during cleaning of ceiling and walls, must be followed.
15. Safety Data Sheets (SDSs) must be readily available for reference in the facility for all disinfectants used in the cleaning and disinfecting process.
16. Tacky Mats:
    a. Are optional.
    b. Are never to be placed within the ISO-Classed areas.
    c. If used, must be placed at the entrance to controlled areas within the

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compounding area to remove debris from personnel and equipment as they enter these areas.

d. If used, the Pharmacist-in-Charge (PIC)/Quality Unit Manager or designee will determine the location of the tacky mats depending on workflow and room configuration.
e. If used, tacky mats must be changed frequently as they become soiled. Frequency of the mat change is determined by organizational policy but no less frequently than daily when compounding is in process and change may be required more frequently depending on need.

17. Any compounding equipment (i.e., automated compounders, devices, or pumps) placed into ISO Class 5 PECs is subject to the same cleaning requirements as the LAFW and BSC itself.
18. The PEC's blower(s) shall remain on continuously except for maintenance.
19. If any equipment or device used to compound sterile preparations is removed from the ISO Class 7 buffer area/clean room, it must be properly cleaned and disinfected prior to being placed back into service within that environment.

Note: There is no scientific basis at the time of this policy writing to suggest that alternation of cleaning agents is necessary. The possibility of producing germicidal resistant microorganisms does not apply to cleaning of controlled environments.

GENERAL INFORMATION:

1. Environmental contact is a major source of microbial contamination of CSPs, therefore, scrupulous attention to cleaning and disinfecting of the areas used for sterile compounding is required to reduce and minimize this potential source of CSP contamination.
2. The cleaning sequence will be from the cleanest environment progressing to the dirtiest. The PECs will be cleaned first, the SEC area second, the buffer area third, anteroom fourth and the non-classed prep areas last.
3. The PEC's blower(s) shall remain on continuously except for maintenance.
4. Minimum Frequency for Cleaning and Disinfecting Surfaces and Applying Sporicidal Disinfectants in Classified Areas
    a. Cleaning:
        i. Daily when compounding occurs:
            1. All interior surfaces of the PEC(s) and equipment inside the PEC(s)

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2. Pass-through chambers
3. Work surface(s) outside the PEC
4. Floor(s)

ii. Monthly when compounding occurs:
1. If applicable, removable work tray of the PEC
2. Exterior of the PEC
3. Wall(s), door(s), door frame(s), ledges, and overhangs
4. Ceiling(s)
5. Storage shelving and bin(s)
6. Equipment outside the PEC(s)

b. Disinfecting
i. Daily when compounding occurs:
1. All interior surfaces of the PEC(s) and equipment inside the PEC(s)
2. Pass-through chambers
3. Work surface(s) outside the PEC
4. Floor(s)

ii. Weekly when compounding occurs.
1. PEC(s) and equipment inside the PEC(s)
2. Pass-through chambers
3. Work surface(s) outside the PEC(s)
4. Floor(s)

iii. Monthly when compounding occurs:
1. If applicable, removable work tray of the PEC
2. Exterior of the PEC
3. Wall(s), door(s), door frame(s), ledges, and overhangs
4. Ceiling(s)
5. Storage shelving and bin(s)
6. Equipment outside the PEC(s)

c. Applying Sporicidal Disinfectant:
i. Peridox RTU dwell time is 3 minutes for mold, fungi, bacteria, viruses, and spores. 2). 503B on a weekly basis:
1. PEC(s) and equipment inside the PEC(s)
2. Pass-through chambers
3. Work surface(s) outside the PEC
4. Floor(s)

ii. 503B monthly:
1. Removable work tray of the PEC, when applicable
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iii. Ceiling(s)
iv. Storage shelving and bin(s)
v. Equipment outside the PEC(s)

DEFINITIONS:

1. Cleaning: Removing organic and inorganic material.
2. Cleaning Agent: An agent, usually containing a surfactant, used for the removal of substances (e.g., dirt, debris, microbes, and residual drugs or chemicals) from surfaces.
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8. Disinfection: Destroy microorganisms with an appropriate EPA-registered disinfectant and/or sterile alcohol.
9. Sporicidal Agent: A chemical or physical agent that destroys bacterial and fungal spores when used at a sufficient concentration for a specified contact time. It is expected to kill all vegetative microorganisms.

MATERIALS AND EQUIPMENT

1. Plastic/stainless steel mop handles suitable for mop heads used.
2. Low particulate shedding cellulose mops (reusable) or disposable micro-fiber mop heads 3. Sterile low particle shed wipes.
3. Sporicidal Disinfectant and Cleaner
4. Appropriate disinfectant agent
5. Sterile 70% IPA

PROCEDURE:

1. The PEC's blower(s) shall remain on continuously except for maintenance.
2. Personal Protective Gowning and Gloving procedures will be followed,

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which stipulate eye protection must be worn.

a. Gloves must be worn while cleaning walls and ceilings.
b. Cleaning must occur from the cleanest to the dirtiest areas. The lowest classroom or environment (i.e., ISO Class 5) must be cleaned before the ISO Class 7 buffer area/clean room followed by the ISO Class 7/8 anteroom, then the general preparation area.
c. General consideration when cleaning floors
    i. Clean floors after the ISO Class 5 areas, counters and other easily cleanable work surfaces have been cleaned and disinfected.
    ii. Begin at the location farthest from the buffer area/clean room entrance working toward the exit to avoid walking over cleaned areas.
    iii. Move any rollable carts, shelving and chairs as cleaning is accomplished.
    iv. Perform necessary restocking or other in room activities prior to cleaning and floor washing so that buffer area/clean room may be exited and allowed to dry and remain at rest until the next shift.
d. No high particle shedding materials may enter the buffer area/clean room. This includes corrugated cardboard. Paper documents (i.e., compounding worksheets and order forms) are allowed, but should be kept to a minimum.
e. No worksheets or order forms may enter the PEC environment at any time.
f. Document the cleaning procedure with initials and date on the appropriate log immediately upon completion of the task to ensure proper documentation.
g. If using traditional buckets to perform cleaning, allow the mops to soak in their respective buckets, in solution, for approximately five (5) minutes prior to the start of cleaning.

3. Daily Cleaning and Disinfection of the Controlled Environments:
    a. Perform Cleaning and Disinfection in the following order:
        i. Clean and disinfect all interior surfaces of the PEC(s) and equipment inside the ISO Class 5 PECs.
        ii. If applicable, the passthrough chambers
        iii. Clean and disinfect counters and easily cleanable work surfaces in the clean room/buffer area (stool tops, metro cart

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shelves, etc. (including underside, legs, and feet/wheels)).

iv. Discard all trash.
v. Clean and disinfect Waste Receptacle(s)
vi. Clean and disinfect floors by mopping in the buffer area/clean room from farthest point away from the door progressing toward the door to the anteroom while moving carts and shelving.
vii. Clean and disinfect easily cleanable work surfaces in the anteroom on the "clean side" of the line of demarcation.
viii. Clean and disinfect counters and easily cleanable work surfaces in the anteroom beyond the line of demarcation ("dirty side").
ix. Clean and disinfect floors by mopping the anteroom from the clean room/buffer area entrance to the exit door.
x. Perform any required daily cleaning of the general preparation area as required.

4. Monthly Cleaning, Disinfection and Sporicidal in the 503B Controlled Environments:
   a. Perform in the following order:
      i. Apply PeridoxRTU (sporicidal agent) to all interior surfaces of the PEC(s) and equipment inside the ISO Class 5 PEC(s).
      ii. Allow PeridoxRTU to remain in place for 3 minutes.
      iii. Remove sporicidal agent with appropriate agent.
   b. Clean and disinfect all interior surfaces of the PEC(s) and equipment inside the ISO Class 5 PEC(s0.
   c. If applicable, apply PeridoxRTU (sporicidal agent) to the removable work tray of the PEC. a. Allow PeridoxRTU to remain in place for 3 minutes.
      i. Remove sporicidal agent with appropriate agent.
   d. If applicable, clean and disinfect the removable work tray of the PEC.
   e. Apply PeridoxRTU (sporicidal agent) to work surface(s) outside the PEC (counters and easily cleanable work surfaces in the clean room/buffer area (stool tops, cart shelves, underside, legs, and feet/wheels)).
      i. a. Allow PeridoxRTU to remain in place for 3 minutes.
      ii. b. Remove sporicidal agent with appropriate agent.
   f. Clean and disinfect work surface(s) outside the PEC (counters and easily cleanable work surfaces in the clean room/buffer area (stool tops, cart shelves, underside, legs, and feet/wheels)).
   g. Apply PeridoxRTU (sporicidal agent) to Ceiling(s)

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i. Allow PeridoxRTU to remain in place for 3 minutes.
ii. Remove sporicidal agent with appropriate agent.

h. Clean and disinfect Ceiling(s)
i. Apply PeridoxRTU (sporicidal agent) to Wall(s), door(s), and door frame(s)
   i. Allow PeridoxRTU to remain in place for 3 minutes.
   ii. Remove sporicidal agent with appropriate agent.
j. Clean and disinfect Wall(s), door(s), and door frame(s)
k. If applicable, apply PeridoxRTU (sporicidal agent) to the passthrough chamber(s) a. Allow PeridoxRTU to remain in place for 3 minutes.
   i. b. Remove sporicidal agent with appropriate agent.
l. If applicable, clean and disinfect the passthrough chamber(s)
m. Apply PeridoxRTU (sporicidal agent) to Storage shelving and bin(s)
   i. Allow PeridoxRTU to remain in place for 3 minutes.
   ii. Remove sporicidal agent with appropriate agent.
n. Clean and disinfect Storage shelving and bin(s)
o. Discard all trash.
p. Apply PeridoxRTU (sporicidal agent) to Waste Receptacle(s)
   i. Allow PeridoxRTU to remain in place for 3 minutes.
   ii. Remove sporicidal agent with appropriate agent.
q. Clean and disinfect Waste Receptacle(s)
r. Apply PeridoxRTU (sporicidal agent) to floors.
   i. Allow PeridoxRTU to remain in place for 3 minutes.
   ii. Remove sporicidal agent with appropriate agent.
s. Clean and disinfect floor(s) by mopping floors in the buffer area/clean room starting from the farthest point away from the door progressing toward the door to the anteroom while moving carts and shelving.
t. Clean and disinfect easily cleanable work surfaces in the anteroom on the "clean side" of the line of demarcation.
u. Clean and disinfect sink and easily cleanable work surfaces in the anteroom beyond the line of demarcation ("dirty side").
v. Clean and disinfect floors by mopping them from the clean room/buffer area entrance to the exit door.
w. Perform daily cleaning of the general preparation area as required.

5. Routine Cleaning of the General Preparation Area:
   a. Though not part of the controlled environments, cleanliness and order is required in the General Preparation Area.
   b. The Pharmacist-in-Charge (PIC)/Quality Unit Manager or designee will

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stipulate how and when the general area is to be cleaned.

c. Document cleaning on the Cleaning Log for General Preparation Area

6. Three-time Cleaning of Controlled Environments:
   a. Three-time cleaning will be performed when the following conditions occur:
      i. Action levels are exceeded during environmental monitoring, air, or surface sampling procedures.
      ii. After any maintenance work performed in the clean room that would compromise environmental integrity.
   b. Three-time cleaning will include a sporicidal agent used according to its manufacturer's instructions allowing sufficient dwell time. (i.e.,anti-tuberculosis agent (TB1) / sporicide / alcohol)

ARCHIVING REQUIREMENTS

1. The QU has responsibility for archiving facility records according to Record Retention SOP RM-050.

DISTRIBUTION

1. The original SOP is retained by the QU. An electronic copy is made available to all employees.

TRAINING REQUIREMENTS

1. The Quality Unit, Department Management, and supervisory personnel must be trained on this procedure.

APPLICABLE DOCUMENT(S)

1. SOP: PT-030 Orientation, Training and Competency Evaluation of Compounding Personnel
2. SOP: PT-040 Aseptic Technique Overview
3. SOP: PT-050 Universal Precautions
4. SOP: PT-060 Sterile Compounding Hand Hygiene and Garbing Procedure
5. FORM: CSP-051 503B Sterile Daily Cleaning and Disinfection Log for IV Room(s) and Ante Area(s)
6. FORM: CSP-052 503B Sterile Weekly Cleaning and Disinfection Log for IV Room(s) and Anteroom(s)
7. FORM: CSP-053 Monthly Cleaning and Disinfection Log
8. FORM: CSP-054 Daily Cleaning and Maintenance Log for Non-Classed Areas

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9. FORM: CSP-055 Three Time Cleaning of Controlled Environments Log
10. FORM: PT-034 Competency Assessment: Cleaning and Disinfecting Sterile Area(s)

CGMP COMPLIANCE REFFERENCE

1. Subpart B-Organization and Personnel
    a. 211.2 Personnel Qualifications
    b. 211.28 Personnel Responsibilities (b)
2. Subpart C-Buildings and Facilities
    a. 211.42 Design and construction features (a, c10v)
    b. 211.46 Ventilation, air filtration, air heating and cooling (b)
    c. 211.56 Sanitation (a-b)
    d. 211.58 Maintenance
3. Subpart D-Equipment
    a. 211.67 Equipment (a-c)
4. Subpart J-Records and Reports
    a. 211.180 General Requirements
    b. 211.182 Equipment cleaning and use log
5. Current USP <797> PHARMACEUTICAL COMPOUNDING—STERILE PREPARATIONS 6. Current USP <800> HAZARDOUS DRUGS—HANDLING IN HEALTHCARE SETTINGS

ATTACHMENTS

1. None.

REVISION HISTORY

Revision:	Date of Change:	Reason for Change:
0	06NOV2024	Creation of SOP
1	22OCT2025	Format Change

5

ANNUAL DISCIPLINE CASES Reporting Period: January 2026 – April 2026			
FINDING	**HARM**	**DISCIPLINE INDIVIDUAL**	**DISCIPLINE FACILITY**
CVS is responsible for the acts of its employees who made an error in a prescription that results in negative outcome to the patient.	Yes	N/A	Respondent fined $10,000 for the violations; and assessed $1,000 in attorney's fees and costs.
Respondent KA made an error in a prescription that resulted in negative outcome to the patient.	Yes	Respondent's Certificate of Registration No. 19679 is suspended for a period of one year. The suspension is stayed, and Respondent is placed on probation subject to the following conditions: 1) Respondent fined $2,000 for the violations; 2) Respondent assessed $500 in attorney's fees and costs; and 3) Respondent shall comply with all federal and state statutes and regulations regarding the practice of pharmacy, and have no additional charges filed against him.	N/A
Respondent RA allowed non-practitioners to independently access, possess, furnish, and administer dangerous drugs without direct practitioner supervision.	No	Respondent's Certificate of Registration No. CS30228 is suspended for a period of one year. The suspension is stayed, and Respondent is placed on probation subject to the following conditions: 1) Respondent shall accept the Stipulation and Order is a public reprimand; 2) Respondent fined $5,000 for the violations; 3) Respondent assessed $1,000 in attorney's fees and costs; 4) Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against her while on probation.	N/A

Respondent CL prescribed dangerous drugs to patients with whom Respondent had not established a bona fide therapeutic relationship and failed to timely report disciplinary action.	No	Respondent's Certificate of Registration No. CS31815 is suspended for a period of one year. The suspension is stayed and Respondent is placed on probation subject to the following conditions: 1) Respondent shall accept the Stipulation and Order as a public reprimand; 2) Respondent fined $5,000 for the violations; 3) Respondent assessed $1,000 in attorney's fees and costs; 4) 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.	N/A
Respondent GO dispensed controlled substances without a valid dispensing practitioner registration and failed to review PMP.	No	Respondent's Certificate of Registration No. CS35044 is suspended for a period of one year. The suspension is stayed and Respondent is placed on probation subject to the following conditions: 1) Respondent shall accept the Stipulation and Order as a public reprimand; 2) Respondent fined $5,000 for the violations; 3) Respondent assessed $1,000 in attorney's fees and costs; 4) 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.	N/A
As pharmacy/pharmacy owner, Costco Pharmacy is responsible for the acts of its employees who made an error in a prescription.	Yes	N/A	Respondent fined $2,000 for the violations; and assessed $1,000 in attorney's fees and costs.
Respondent CV made an error in a prescription.	No	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A

Respondent DY allowed a non-practitioner to independently access, possess, furnish, and administer dangerous drugs without direct practitioner supervision.	No	Respondent's Certificate of Registration No. CS06454 is placed on probation for one year subject to the following conditions: 1) Respondent shall accept the Stipulation and Order is a public reprimand; 2) Respondent fined $5,000 for the violations; 3) Respondent assessed $1,000 in attorney's fees and costs; 4) 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.	N/A
The Nevada BOP took reciprocal disciplinary action on AW's Certificate of Registration No. 22724 based upon disciplinary action by the Arizona Board of Pharmacy for diversion.	No	Respondent's Certificate of Registration No. 22724 is placed on probation until October 29, 2029, and Respondent shall fully comply with the Arizona BOP Consent Order in Case No. 24-0394. Respondent fined $1,000 for the violations.	N/A
As pharmacy/pharmacy owner, SP is responsible for the acts of its employees who mailed dangerous drugs in California, Louisiana, Ohio, Texas, and Wisconsin when they did not hold a pharmacy, wholesaler, or mail pharmacy license in those states.	No	N/A	Respondent accepts the Stipulation as a public reprimand. Respondent has forfeited License No. PH03880 when they failed to renew their license on November 1, 2020. Respondent fined $5,000 for the violations and assessed $1,000 in attorney's fees and costs.
As managing pharmacist during the time of the events, Respondent TA was aware and is responsible for the acts of its employees who mailed dangerous drugs in California, Louisiana, Ohio, Texas, and Wisconsin when they did not hold a pharmacy, wholesaler, or mail pharmacy license in those states.	No	Respondent's Certificate of Registration No. 19070 is revoked. The revocation is stayed and Respondent is placed on probation subject to the following conditions: 1) Respondent fined $2,000 for the violations; 2) Respondent assessed $1,000 in attorney's fees and costs; 3) Respondent shall complete two additional hours of continuing education on duties of a managing pharmacist; and 4) As a condition or probation, Respondent shall not engage in any conduct for which disciplinary action may be imposed pursuant to the provisions.	N/A

Respondent RM dispensed dangerous drugs without a dispensing registration; held for sale an adulterated drug; failed to produce complete and accurate records of all dangerous drugs dispensed to patients; failed to store and/or possess dangerous drugs from patients and employees that were not in stock containers properly labeled and procured from a manufacturer, wholesaler or pharmacy; and did not acquire the dangerous drugs from patients and employees pursuant to a prescription written by himself or another practitioner, and/or were not dispensed to Respondent by a pharmacy or dispensing practitioner.	No	Respondent accepts the Stipulation as a public reprimand. Respondent fined $5,000 for the violations and assessed $500 in attorney's fees and costs.	N/A
Respondent EW failed to disclose on his 2022 controlled substance application renewal that he had been subject to disciplinary action before numerous state boards of medicine.	No	Respondent fined $1,000 for the violations.	N/A
As pharmacy/pharmacy owner, WP is responsible for the acts of its employees who made an error in a prescription that resulted in a negative outcome to the patient.	Yes	N/A	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs. Respondent will ensure all pharmacies in Nevada that use automated filling cells required pharmacists to review the SOPs for filling automated cells with medications from stock bottles within 60 days of the effective date of the Order. In addition, Walgreens #8342 will cease using the Yuyama EV-1 automated filling cells as of January 31, 2026.

As managing pharmacist during the time of the events, Respondent DW is responsible for the acts of its employees at Partell Pharmacy who dispensed invalid “Emergency Kits” or “COVID Kits” for which the drugs in each kit were not identified on the prescription, and they would substitute Budesonide in the “COVID Kit” with a Medrol DosePak and Albuterol without the knowledge or consent of the prescribing practitioner.	No	Respondent accepts this Stipulation as a public reprimand; Respondent’s Certificate of Registration No. 13635 has been forfeited since he failed to renew it on November 1, 2025; Respondent shall pay a fine of $5,000 for the violations; and assessed $1,000 in attorney’s fees and costs.	N/A
Respondent SS was arrested for a DUI and was under the influence of alcohol and Diazepam, a controlled substance. He did not have a valid U.S. prescription as he obtained the medication from a prescription issued by a licensed physician in Thailand. Respondent was disciplined by the California BOP where the Nevada BOP took reciprocal action.	No	Respondent accepts the Stipulation as a public reprimand; and assessed $500 in attorney’s fees and costs.	N/A
TU committed numerous violations related to controlled substances.	No	Respondent’s Certificate of Registration No. PD00512 is revoked. Respondent’s Certificate of Registration No. CS1604 is suspended for a period of two years. The suspension is stayed and Respondent is placed on probation subject to the following conditions: a) Respondent fined $5,000 for the violations; b) Respondent assessed $1,000 attorney’s fees and costs; and c) Respondent shall comply with all federal and status statues and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.	N/A

IG failed to timely renew his Certificate of Registration No. CS33713 prior to issuing controlled substance prescriptions and failed to review patient utilization reports in the PMP database prior to issuing controlled substance prescriptions.	No	Respondent subject to the following penalties: Public reprimand. Respondent's Certificate of Registration No. CS33713 is suspended for a period of two years. The suspension is stayed and Respondent is placed on probation subject to the following conditions: a) Respondent accepts the Stipulation and Order as a public reprimand; b) Respondent find $5,000 for the violations; c) Respondent assessed $1,000 in attorney's fees and costs; d) Respondent shall complete training with Board staff on the use of the PMP database within 60 days of the Order; and e) Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed again him while on probation.	N/A
SN failed to disclose prior Iowa Board of Nursing disciplinary action on her 2022 Nevada controlled substance application. She also issued at least 148 prescriptions between April 18, 2024, and June 11, 2024, without a valid Nevada DEA registration and without a registered practice location on file with the Board. In addition, she did not timely report her 2025 disciplinary action from the Nevada Board of Nursing. Finally, she unlawfully accessed the PMP database and disseminated a patient utilization report for J.S., with whom she had no bona fide therapeutic relationship.	No	Respondent 's Certificate of Registrations No. CS34530 and PR16791 are revoked. Respondent fined $5,000 for the violations; and assessed $1,500 in attorney's fees and costs.	N/A
As pharmacy/pharmacy owner, Respondent purchased prescription drugs from pharmacies not licensed for wholesale distribution in Nevada.	No	N/A	Respondent accepts the Stipulation and Order as a public reprimand. Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.

As managing pharmacist at the time of the events of January 2023 and October 2023, NS purchased prescription drugs from pharmacies not licensed for wholesale distribution in Nevada.	No	Respondent accepts the Stipulation and Order as a public reprimand. Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs. Respondent shall complete two additional CE hours on duties of a management pharmacist.	N/A
As managing pharmacist at the time of the events of December 2023 and April 2024, KB purchased prescription drugs from pharmacies not licensed for wholesale distribution in Nevada.	No	Respondent accepts the Stipulation and Order as a public reprimand. Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs. Respondent shall complete two additional CE hours on duties of a management pharmacist.	N/A
JO allowed an employee to perform duties of a dispensing technician in training without the required registration.	No	Respondent's Certificate of Registration No. CS15479 and PD15479 are suspended. The suspension is stayed and placed on probation for a period of one year subject to the following conditions: a) Respondent shall pay a fine of $2,000 for the violations; and b) Respondent shall pay $500 in attorney's fees and costs.	N/A
AP made an error in a prescription while using virtual verification.	No	Respondent fined $500 for the violations; and assessed $500 in attorney's fees and costs.	N/A
TS made an error in a prescription while using virtual verification.	No	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A
As managing pharmacist at the time of the events, GS filled prescriptions that were not valid from October 22, 2025, to November 4, 2025.	No	Respondent accepts the Stipulation and Order as a public reprimand. Respondent fined $2,500 for the violations; and assessed $750 in attorney's fees and costs. Additionally, Respondent agrees to participate in training with Board staff on laws related to controlled substances.	N/A
RC made an error in a prescription that resulted in a negative patient outcome. Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	Yes	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A

As pharmacy/pharmacy owners, CVS is responsible for the acts of its employees who made an error in a prescription that resulted in a negative patient outcome.	Yes	N/A	CVS fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.
As pharmacy/pharmacy owner, CVS is responsible for the acts of its employees who made an error in a prescription while using virtual verification.	No	N/A	CVS fined $5,000 for the violations; and assessed $500 in attorney's fees and costs. In addition, CVS corporate management shall provide the Board's staff with copies of written policies, procedures, training manuals or other materials, if any, that specifically confirm or corroborate its contention that all CVS pharmacists in Nevada have the discretion to perform visual inspections by physical or manual manipulation of prescription drug products before dispensing them to patients. If no such policies, procedures, training manuals or other materials exist, CVS shall provide a written statement to that effect. Additionally, CVS corporate management shall provide a written statement or summary of its plan, if any, to provide ongoing periodic reminders to or conduct training with its pharmacists concerning their discretion to perform visual inspections by physical or manual manipulation of prescription drug products before dispensing them to patients. If no such plan exists, CVS shall provide a written statement to that effect.
As pharmacy/pharmacy owner, RP is responsible for the acts of its employees who made an error in a prescription that resulted in a negative outcome to the patient.	Yes	N/A	RP fined $10,000 for the violations; and assessed $1,000 in attorney's fees and costs.

OS made an error in a prescription that resulted in a negative outcome to the patient.	Yes	OS fined $2,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A
MF was disciplined by the Pennsylvania Board of Pharmacy for submitting altered endotoxin and sterility test certificates for equine glucosamine injections and for misrepresenting acceptable levels to FDA inspectors. The Nevada Board of Pharmacy imposed reciprocal discipline.	No	MF's Certificate of Registration No. 22316 is placed on probation for a period of one year; and assessed $1,000 in attorney's fees and costs.	N/A
As pharmacy/pharmacy owner, CVS #8792 is responsible for the acts of its employees who made an error in a prescription.	No	N/A	CVS fined $2,000 for the violations; and assessed $1,000 in attorney's fees and costs.
As the supervising pharmacist, JL is responsible for the acts of an intern pharmacist who made an error in a prescription.	No	JL fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A
FE was convicted of a federal offense involving the unlawful conversion of Medicare funds for personal use.	No	FE's Certificate of Registration No. CS23430 is suspended through October 31, 2026.	N/A
GZ provided false information on her Pharmaceutical Technician-in-Training application by claiming she had obtained a high school diploma or GED, despite never having completed or received either credential.	No	GZ's Certificate of Registration No. PT28532 is cancelled; and assessed $586.34 in attorney's fees and costs.	N/A
As pharmacy/pharmacy owner, CVS #9586 is responsible for the act of a pharmacist who made an error in a prescription.	No	N/A	CVS fined $5,000 for the violations; and assessed $500 in attorney's fees and costs.
MP made an error in a prescription.	No	Respondent fined $1,000 for the violations and assessed $500 in attorney's fees and costs.	N/A
During Respondent ML's tenure as Premier Beauty's medical director, he rarely visited the spa while dangerous drugs were stored, ordered, and administered. Employees injected	No	ML accepts Stipulation as a public reprimand; fined $5,000 for the violations; assessed $1,000 in attorney's fees and costs; and cannot service as a medical director of any practice site in the State of Nevada where injectable dangerous drugs	N/A

prescription medications without the medical director present, without a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug was medically necessary. Additionally, the spa also obtained drugs from an unlicensed Florida wholesaler and kept multiple injectable products intended for foreign markets and not approved for distribution or use in the United States.		and controlled substances in possession of individuals who do not hold a license to possess them in Nevada for a period of years from the effective date of the Order.	
PR did not check the PMP database for a patient's controlled-substance history or review the patient's utilization report before issuing a prescription. He also failed to review his own prescriber activity in the PMP system for the period between August 21, 2023, and August 12, 2025.	No	PR fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs. Additionally, Respondent must participate in PMP training within 60 days of the effective date of the Order.	N/A
LO was medical director of Skin Lab from April 23, 2023, to February 18, 2024, again from December 18, 2024, to May 31, 2025, and from June 1, 2025, to the present. During this time, Respondent allowed all employees unrestricted access to the facility's dangerous drug inventory and failed to maintain the security of the dangerous drugs within her possession.	No	LO fined $5,000 for the violations; assessed $500 in attorney's fees and costs. Additionally, Respondent cannot serve as medical director of any practice site in the State of Nevada where injectable dangerous drugs and controlled substances are in the possession of individuals who do not hold a license to possess them in Nevada for a period of five years from the effective date of the Order.	N/A
PA failed to document whether counseling was offered or provided for a dispensed prescription as required by state regulation.	No	PA fined $750; assessed $500 in attorney's fees and costs; and required to complete two continuing-education courses on pharmacy record-keeping.	N/A

AH, a licensed medical products provider, received a CPAP prescription for a patient in June 2024 but did not deliver the device until July 2025, despite billing the patient's insurer for its use from August to October 2024 and for additional supplies in 2025. The delay stemmed from an error in Respondent's system. AH's actions fell below Nevada's professional and billing standards, and AH also failed to document patient communications, respond timely to Board inquiries, and maintain required records.	No	N/A	AH fined $3,000 for the violations; and assessed $1,000 in attorney's fees and costs.
The pharmacy owner, NN, caused the assets of LP to be sold to RM on September 26, 2024, without providing the required advance notice to the Board or filing a change-of-ownership application, as mandated by Nevada Law. As a result, RM operated the pharmacy without a valid license, continuing to handle and dispense dangerous drugs and controlled substances unlawfully. LP is responsible for the acts of its employees who enabled unlicensed pharmacy operations.	No	N/A	LP's License No. PH04561 shall remain inactive.
The pharmacy owner, NN, sold its assets to MM on September 19, 2025, without providing the required advance notice to the Board or filing a change-of-ownership application, as mandated by Nevada Law. Also, a pharmacist processed at least ten prescriptions lacking information required under Nevada law. TP is responsible for the acts of its employees who enabled unlicensed pharmacy operations and processed ten prescriptions without the required information required by Nevada Law.	No	N/A	TP's License No. PH04648 shall remain inactive.

As pharmacy owner, NN sold the pharmacy assets for LP to RM on September 26, 2024, and the pharmacy assets for TP to MM on September 19, 2025, without providing the required advance notice to the Board or filing a change-of-ownership application, as mandated by Nevada Law.	No	NN's Certificate of Registration No. 20601 is suspended; however, the suspension is stayed. Respondent NN is placed on probation for a period of two years from the effective date of the Order subject to the following conditions: 1) pay a fine of $5,000 for the violations; 2) pay $2,000 in attorney's fees and costs; and 3) as a condition of probation, NN shall not engage in any conduct for which disciplinary action may be imposed. Additionally, NN may not own a pharmacy in Nevada for a period of three years from the effective date of the Order. NN shall seek Board approval for any ownership of a pharmacy after the prohibition of ownership has ended.	N/A
RG was disciplined by the Nevada Board of Pharmacy on October 11, 2023, and placed on five years of probation with a requirement to complete substance-abuse counseling and provide proof of progress. He failed to renew his certificate of registration on November 1, 2024, and thereafter failed to provide proof of continuing participation in substance-abuse counseling.	No	As a result, Certificate of Registration No. CS27126 is revoked retroactively to October 31, 2024, and RG may not petition for reinstatement until April 15, 2027.	N/A
SA was the medical director of Youth, Inc. During this period, the owner and/or employees stored and possessed prescription drugs and administered injectable prescription drugs at times when no practitioner was on-site. Respondent accepts this Stipulation as a public reprimand for having assisted or permitted the unauthorized storage, possession and administration of drugs.	No	SA fined $5,000 for the violations; and assessed $500 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.** **MODERN RX PHARMACY, License No. PH04065, and** **JOSEPH ERIC STEIDL, RPH, Certificate of Registration No. 18852,** **Respondents.**	**CASE NOS. 20-019-PH-S** **20-019-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 Joseph Eric Steidl, RPh (Steidl), Certificate of Registration No. 18852, was a pharmacist registered with the Board and Respondent Modern Rx, License No. PH04065, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Steidl was employed as managing pharmacist by Modern Rx at the time of the events alleged herein.

3. During an inspection of Modern Rx on February 25, 2020, Steidl made the following false statements to Board Inspector Joe Dodge:

- Steidl represented that 70-80% of prescriptions were dispensed by the pharmacy to patients located in Nevada; however, prescription records provided evidence that the figure was actually in the range of 10-20%.

- Steidl represented that the pharmacy did not provide medications for foot bath prescriptions; however, prescription records provided evidence that the pharmacy was dispensing these medications.
- Steidl represented that the pharmacy only shipped/dispensed prescriptions out-of-state to patients located in Arizona; however, prescription records provided evidence that the pharmacy was also shipping/dispensing prescriptions to New Jersey, Illinois and Florida, and to an additional three states in which the pharmacy was not licensed: Utah, Massachusetts and Wisconsin.
- Steidl represented that the pharmacy did not accept pre-printed prescription blanks; however, prescription records provided evidence that prescriptions were received on pre-printed prescription blanks that were then transcribed to verbal prescriptions.

APPLICABLE LAW

4. Willfully making a materially false statement in the course of a Board investigation is a criminal offense and grounds for suspension or revocation of any license or registration issued by the Board. NRS 197.190; NRS 639.210(9).

5. 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.

6. 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).

COUNT ONE
False Statements in Course of Investigation
(Respondent Steidl)

7. In the course of the Board's investigation, Steidl willfully made material false statements as alleged in Paragraph 3 herein, and is therefore subject to discipline pursuant to NRS 639.210(9).

COUNT TWO
Pharmacy/Pharmacy Owner Responsibility
(Respondent Modern Rx)

8. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Modern Rx is responsible for those violations, including the false statements of Steidl, 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 pharmacist registration of these Respondents.

Signed this 6th day of April 2026.

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.** **MODERN RX PHARMACY,** **License No. PH04065,** **Respondent.**	**Case No. 20-019-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, June 3, 2026, 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, Brett Kandt 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 6th day of April 2026.

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.** **MODERN RX PHARMACY,** **License No. PH04065,** **Respondent.**	**Case No. 20-019-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 _____ 2026.

_____

AUTHORIZED REPRESENTATIVE FOR
Modern Rx Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th 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:

Modern Rx Pharmacy
1050 S Rainbow Blvd #200
Las Vegas, NV 89145

Modern Rx Pharmacy
c/o Aimee Brown
[redacted]
Parrish, FL [redacted]

Modern Rx Pharmacy
c/o Aimee Brown
[redacted]
Fremont, CA [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

5B

FILED
APR 0 6 2026
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MODERN RX PHARMACY, License No. PH04065, and** **JOSEPH ERIC STEIDL, RPH, Certificate of Registration No. 18852,** **Respondents.**	**CASE NOS. 20-019-PH-S** **20-019-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 Joseph Eric Steidl, RPh (Steidl), Certificate of Registration No. 18852, was a pharmacist registered with the Board and Respondent Modern Rx, License No. PH04065, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Steidl was employed as managing pharmacist by Modern Rx at the time of the events alleged herein.

3. During an inspection of Modern Rx on February 25, 2020, Steidl made the following false statements to Board Inspector Joe Dodge:

- Steidl represented that 70-80% of prescriptions were dispensed by the pharmacy to patients located in Nevada; however, prescription records provided evidence that the figure was actually in the range of 10-20%.

- Steidl represented that the pharmacy did not provide medications for foot bath prescriptions; however, prescription records provided evidence that the pharmacy was dispensing these medications.
- Steidl represented that the pharmacy only shipped/dispensed prescriptions out-of-state to patients located in Arizona; however, prescription records provided evidence that the pharmacy was also shipping/dispensing prescriptions to New Jersey, Illinois and Florida, and to an additional three states in which the pharmacy was not licensed: Utah, Massachusetts and Wisconsin.
- Steidl represented that the pharmacy did not accept pre-printed prescription blanks; however, prescription records provided evidence that prescriptions were received on pre-printed prescription blanks that were then transcribed to verbal prescriptions.

APPLICABLE LAW

4. Willfully making a materially false statement in the course of a Board investigation is a criminal offense and grounds for suspension or revocation of any license or registration issued by the Board. NRS 197.190; NRS 639.210(9).

5. 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.

6. 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).

COUNT ONE
False Statements in Course of Investigation
(Respondent Steidl)

7. In the course of the Board's investigation, Steidl willfully made material false statements as alleged in Paragraph 3 herein, and is therefore subject to discipline pursuant to NRS 639.210(9).

COUNT TWO
Pharmacy/Pharmacy Owner Responsibility
(Respondent Modern Rx)

8. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Modern Rx is responsible for those violations, including the false statements of Steidl, 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 pharmacist registration of these Respondents.

Signed this 6th day of April 2026.

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.** **JOSEPH ERIC STEIDL, RPH,** **Certificate of Registration No. 18852,** **Respondent.**	**Case No. 20-019-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, June 3, 2026, 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, Brett Kandt 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 6th day of APRIL 2026.

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.** **JOSEPH ERIC STEIDL, RPH,** **Certificate of Registration No. 18852,** **Respondent.**	**Case No. 20-019-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 _____ 2026.

_____

Joseph Eric Steidl, 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 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:

Joseph Steidl, RPh
6330 S Eastern Ave Suite 1A
Las Vegas, NV 89119

Joseph Steidl, RPh
[redacted]
Pahrump, NV [redacted]

Joseph Steidl, RPh
[redacted]
Pahrump, NV [redacted]

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.** **ANTONINO GUMINA, MD,** **Certificate of Registration No. CS09380,** **Respondent.**	**Case No. 24-430-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 Antonino Gumina, MD, held a controlled substance registration, Certificate No. CS09380, issued by the Board.

FACTUAL ALLEGATIONS

2. From August 27, 2021, through April 27, 2023, Respondent never reviewed the patient utilization report in the Nevada Prescription Monitoring Program (PMP) database for patient N.A. prior to issuing thirty-four (34) controlled substance prescriptions for that patient.

3. From September 26, 2023, through September 26, 2025, Respondent in the course of issuing fifty-six (56) controlled substance prescriptions for patient M.M. in many instances failed to review the patient utilization reports in the PMP database for that patient when required to do so.

4. Respondent permitted unauthorized persons to use his username and password to unlawfully access Respondent's practitioner account for the PMP database.

5. Respondent failed to query and review for accuracy his MyRx prescriber activity report in the PMP database at least once every 6 months as required by law.

APPLICABLE LAW

6. A prescription for a controlled substance may be issued only for a legitimate medical purpose and after review of a patient's utilization report in the PMP database in conformance with the requirements of NRS 639.23507 and NRS 639.2391-.23914, *inclusive*.

7. Data in the PMP database constitutes Protected Health Information (PHI) protected from unauthorized access under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). 45 C.F.R. Part 160 and Part 164, Subparts A and E; 42 U.S.C. § 1320d-5 and 6.

8. Data in the PMP database is also confidential and protected from unauthorized access under state law. NRS 453.164(8); NRS 453.552(2).

9. A practitioner shall review his or her prescriber activity in the PMP database for accuracy at least once every 6 months. NRS 453.164(7).

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 639.210(4).

11. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any federal or state 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).

12. 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)(d) and (e).

COUNT ONE

Violation of State Law – Failure to Review Patient Utilization Report

13. By failing to query the PMP database prior to issuing controlled substance prescriptions as alleged in paragraphs 2 and 3 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.23507, 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 TWO

Violation of Federal and State Law – Permitting Unauthorized Access to PMP

14. By permitting unauthorized persons to use his username and password to unlawfully access his practitioner account for the PMP database as alleged in paragraph 4 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate both HIPAA and NRS 453.164(8), and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1), NRS 639.210(11) and (12) and/or NRS 639.23916(3)(b).

COUNT THREE

Violations of State Law – Failure to Review MyRx Prescriber Activity Report

15. By failing to query to query and review for accuracy his MyRx prescriber activity report in the PMP database as alleged in paragraph 5 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.164(7), 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 FOUR

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

16. By his acts as alleged herein, Respondent has performed his duties as the holder of 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 FIVE

Commission of Acts that Render Registration Inconsistent with the Public Interest

17. By his acts as alleged 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)(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 30th day of MARCH 2026.

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.** **ANTONINO GUMINA, MD,** **Certificate of Registration No. CS09380,** **Respondent.**	**Case No. 24-430-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, June 3, 2026, 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, Brett Kandt, at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 30th day of MARCH 2026.

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.** **ANTONINO GUMINA, MD,** **Certificate of Registration No. CS09380,** **Respondent.**	**Case No. 24-430-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 _____ 2026.

ANTONINO GUMINA, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 30th day of March 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Family Tree Medical Center
c/o Antonino Gumina
3510 E Tropicana Ave Suite L
Las Vegas, NV 89121

Antonino Gumina
3510 E Tropicana Ave Suite K
Las Vegas, NV 89121

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. ANTONINO GUMINA, MD, Certificate of Registration No. CS09380, Respondent.	Case No. 24-430-CS-S ANSWER AND NOTICE OF DEFENSE

Response to Allegations and Counts:

1. In regards to patient N.A.: She had been a patient of mine since 2007 and had been on both pain medications for chronic headaches, anxiety medications, and seizure medications. During the time period between August 27, 2021 and April 27, 2023 her medications were refilled similar to her many previous prescriptions as her symptoms warranted. Her fill history and prescriber history were noted using the IPRESCRIBE platform which provided DATA about refills over the last 12 months and who prescribed them.
2. In regards to patient M.M.: He became a patient of mine secondary to other family members being patients. He had been on chronic pain medications and anxiety medications since a worker's comp injury in May 26, 1986. Many documents and records confirmed and he had been seen by many neurosurgeons, pain management, and psychiatrists in his past. His medications, fill history, and prescriber history were noted using the IPRESCRIBE platform which provided DATA about refills over the last 12 months and who prescribed them. The incident that brought patient M.M. into the light was an episode of Altered Mental status and Gait Instability originally thought to be secondary to his Xanax use or misuse but was later proven to have been secondary to a Cerebral Vascular Incident (STROKE) by follow up MRI.
3. Any access to the PMP database was done under my direct supervision. The staff has access to the patient charts and the prescribing platform. All staff members are aware of and follow the HIPPA guidelines.
4. All medications prescribed by Dr Antonino Gumina were for Legitimate Medical Purposes. At no time was Dr Antonino Gumina purposefully attempting to violate any federal or state laws or regulations.
5. Dr Antonino Gumina believed the purpose of the PMP was to monitor the number, frequency, medication, and prescriber of any controlled substance. During COVID. Dr Antonino Gumina, started to use the IPRESCRIBE platform for prescriptions both controlled and noncontrolled. The IPRESCRIBE platforms provides prescription information of all the patient's scripts written in the past 12-14 months with information as recent as the 24 hours prior to querying. The information provided

includes the medication, date prescribed, date picked up, and who wrote the prescription. Dr Antonino Gumina preformed a query every time a patient was prescribed a controlled substance as was as to see who the prescriber was. Dr Antonino Gumina in no way meant to violate any federal or state laws or regulations and thought he was working diligently and effectively to provide appropriate care and monitoring.

6. Since being notified in April 2025 by Darla Zarley that I had not been adequately using the PMP system, I have made adjustments to my practice and am now being 90-95% compliant with checking PMP and running MyRx data every 3-4 months. I am working with NSPB and Clayton Baily to get my Delegates set up.
7. Overall, I, Dr Antonino Gumina, did not willfully, intentionally, or purposefully intend to violate or assisted in any violation of federal or state laws or regulations. I, at all times in my practice, have tried to act in the best interest of my patients and did my best to protect and act in the best interest of the public at large. I am trying to move forward following the regulations of the NSPB in regards to the PMP database. I am asking that I be given a warning as I have been practicing since 1998 and would prefer to be allowed to practice at my full capacity without restrictions. I am willing to go through any reeducation or skills training that would enhance my use of the PMP and/or prescribing controlled substance as deemed by the NSPB.

THANK YOU FOR YOUR ATTENTION AND CONSIDERATION OF THIS MATTER,

ANTONIO GUMINA, MD

April 24, 2026

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ANTONINO GUMINA, MD,** **Certificate of Registration No. CS09380,** **Respondent.**	**Case No. 24-430-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 Antonino Gumina, MD, Certificate No. CS09380, **HEREBY STIPULATE AND AGREE THAT**:

1. On or about March 30, 2026, 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 April 27, 2026, Respondent filed an Answer and Notice of Defense to the 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 Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a

hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent 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 query the PMP database prior to issuing controlled substance prescriptions Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.23507;

B. By permitting unauthorized persons to use his username and password to unlawfully access his practitioner account for the PMP database Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate both HIPAA and NRS 453.164(8);

C. By failing to query to query and review for accuracy his MyRx prescriber activity report in the PMP database Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.164(7); and

D. Respondent has engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

7. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210 and/or 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. Respondent Antonino Gumina, MD, Certificate No. CS09380, is placed on probation for a period of two (2) years pursuant to NRS 639.255(1)(b) subject to the following conditions:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding his 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 June 3, 2027;

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 July 31, 2026;

D. Respondent shall complete training from Board staff on use of the PMP database in compliance with NRS 453.164(7) and NRS 639.23507 within sixty (60) days of the effective date of this Order and shall complete follow-up training six (6) months after the initial training; and

E. While on probation, Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, shall have no additional administrative charges filed by the Board, and shall have no action taken that would be reportable pursuant to NAC 639.229.

Upon successful completion of probation, Respondent's Certificate of Registration No. CS09380 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 lift the stay and immediately suspend Respondent's Certificate of Registration No. CS33713 and impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 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 June 3, 2026. 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. 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 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 7 day of MAY 2026

ANTONINO GUMINA, MD
Certificate of Registration No. CS09380

Signed this ___ day of _____ 2026

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Antonino Gumina, MD, Certificate No. CS09380, in Case No. 24-430-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 June 2026.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

CamScanner

5D

FILED
OCT 2 3 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DARLENE KUUNANIALOHA HESS, PTT, Certificate of Registration No. PT27744,** **Respondent.**	**CASE NO. 24-460-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, 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 Darlene Kuunanialoha Hess, PTT, held a Nevada pharmaceutical technician in training registration, Certificate of Registration No. PT27744, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent's criminal history includes the following arrests:

08/15/1998: Solicitation for Prostitution
10/03/1998: Possession of Narcotic Paraphernalia/Providing False Information to the Police
11/08/1998: Loitering for Prostitution
12/08/1998: Possession of Narcotic Paraphernalia
12/21/1998: Trespassing
01/18/1999: Obstructing a Police Officer/Possession of Narcotic Paraphernalia/Providing False Information to the Police
01/12/2002: Battery Domestic Violence
11/05/2002: Obstructing a Police Officer
01/02/2003: Possession of a Hypodermic Needle/Possession of Narcotic Paraphernalia
03/12/2003: Possession of Narcotic Paraphernalia

09/04/2003: Pedestrian on a Highway
10/16/2003: Solicitation for Prostitution
01/02/2005: Failure to Appear

3. Respondent's criminal history includes the following convictions:

10/03/1998: Possession of Narcotic Paraphernalia
12/04/1998: Solicitation for Prostitution
01/18/1999: Possession of Narcotic Paraphernalia
11/16/2001: Possession of Narcotic Paraphernalia
01/12/2002: Battery Domestic Violence
01/02/2003: Possession of Narcotic Paraphernalia
03/12/2003: Possession of Narcotic Paraphernalia
10/16/2003: Solicitation for Prostitution

4. Respondent failed to disclose her criminal history to the Board on her 2014 application for a pharmaceutical technician in training registration, and was issued Certificate of Registration No. PT27744. Respondent subsequently failed to disclose her criminal history on all subsequent biennial renewal applications through 2022.

APPLICABLE LAW

5. 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).

6. 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).

7. 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).

8. 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).

COUNT ONE
Furnishing False Material Information to Board

9. By failing to disclose her criminal history to the Board on her 2014 application for a pharmaceutical technician in training registration and on biennial renewal applications, 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

10. By failing to disclose her criminal history to the Board on her 2014 application for a pharmaceutical technician in training registration and on biennial renewal applications, Respondent is subject to discipline pursuant to NRS 639.210(10).

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 23rd day of OCTOBER 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.** **DARLENE KUUNANIALOHA HESS, PTT, Certificate of Registration No. PT27744,** **Respondent.**	**CASE NO. 24-460-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, January 14, 2026, 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 13th day of OCTOBER 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.** **DARLENE KUUNANIALOHA HESS, PTT, Certificate of Registration No. PT27744,** **Respondent.**	**CASE NO. 24-460-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.

_____

DARLENE KUUNANIALOHA HESS, PTT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of October 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Darlene Hess, PTT
[redacted]
North Las Vegas, NV [redacted]

Darlene Hess, PTT
c/o Walgreens Pharmacy #21159
3821 W Flamingo Rd.
Las Vegas, NV 89103

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

PT15617

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane ≈ Reno, NV 89509
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION
Registration Fee: $40.00 - (non-refundable money order only, no cash)

Complete Name (**no abbreviations**):

First: DARLENE Middle: KUUNANI ALOHA Last: CUMMINGS

Home Address: [redacted] Apt #:

City: LAS VEGAS State: NV Zip Code: [redacted]

Telephone: [redacted] Social Security Number: [redacted]

Date of Birth: [redacted] Place of Birth: HONOLULU Sex: ☐ M or ☑ F

E-mail Address: [redacted]

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: _____

I am requesting registration at the following pharmacy:

Pharmacy: WALGREENS Store #: 04755

Address: 3480. S. JONES BLVD.

City: LAS VEGAS State: NV Zip Code: 89139

Signature of Managing Pharmacist: [signature] Lic #: 13454 Date: 11-27-14

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐
2. Are you a high school graduate or the equivalent? Yes ☑ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked **YES** to any of the numbered questions (3-5) above, include the following information & **provide an explanation & documentation:**

Board Administrative Action:	State			Case #:	
Criminal Action:	State	/ /			Court

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☒
IF you marked **YES** to the question, above are you in compliance with the court order?	☐	☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know 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.

[signature] 2-27-14

Original Signature, no copies or stamps accepted Date

Board Use Only Date Processed: 3/5/14 Amount: 40

187916 1006 PT15617 0601R

.....DO NOT FOLD OR STAPLE ABOVE THIS LINE.....

Nevada State Board of Pharmacy - 431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

Renewal Application - PHARMACY TECHNICIAN OR TRAINEE

For the period of November 1, 2014 to October 31, 2016
Money Order ONLY (**NO BUSINESS or PERSONAL CHECKS, NO CASH**)
$40.00 (postmarked on or **before** 10/31/2014) **OR** $60.00 (postmarked **after** 10/31/2014)

LICENSE: PT15617
DARLENE KUUNANIALOHA CUMMINGS
[redacted]
Las Vegas, NV [redacted]

Please make any changes to name or address next to the old information

RENEW BY MAIL

1. Complete this form
2. Sign and date this form
3. Send payment with this form (do NOT staple)
4. Mail original form and payment to address above
5. NO COPIES OR STAMPS ACCEPTED

<OR>

RENEW ONLINE

1. Go to http://bop.nv.gov
2. Click "Applications " then, "License Renewal"
3. Follow instructions
4. Use: **USER ID:** [redacted]
   PASSWORD: [redacted]

***New Users:** once logged in, when asked for OLD password, use the above password, then change

Section 1: Since your last renewal or recent licensure have you: *(Please fill in completely)*

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide documentation**:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

Section 2:

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☒
IF you marked **YES** to the question above, **are you in compliance with the court order?**	☐	☐

Section 3: Technicians in Training must be registered at **EACH** place of employment.
By signing below, you certify that you have **completed** at least 1 hour of continuing education in an approved Nevada Law program, as required.

A licensee is not required to have a Nevada State Business license, however, if you do, please provide the **#:**_____

Have you ever served in the military, either active, reserve or retired? Yes☐ No☒ **Branch:**_____

Military occupation/specialty:_____ **Dates of service:**_____

Section 4: I hereby certify that the information furnished on this document is true and correct. I agree to abide by all statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statues, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a license PT who, in their professional or occupational capacity, comes to know 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 enforcement agency.

Signature: Darlene K Cummings Date: 10/24/14

PT2034

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane ≈ Reno, NV 89509

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

Registration Fee: $40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Darlene Middle: Kuumanialoha Last: Cummings

Home Address: [redacted] Apt #:

City: Las Vegas State: NV Zip Code: [redacted]

Telephone: [redacted] Social Security Number: [redacted]

Date of Birth: [redacted] Place of Birth: Hawaii Sex: ☐ M or ☒ F

E-mail Address: [redacted]

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: _____

I am requesting registration at the following pharmacy:

Pharmacy: Walgreens Store #: 4755

Address: 3480 S. Jones Blvd

City: Las Vegas State: NV Zip Code: 89148

Signature of Managing Pharmacist: [signature] Lic #: 13454 Date: 11-21-17

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐
2. Are you a high school graduate or the equivalent? Yes ☒ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☒
IF you marked YES to the question, above are you in compliance with the court order?	☐	☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know 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.

Darlene [signature] 11-21-17

Original Signature, no copies or stamps accepted Date

Board Use Only Date Processed: 12/13/17 Amount: $40.00

Back To Dashboard

Renewal Application
Pharmaceutical Technician

Application Fee : $40.00
Convenience Fee : $2.00
License Number : PT20341
License Type : Pharmaceutical Technician
New Expiration Date : 10/31/2020

Personal Information

First Name : DARLENE
Middle (initial only) : KUUNANIALOHA
Last Name : CUMMINGS
License # : PT20341

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Home Address :

Military Address : ☐
Street : [redacted]
Country : United States
City : Las Vegas
State : Nevada
Zip : [redacted]
Home Phone : [redacted]
Cell Phone : [redacted]
Email Address : [redacted]
Fax : (XXX) XXX-XXXX

☑ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Nevada Business License Information - Check appropriate answer

- ◉ I DO NOT have a Nevada Business license number.
- ○ I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending.
- ○ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066.

Name of Business License :
Business License # :

Child Support Information – Check appropriate answer

- ◉ I am NOT SUBJECT to a court order for the support of a child.
- ○ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ○ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Military Service Information

Have you ever served in the military : ○ Yes ◉ No

Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license? ○ Yes ◉ No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? ○ Yes ◉ No

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? ○ Yes ◉ No

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? ○ Yes ◉ No

Acknowledgement and Declaration

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statues, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a license PT who, in their professional or occupational capacity, comes to know 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 enforcement agency.

Signature : DARLENE CUMMINGS

Date Of Application : 09/22/2018

Please type only the First and Last Name that are listed at the top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2018 to 10/31/2020	License Renewal Fee	$40.00
	Convenience Fee	$2.00
	Total :	**$42.00**

Save for Later | Save and Proceed to Payment

Fee and Payment

Payment Method : Credit / Debit Card

Application Fees : 40

Convenience Fee : 2

Reference Number : 40955652464

InvoiceDate : 09/22/2018

Paid

Pay & Submit

PT 24248

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION Registration Fee: $50.00

(Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Complete Name (**no abbreviations**):

First: Darlene Middle: Kuunanialoha Last Hess

Home Address: [redacted] Apt#:

City: North Las Vegas State: NV Zip Code: [redacted]

Telephone: [redacted] SS# or ITIN: [redacted]

Date of Birth: [redacted] Place of Birth: Hawaii Sex: ☐ M or ☑ F

E-mail Address: [redacted]

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: _____

I am requesting registration at the following pharmacy:

Pharmacy: Walgreens Store #: 07842

Address: 3339 S. Las Vegas Blvd

City: Las Vegas State: NV Zip Code: 89109

Signature of Managing Pharmacist: [signature] Lic #: 18420 Date: 1/7/21

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☑ No ☐
2. Are you a high school graduate or the equivalent? Yes ☑ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☑
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked **YES** to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

	State	Date:	Case #:
Board Administrative Action:		/ /	

	State	Date:	Case #:	County	Court
Criminal Action:		/ /			

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☑
IF you marked **YES** to the question, above are you in compliance with the court order?	☐	☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know 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.

Darlene K. Hess — Original Signature, no copies or stamps accepted

Jan. 13, 2021 — Date

Board Use Only Date Processed: 1/25/21 Amount: 50

PT24725

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION Registration Fee: $50.00

(Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Complete Name (**no abbreviations**):

First: DARLENE Middle: KUULANIALOHA Last HESS

Home Address: [redacted] Apt#:

City: NORTH LAS VEGAS State: NV Zip Code: [redacted]

Telephone: [redacted] SS# or ITIN: [redacted]

Date of Birth: [redacted] Place of Birth: HONOLULU Sex: ☐ M or ☒ F

E-mail Address: [redacted]

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: _____

I am requesting registration at the following pharmacy:

Pharmacy: WALGREENS Store #: 12271

Address: 2427 S. LAS VEGAS BLVD

City: LAS VEGAS State: NV Zip Code: ~~89104~~ 89104

Signature of Managing Pharmacist: [signature] Lic #: 15963 Date: 4-8-21

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☑ No ☐
2. Are you a high school graduate or the equivalent? Yes ☑ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☑
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked **YES** to any of the numbered questions (3-5) above, include the following information & **provide an explanation & documentation:**

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☑
IF you marked **YES** to the question, above are you in compliance with the court order?	☐	☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know 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.

Darlene Hess 4-10-21

Original Signature, no copies or stamps accepted Date

Board Use Only Date Processed: 4/20/21 Amount: $50 MO# 19-245682776

Back To Dashboard

Renewal Application
Pharmaceutical Technician Trainee

Application Fee : $50.00
Convenience Fee : $2.50
License Number : PT24248
License Type : Pharmaceutical Technician Trainee
New Expiration Date : 10/31/2024

Personal Information

First Name : DARLENE
Middle (initial only) : KUUNANIALOHA
Last Name : HESS
License # : PT24248

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA : Walgreens #7842
Military Address :
Street : 2427 S. Las Vegas Boulevard
Country : United States
City : Las Vegas
State : Nevada
Zip : 89104
Practice Phone : (XXX) XXX-XXXX
Practice Fax : (XXX) XXX-XXXX
Email Address : [redacted]
Sex : Female
Practice License Number:
Specialty:

Nevada Business License Information - Check appropriate answer

- (•) I DO NOT have a Nevada Business license number.
- ( ) I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending.
- ( ) I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066.

Name on Business License :
Business License # :

Child Support Information – Check appropriate answer

- (•) I am NOT SUBJECT to a court order for the support of a child.
- ( ) I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ( ) I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Military Service Information

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under condition other than dishonorable — ( ) Yes (•) No

Have you ever been assigned to duty for minimum of 6 continuous years in National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable — ( ) Yes (•) No

Have you ever served the Commissioned Corp of the United States Public Service or the Commissioned Corp of the National Oceanic and Atmospheric Administration of the United States in the capacity of the commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? — ( ) Yes (•) No

Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license? ○ Yes ◉ No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? ○ Yes ◉ No

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? ○ Yes ◉ No

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? ○ Yes ◉ No

Acknowledgement and Declaration

Technicians in Training must be registered at each PLACE of employment. By signing below, you certify that you have completed at least 1 hour of continuing education in an approved Nevada Law, program as required.

By signing and submitting this renewal application, I certify that: 1. My DEA certificate is CURRENT and reflects my current NV practicing address, and 2. I hold an active and current Nevada license with my professional licensing board

It is a violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

Signature : Darlene Hess Date Of Application : 09/01/2022

Please type only the First and Last Name that are listed at the top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2022 to 10/31/2024	License Renewal Fee	$50.00
	Convenience Fee	$2.50
	Late Fee	$0.00
	Total :	**$52.50**

Fee and Payment

Payment Method : Credit / Debit Card

Application Fees : 50

Late Fees : 0

Reference Number : 63908018348

InvoiceDate : 09/01/2022

Paid

Pay & Submit

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION Registration Fee: $50.00

(Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Complete Name **(no abbreviations)**:

First: Darlene Middle: Kuunanialoha Last Hess

Home Address: [redacted] Apt#:

City: North Las Vegas State: NV Zip Code: [redacted]

Telephone: [redacted] SS# or ITIN: [redacted]

Date of Birth: [redacted] Place of Birth: Honolulu Sex: ☐ M or ☒ F

E-mail Address: [redacted]

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: _____

I am requesting registration at the following pharmacy:

Pharmacy: Walgreens Store #: 21159

Address: 3821 W. Flamingo Rd

City: Las Vegas State: NV Zip Code: 89103

Signature of Managing Pharmacist: Ornela Kolicci Lic #: 19984 Date: 10/5/22

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐
2. Are you a high school graduate or the equivalent? Yes ☒ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked **YES** to any of the numbered questions (3-5) above, include the following information & **provide an explanation & documentation:**

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☒
IF you marked **YES** to the question, above are you in compliance with the court order?	☐	☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know 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.

Darlene Hess 9/22/22

Original Signature, no copies or stamps accepted Date

Board Use Only Date Processed: _____ Amount: 50.00 CC 10-11-22

Back To Dashboard

Renewal Application
Pharmaceutical Technician Trainee

Application Fee : $50.00
Convenience Fee : $2.50
License Number : PT27744
License Type : Pharmaceutical Technician Trainee
New Expiration Date : 10/31/2026

Personal Information

First Name : DARLENE

Middle (initial only) : KUUNANIALOHA

Last Name : HESS

License # : PT27744

Practice Address :

Name/Practice Name/DBA : Walgreens #21159

Military Address : ☐

Street : 3821 W Flamingo Rd

Country : United States

City : Las Vegas

State : Nevada

Zip : 89103

Practice Phone : (XXX) XXX-XXXX

Cell Phone : [redacted]

Email Address : [redacted]

Sex : Female

Child Support Information – Check appropriate answer

- ◉ I am **NOT SUBJECT** to a court order for the support of a child.
- ○ I am **SUBJECT** to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ○ I am **SUBJECT** to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- ○ Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)
- ○ Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?

Military Service Information

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under condition other than dishonorable	○ Yes ◉ No
Have you ever been assigned to duty for minimum of 6 continuous years in National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable	○ Yes ◉ No
Have you ever served the Commissioned Corp of the United States Public Service or the Commissioned Corp of the National Oceanic and Atmospheric Administration of the United States in the capacity of the commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?	○ Yes ◉ No

Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	○ Yes ◉ No
2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state?	○ Yes ◉ No
3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state?	○ Yes ◉ No
4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	○ Yes ◉ No

Acknowledgement and Declaration

☑ **By signing below, you certify that you have completed at least 1 hour of continuing education in an approved Nevada Law, program as required.**

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. In the event this application is approved I agree to 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

Signature : Darlene Hess

Date Of Application : 10/18/2024

Please type only the First and Last Name that are listed at the top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2024 to 10/31/2026	License Renewal Fee	$50.00
	Convenience Fee	$2.50
	Late Fee	$0.00
	Total :	**$52.50**

Fee and Payment

Payment Method : Credit / Debit Card

Application Fees : 50

Reinstatement Fee : 0

Transaction Fee : 2.5

Late Fees : 0

Reference Number : 120716930062

InvoiceDate : 10/25/2024

Paid

Pay & Submit

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician (PT) Application

Non-Refundable $50 fee

Rev (03/17/2023)

Section 1: General Information

First: DARLENE Middle: KUUNANIALOHA Last: HESS

Date of Birth: [redacted] SSN or ITIN [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: NORTH LAS VEGAS State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you have successfully completed an ASHP and Board approved PT school or training program.)

Program/School Name: Walgreens

Address: 3821 W. Flamingo Rd

City: Las Vegas State: NV Zip: 89103

Name of Program Director:

Section 3: Employment Information

Pharmacy Name: Walgreens License #: PT27744

Address: 3821 W. Flamingo Rd

City: Las Vegas State: NV Zip: 89103

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: Waipahu High School Graduation Date OR Date GED obtained (mm/yy): 1997 Address: 94-1211 Farrington HWY City: Waipahu State: HI Zip: 96797		

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** DH	
	Yes	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged?	X	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		X
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event MUST be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
unknown		NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge Solicitation				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

During the time of 1999 to 2002 I was being trafficked by then said boyfriend.

Darlene Hess

Original Signature (electronic, copies or stamps not accepted)

2-17-24

Date

Section 8: You MUST submit the documents below with your application base on your qualifications as a PT.	
Select your qualification as a PT (please check a box).	**Required documents to be submitted with your application.**
☒ The successful completion of an ASHP-approved PT school or training program	a. Provide a copy of the certification of completion of the program.
☐ **Active practice in good standing** in another state as a PT, and the successful completion of at least 1,500 hours of employment as a PT in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, which must be verified by a **signed affidavit** by the managing pharmacist of the pharmacy.	a. Provide a copy of your PT registration, license, or certificate (if it is a requirement by that state to practice as a PT), which must be current, active, and in good standing. b. Provide the signed affidavit from your managing pharmacist that you have completed at least 1,500 hours of employment as a PT in a pharmacy **in that state** (see form provided in this application).
☒ The successful completion of at least 1,500 hours of training and experience as a registered pharmaceutical technician in training (PTT), performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, in Nevada licensed pharmacies, which must be verified by the managing pharmacist of the pharmacy.	a. Provide the signed form from your managing pharmacist that you have completed 1,500 hours of training and experience in a pharmacy **in this state** as a registered PTT (see form provided in this application).
☐ The successful completion of a pharmaceutical technician training program conducted by a branch of the U.S. Armed Forces, the Indian Health Service of United States Department of Health and Human Services or the U.S. Department of Veterans Affairs.	a. Provide a copy of the certification of completion of the program.

Section 9: Fingerprints for a background check. ALL APPLICANTS MUST COMPLETE THIS SECTION. NRS 639.1371
In addition to the requirements in section 7, submit fingerprints for a background check by following the instructions https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/FP%20Instructions%20NRS%20639.127%20639.1371.pdf

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Darlene Hess
Print Name

Darlene Hess
Original Signature, no copies or stamps accepted

2-17-24
Date

Board Use Only	Date Received: 6/11/24	Amount: $50 ec

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Nevada Managing Pharmacist Certification of Training Hours for Pharmaceutical Technician in Training (PTT)

Rev (06/22/2022)

This form cannot be returned by fax or email.
We must have an original signature and fee to process.

Section 1: Certification of PTT (NAC 639.242) MUST BE COMPLETED BY THE PHARMACY MANAGER

Name of PTT: Darlene Hess
PTT License #: 27744
Pharmacy Manager Name: Ornela Kolicci
Pharmacy Manager License #: 19984
Name of Pharmacy: Walgreens
Pharmacy License #: PH04116
Pharmacy Address: 3821 W Flamingo Rd
City: Las Vegas
State: NV
Zip: 89103
Time period PTT employed (mm/yy-mm/yy): 10-20-2022 to current

I certify to the Board that the above-named PTT has successfully completed 1500 hours of training and experience performing the tasks of a PT listed in NRS 639.1371 (3)(c) and NAC 639.245(2). The specific training and experience completed is listed below:

Counting, pouring and mixing Drugs. Placing drugs in containers. Packaging Prescriptions. Remove drugs from stock. Type prescriptions and enter them in the system. Performed tasks at in, out and drive thru window. Label containers.

Do you certify that the PTT is competent to perform the duties of a pharmaceutical technician? ☒Yes ☐No (If you answered "No" please explain why below):

I certify under penalty of perjury that the information contained on this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this form and any portion thereof is a public record unless otherwise declared confidential by law, and may be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020.

Ornela Kolicci
Print Name (First, Last)

Ornela Kolicci
Original Signature of Managing Pharmacist, no copies or stamps accepted

1/23/24
Date

Board Use Only	Date Received: 6/4/24

CERTIFIED RECORDS CHECK

DATE: May 10, 2024

I declare under the penalty of perjury:

I am authorized to conduct a search of the criminal history records of the Las Vegas Metropolitan Police Department (LVMPD). I conducted a name search of LVMPD records for any criminal history record information relating to arrests, misdemeanor or felony convictions for **HESS, DARLENE KUUNANIALOHA**, DOB [redacted] Based on this search conducted on May 10, 2024, LVMPD records reflect the following information:

☒ The subject has a criminal history record with the LVMPD. See attached 8 pages.
☐ No arrests, misdemeanor or felony convictions with the LVMPD. No attachments.

Please be advised the identity of the above-named person was NOT VERIFIED by fingerprints.

For proper certification, the attached records must be attached.

I declare under penalty of perjury that the foregoing is true and correct.

KEVIN MCMAHILL, *Sheriff*

BY: G. Ritson P#20491
FOR: Chris Dennis, Captain
Records and Fingerprint Bureau

Pursuant to Nevada Revised Statute, the Las Vegas Metropolitan Police Department is only authorized to release criminal history information from its own records. For information concerning other police departments or public agencies, contact the police department or agency directly or for complete state-wide background checks, contact the State of Nevada Central Repository at 775-684-6262.

Las Vegas Metropolitan Police Department
400 S. Martin L. King Blvd.
Las Vegas, Nevada 89106

FOR OFFICIAL USE ONLY

ID #: [redacted]

DATE: 05/10/24

CLERK: G20491R

RE: REQUEST FOR RECORDS CHECK

To Whom It May Concern,

I hereby request the Las Vegas Metropolitan Police Department conduct a search of its files for any criminal history record that I may have, based on the information I have given below (identity not verified by fingerprints):

NAME (NOMBRE): Darlene Kuupanialoha Hess
First (Primer) Middle (Segundo) Last (Apellido)

DATE OF BIRTH (FECHA DE NACIMIENTO): [redacted]

PLACE OF BIRTH (LUGAR DE NACIMIENTO): Honolulu Hawaii

COLOR OF EYES (COLOR DE OJOS): Brown COLOR OF HAIR (COLOR DE CABELLO): Brown

HEIGHT (ESTATURA): [redacted] WEIGHT (PESO): [redacted]

SOC. SEC. # (NUMERO DE SEGURO SOCIAL): [redacted]

SCARS/MARKS/TATTOOS (CICATRICES/MARCAS DE ACIMIENTO/TATUAJES): left ankle tatoo "DAD"

I hereby authorize the Las Vegas Metropolitan Police Department to list any arrests, convictions, or non-conviction information which might be contained in file on me.

I hereby certify that the name appearing above is my true name. I am requesting access to notations of my criminal history records, if any. I fully understand that if I have employed any deception in regard to my true identity, I will be subject to prosecution.

The undersigned does hereby waive, discharge and release the Las Vegas Metropolitan Police Department, County of Clark, State of Nevada, the Sheriff of said City, County and State, and any of his personnel, of any and all actions, claims and demands whatsoever of any kind or nature that now exist or may hereafter accrue against said parties as a result of any information given and/or supplied pursuant to and in accordance with the above request and authorization.

Darlene Hess
Signature (Firma)

LVMPD TSD 43 (REV. 4-18) DISTRIBUTION: WHITE • RECORDS YELLOW • INDIVIDUAL

SCOPE II - R2I1 › Dissemination - Citizens

LVMPD CITIZENS REPORT

SCOPE RESPONSE

I HEREBY CERTIFY that this is a full true and correct copy of the original on file with the Las Vegas Metropolitan Police Department, except for the information that is privileged and confidential by law.

PERSON BASE RECORD

ID #: [redacted]
NAM: CUMMINGS, DARLENE KUUMANI **DOB:** [redacted]
SEX: F **RAC:** W **HGT:** [redacted] **WGT:** [redacted] **HAIR:** BRO **EYE:** BRO
ADR: RS [redacted]
NORTH LAS VEGAS NV [redacted]

AKA [7]

NAME	AGY	ENTRY DATE
CUNNINGS, DARLLENE KUUMANI	LAS VEGAS METRO PD	8/15/1998
HESS, DARLENE KUUNANIALOHA	LAS VEGAS METRO PD	7/29/2019
KING, DARLENE KUUNANIALOHA	LAS VEGAS METRO PD	7/29/2019
OLIVA, DARLENE KUUNANIALOHA	LAS VEGAS METRO PD	7/29/2019
CUMMINGS, DARLENE KUUNANIALOHA	LAS VEGAS METRO PD	7/29/2019
CUMMINGS, DARLENE KUUMANI	LAS VEGAS METRO PD	8/15/1998
KING, DARLENE K	LAS VEGAS MUNICIPAL COURT	8/15/1998

ADDITIONAL DOB [1]

DOB	AGY	ENTRY DATE
[redacted]	LAS VEGAS METRO PD	8/15/1998

MISSING PERSON HISTORY [1]

CIRCUMSTANCE:	DESCRIPTION:	AGY:	REPORTED:	ENTERED:	EVENT#:	CANCELLED:	CANCELLATION ENTERED:
UNKNOWN		LAS VEGAS METRO PD	07/06/2001 00:00:00	07/06/2001 00:00:00	010706-1814	07/06/2001 00:00:00	07/06/2001 00:00:00

CRIMINAL HISTORY **ARR [13] CIT [3] SUM [0]**

ARREST DATE: 1/2/2005 **AGY: LAS VEGAS METRO PD** **PCN#:** **BK#: -**

RN#: 19 **CHARGE:** 1 **TYPE:** UNK **FAIL TO:** APPEAR **OFF:** 99999 OTHER () SOLICIT F/PURP O/PROST, WARRANT, BW-03M23688X, MPD **COUNTS:** 1 **EVT#:** 031016-1448
CREATED: 1/2/2005 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

ARREST DATE: 10/16/2003 **AGY: LAS VEGAS METRO PD** **PCN#: 20899282** **BK#: -**

RN#: 19 **CHARGE:** 1 **TYPE:** UNK **OFF:** 99999 OTHER () SOLICIT F/PURP O/PROST **COUNTS:** 1 **EVT#:** 031016-1448
CCN: 03M23688X UNKNOWN ADULT **SEQ#:** 000 **CREATED:** 10/16/2003 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:**

FINAL DISPO DATE: 10/16/2003 **CCN:** 03M23688X
FINAL OFF: 99999 OTHER () SOLICIT F/PURP O/PROST
DISPO: UNKNOWN
UPDATED: 5/18/2013

FINE $ **EXCUSE** $ **RESTITUTION** $

MIN YRS MOS DAYS HRS **MIN YRS MOS DAYS HRS**

[redacted]

TERM OF SENTENCE | COMMUNITY SERVICE

CREDIT TIME SERVED | NO | PROBATION

LEGACY DISPO: PCN 20899282 / ROR

ARREST DATE: 9/4/2003 **AGY:** LAS VEGAS METRO PD **PCN#:** **BK#:** -

RN#: 18 **CHARGE:** 1 **TYPE:** UNK **OFF:** 99999 OTHER () PED O/HWY **COUNTS:** 1 **EVT#:** 030904-3031
CCN: C-564393-A UNKNOWN **CREATED:** 9/4/2003 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
9/4/2003	99999 OTHER () PED O/HWY	UNKNOWN

CCN: C-564393-A **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE				
CREDIT TIME SERVED					NO	PROBATION				

LEGACY DISPO: OOOO

ARREST DATE: 3/12/2003 **AGY:** LAS VEGAS METRO PD **PCN#:** **BK#:** -

RN#	CHARGE	TYPE	FAIL TO	OFF	COUNTS	EVT#
16	1	UNK	APPEAR	99999 OTHER () POSS NARCO PARAPHERNALIA, WARRANT, BW-C-541468-A, LVC	1	030102-1120

CCN: C-541468-A UNKNOWN **CREATED:** 3/12/2003 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
3/12/2003	99999 OTHER () POSS NARCO PARAPHERNALIA	UNKNOWN

CCN: C-541468-A **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE				
CREDIT TIME SERVED					NO	PROBATION				

LEGACY DISPO: OOOO

RN#	CHARGE	TYPE	FAIL TO	OFF	COUNTS	EVT#
17	2	UNK	APPEAR	99999 OTHER () POSS HYPO DEV, WARRANT, BW-C-541468-B, LVC	1	030102-1120

CCN: C-541468-B UNKNOWN **CREATED:** 3/12/2003 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
3/12/2003	99999 OTHER () POSS HYPO DEV	UNKNOWN

CCN: C-541468-B **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE				
CREDIT TIME SERVED					NO	PROBATION				

LEGACY DISPO: OOOO

ARREST DATE: 1/2/2003 **AGY:** LAS VEGAS METRO PD **PCN#:** **BK#:** -

RN#: 16 **CHARGE:** 2 **TYPE:** UNK **OFF:** 99999 OTHER () POSS NARCO PARAPHERNALIA **COUNTS:** 1 **EVT#:** 030102-1120
CCN: C-541468-A UNKNOWN **CREATED:** 1/2/2003 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:

I HEREBY CERTIFY that this is a full true and correct copy of the original on file with the Las Vegas Metropolitan Police Department, except for the information that is privileged and confidential by law.

PER NEVADA REVISED STATUTES, LAS VEGAS METRO PD IS AUTHORIZED TO RELEASE OUR AGENCY'S CRIMINAL HISTORY INFORMATION ONLY. FOR OTHER AGENCY INFORMATION, CONTACT THE AGENCY DIRECTLY - OR - FOR COPIES OF BACKGROUND CHECKS, CONTACT THE STATE OF NEVADA REPOSITORY.

LAS VEGAS METRO PD GALIA RITSON [redacted] 05/10/2024 13:01:51

RELEASE TO: HE[redacted] DARLENE KUUNAPALOHA

1/2/2003 99999 OTHER () POSS NARCO PARAPHERNALIA UNKNOWN
CCN: C-541468-A **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED					NO	PROBATION					

LEGACY DISPO: ROR

RN#: 17 **CHARGE:** 1 **TYPE:** UNK **OFF:** 99999 OTHER () POSS HYPO DEV **COUNTS:** 1 **EVT#:** 030102-1120
CCN: C-541468-B UNKNOWN **CREATED:** 1/2/2003 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
1/2/2003	99999 OTHER () POSS HYPO DEV	UNKNOWN

CCN: C-541468-B **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED					NO	PROBATION					

LEGACY DISPO: ROR

ARREST DATE: 11/5/2002 **AGY: LAS VEGAS METRO PD** **PCN#:** **BK#: -**

RN#: 15 **CHARGE:** 1 **TYPE:** UNK **OFF:** 99999 OTHER () OBST POL OFCR **COUNTS:** 1 **EVT#:** 021105-1352
CCN: C-536630-A UNKNOWN **CREATED:** 11/5/2002 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
11/5/2002	99999 OTHER () OBST POL OFCR	UNKNOWN

CCN: C-536630-A **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED					NO	PROBATION					

LEGACY DISPO: OOOO

ARREST DATE: 1/12/2002 **AGY: LAS VEGAS METRO PD** **PCN#: 09565110** **BK#: -**

RN#: 13 **CHARGE:** 1 **TYPE:** UNK **OFF:** 99999 OTHER () BATT DOMESTIC VIOL **COUNTS:** 1 **EVT#:** 020112-2132
CCN: C-508949-A UNKNOWN **SEQ#:** 000 **CREATED:** 1/12/2002 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
1/14/2002	99999 OTHER () BATT DOMESTIC VIOL	FINAL

CCN: C-508949-A **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED					NO	PROBATION					

LEGACY DISPO: PCN 09565110//DENIED BY CA

ARREST DATE: 11/16/2001 **AGY: LAS VEGAS METRO PD** **PCN#:** **BK#: -**

I HEREBY CERTIFY that this is a full true and correct copy of the original on file with the Las Vegas Metropolitan Police Department, except for the information that is privileged and confidential by law.

PER NEVADA REVISED STATUTES, LAS VEGAS METRO PD IS AUTHORIZED TO RELEASE OUR AGENCY'S CRIMINAL HISTORY INFORMATION ONLY. FOR OTHER AGENCY INFORMATION, CONTACT THE AGENCY DIRECTLY. - OR - FOR COMPLETE BACKGROUND CHECKS, CONTACT THE STATE OF NEVADA REPOSITORY.

LAS VEGAS METRO PD GALIA RITSON/G20491R 05/10/2024 13:01:51

RELEASE TO: HESS, DALENE KUUNANILOKA

RN#: 11 **CHARGE:** 1 **TYPE:** UNK **FAIL TO:** APPEAR **OFF:** 99999 OTHER () POSS NARCO PARAPHERNALIA, WARRANT, BW-C-387608-A, MPD **COUNTS:** 1 **EVT#:** 990118-0499
CCN: C-387608-A UNKNOWN **CREATED:** 11/16/2001 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
11/16/2001	99999 OTHER () POSS NARCO PARAPHERNALIA	UNKNOWN

CCN: C-387608-A **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED					NO	PROBATION					

LEGACY DISPO: 0000

RN#: 12 **CHARGE:** 2 **TYPE:** UNK **FAIL TO:** APPEAR **OFF:** 99999 OTHER () OBST POL OFCR, WARRANT, BW-C-387608-B, MPD **COUNTS:** 1 **EVT#:** 990118-0499
CCN: C-387608-B UNKNOWN **CREATED:** 11/16/2001 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
11/16/2001	99999 OTHER () OBST POL OFCR	UNKNOWN

CCN: C-387608-B **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED					NO	PROBATION					

LEGACY DISPO: 0000

ARREST DATE: 1/18/1999 **AGY:** LAS VEGAS JUSTICE COURT **PCN#:** **BK#:** -

RN#: 9 **CHARGE:** 1 **TYPE:** UNK **FAIL TO:** APPEAR **OFF:** 99999 OTHER () POSS NARCO PARAPHERNALIA, WARRANT, BW-C-383075-A, LVC **COUNTS:** 1 **EVT#:** 981204-1115
CCN: C-383075-A UNKNOWN **CREATED:** 1/18/1999 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
1/25/1999	99999 OTHER () POSS NARCO PARAPHERNALIA	UNKNOWN

CCN: C-383075-A **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED					NO	PROBATION					

LEGACY DISPO: ROR

ARREST DATE: 1/18/1999 **AGY:** LAS VEGAS METRO PD **PCN#:** **BK#:** -

RN#: 11 **CHARGE:** 2 **TYPE:** UNK **OFF:** 99999 OTHER () POSS NARCO PARAPHERNALIA **COUNTS:** 1 **EVT#:** 990118-0499
CCN: C-387608A UNKNOWN **CREATED:** 1/18/1999 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
1/25/1999	99999 OTHER () POSS NARCO PARAPHERNALIA	UNKNOWN

CCN: C-387608A **UPDATED:** 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					

I HEREBY CERTIFY that this is a full true and correct copy of the original on file with the Las Vegas Metropolitan Police Department, except for the information that is privileged and confidential by law.

PER NEVADA REVISED STATUTES, LAS VEGAS METRO PD IS AUTHORIZED TO RELEASE OUR AGENCY'S CRIMINAL HISTORY INFORMATION ONLY. FOR OTHER AGENCY INFORMATION, CONTACT THE AGENCY DIRECTLY - OR - FOR COMPLETE BACKGROUND CHECKS, CONTACT THE STATE OF NEVADA REPOSITORY

LAS VEGAS METRO PD GALIA RITSON - 264918 05/10/2024 15:01:51

RELEASE TO: HESS, DARLENE KUUNANILOHA

CREDIT TIME SERVED NO PROBATION

LEGACY DISPO: ROR

RN#: 12 **CHARGE:** 1 **TYPE:** UNK **OFF:** 99999 OTHER () FLSE INFO T/POL **COUNTS:** 1 **EVT#:** 990118-0499
CCN: C-387608-B UNKNOWN **CREATED:** 1/18/1999 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
1/25/1999 **CCN:** C-387608-B	99999 OTHER () FLSE INFO T/POL	UNKNOWN

UPDATED: 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED						PROBATION					

NO

LEGACY DISPO: ROR

CITE DATE: 12/21/1998 **AGY:** LAS VEGAS METRO PD **PCN#:**

RN#: 10 **CHARGE:** 1 **TYPE:** UNK **OFF:** 99999 OTHER () TRESPASS **COUNTS:** 1 **EVT#:** 981221-1226F
CITE#: 999999999999999 **CREATED:** 12/21/1998 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

ARREST DATE: 12/4/1998 **AGY:** LAS VEGAS METRO PD **PCN#:** **BK#:** -

RN#: 8 **CHARGE:** 2 **TYPE:** UNK **FAIL TO:** APPEAR **OFF:** 99999 OTHER () TRESPASS, WARRANT, BW-C-380840-A, LVC **COUNTS:** 1 **EVT#:** UNKNOWN
CCN: C-380840-A UNKNOWN **CREATED:** 12/4/1998 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
12/8/1998 **CCN:** C-380840-A	99999 OTHER () TRESPASS	UNKNOWN

UPDATED: 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED						PROBATION					

NO

LEGACY DISPO: ROR

RN#: 9 **CHARGE:** 1 **TYPE:** UNK **OFF:** 99999 OTHER () POSS NARCO PARAPHERNALIA **COUNTS:** 1 **EVT#:** 981204-1115
CCN: C-383075-A UNKNOWN **CREATED:** 12/4/1998 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE:	FINAL OFF:	DISPO:
12/8/1998 **CCN:** C-383075-A	99999 OTHER () POSS NARCO PARAPHERNALIA	UNKNOWN

UPDATED: 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED						PROBATION					

NO

LEGACY DISPO: ROR

CITE DATE: 11/8/1998 **AGY:** LAS VEGAS METRO PD **PCN#:**

RN#: 7 **CHARGE:** 1 **TYPE:** UNK **OFF:** 99999 OTHER () LOITER F/PURP O/PROST **COUNTS:** 1 **EVT#:** 981108-1891F
CITE#: 999999999999999 **CREATED:** 11/8/1998 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

I HEREBY CERTIFY that this is a full true and correct copy of the original on file with the Las Vegas Metropolitan Police Department, except for the information that is privileged and confidential by law.

PER NEVADA REVISED STATUTES, LAS VEGAS METRO PD IS AUTHORIZED TO RELEASE OUR AGENCY'S CRIMINAL HISTORY INFORMATION ONLY. FOR OTHER AGENCY INFORMATION, CONTACT THE AGENCY DIRECTLY – OR – FOR COMPLETE BACKGROUND CHECKS, CONTACT THE STATE OF NEVADA REPOSITORY.

LAS VEGAS METRO PD/JIA RITSON/G204918 05/10/2024 13:01:51

RELEASE TO: HESS, DARLENE KUUMANI/ALOHA

CITE DATE: 10/28/1998 **AGY:** LAS VEGAS METRO PD **PCN#:**

RN#: 6 **CHARGE:** 1 **TYPE:** UNK **OFF:** 99999 OTHER () TRESPASS **COUNTS:** 1 **EVT#:** 1-1816224A/F
CITE#: 1-1816224A/F **CREATED:** 10/28/1998 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

ARREST DATE: 10/3/1998 **AGY:** LAS VEGAS METRO PD **PCN#:** **BK#:** -

RN#: 1 **CHARGE:** 5 **TYPE:** UNK **FAIL TO:** APPEAR **OFF:** 99999 OTHER () SOLICIT F/PURP O/PROST, WARRANT, BW-C-371531-A, LVC **COUNTS:** 1 **EVT#:** UNKNOWN
CCN: C-371531-A UNKNOWN **CREATED:** 10/3/1998 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE: 10/3/1998 **CCN:** C-371531-A
FINAL OFF: 99999 OTHER () SOLICIT F/PURP O/PROST
DISPO: UNKNOWN
UPDATED: 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED					NO	PROBATION					

LEGACY DISPO: OOOO

RN#: 2 **CHARGE:** 4 **TYPE:** UNK **FAIL TO:** APPEAR **OFF:** 99999 OTHER () SOLICIT F/PURP O/PROST, WARRANT, BW-C-371531-B, LVC **COUNTS:** 1 **EVT#:** UNKNOWN
CCN: C-371531-B UNKNOWN **CREATED:** 10/3/1998 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE: 10/3/1998 **CCN:** C-371531-B
FINAL OFF: 99999 OTHER () SOLICIT F/PURP O/PROST
DISPO: UNKNOWN
UPDATED: 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED					NO	PROBATION					

LEGACY DISPO: OOOO

RN#: 3 **CHARGE:** 3 **TYPE:** UNK **FAIL TO:** APPEAR **OFF:** 99999 OTHER () SOLICIT F/PURP O/PROST, WARRANT, BW-C-371531-C, LVC **COUNTS:** 1 **EVT#:** UNKNOWN
CCN: C-371531-C UNKNOWN **CREATED:** 10/3/1998 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE: 10/3/1998 **CCN:** C-371531-C
FINAL OFF: 99999 OTHER () SOLICIT F/PURP O/PROST
DISPO: UNKNOWN
UPDATED: 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS
TERM OF SENTENCE						COMMUNITY SERVICE					
CREDIT TIME SERVED					NO	PROBATION					

LEGACY DISPO: OOOO

RN#: 4 **CHARGE:** 2 **TYPE:** UNK **OFF:** 99999 OTHER () FLSE INFO T/POL **COUNTS:** 1 **EVT#:** 981003-1579
CCN: C-377006-A UNKNOWN **CREATED:** 10/3/1998 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE: 10/3/1998 **CCN:** C-377006-A
FINAL OFF: 99999 OTHER () FLSE INFO T/POL
DISPO: UNKNOWN
UPDATED: 5/18/2013

FINE	EXCUSE	RESTITUTION
$	$	$

	MIN	YRS	MOS	DAYS	HRS		MIN	YRS	MOS	DAYS	HRS

I HEREBY CERTIFY that this is a full true and correct copy of the original on file with the Las Vegas Metropolitan Police Department, except for the information that is privileged and confidential by law.

PER NEVADA REVISED STATUTES, LAS VEGAS METRO PD IS AUTHORIZED TO RELEASE OUR AGENCY'S CRIMINAL HISTORY INFORMATION ONLY. FOR OTHER AGENCY INFORMATION, CONTACT THE AGENCY DIRECTLY -- OR -- FOR COMPLETE BACKGROUND CHECKS, CONTACT THE STATE OF NEVADA REPOSITORY.

LAS VEGAS METRO PD GALIA RITSON/G2049 on 05/10/2024 13:01:51

RELEASE TO: HESS, DEVIENE KUUNANIALOHA

TERM OF SENTENCE
CREDIT TIME SERVED
LEGACY DISPO: OOOO

NO

COMMUNITY SERVICE
PROBATION

RN#: 5 **CHARGE:** 1 **TYPE:** UNK **OFF:** 99999 OTHER () POSS NARCO PARAPHERNALIA **COUNTS:** 1 **EVT#:** 981003-1579
CCN: C-377006-B UNKNOWN **CREATED:** 10/3/1998 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE: 10/3/1998
CCN: C-377006-B

FINAL OFF: 99999 OTHER () POSS NARCO PARAPHERNALIA

DISPO: UNKNOWN

UPDATED: 5/18/2013

FINE EXCUSE RESTITUTION
$ $ $

MIN YRS MOS DAYS HRS
TERM OF SENTENCE
CREDIT TIME SERVED
LEGACY DISPO: OOOO

NO

MIN YRS MOS DAYS HRS
COMMUNITY SERVICE
PROBATION

ARREST DATE: 8/15/1998 **AGY: LAS VEGAS METRO PD** **PCN#:** **BK#:** -

RN#: 1 **CHARGE:** 2 **TYPE:** UNK **OFF:** 99999 OTHER () SOLICIT F/PURP O/PROST **COUNTS:** 1 **EVT#:** 980815-2001
CCN: C-371531-A UNKNOWN **CREATED:** 8/15/1998 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE: 8/15/1998
CCN: C-371531-A

FINAL OFF: 99999 OTHER () SOLICIT F/PURP O/PROST

DISPO: UNKNOWN

UPDATED: 5/18/2013

FINE EXCUSE RESTITUTION
$ $ $

MIN YRS MOS DAYS HRS
TERM OF SENTENCE
CREDIT TIME SERVED
LEGACY DISPO: OOB

NO

MIN YRS MOS DAYS HRS
COMMUNITY SERVICE
PROBATION

RN#: 2 **CHARGE:** 1 **TYPE:** UNK **OFF:** 99999 OTHER () SOLICIT F/PURP O/PROST **COUNTS:** 1 **EVT#:** 980815-2001
CCN: C-371531-B UNKNOWN **CREATED:** 8/15/1998 **UPDATED:** 5/18/2013 **JUV/CERT/ADULT:** ADULT

FINAL DISPO DATE: 8/15/1998
CCN: C-371531-B

FINAL OFF: 99999 OTHER () SOLICIT F/PURP O/PROST

DISPO: UNKNOWN

UPDATED: 5/18/2013

FINE EXCUSE RESTITUTION
$ $ $

MIN YRS MOS DAYS HRS
TERM OF SENTENCE
CREDIT TIME SERVED
LEGACY DISPO: OOB

NO

MIN YRS MOS DAYS HRS
COMMUNITY SERVICE
PROBATION

WORK CARD/BUSINESS LICENSE - ACTIVE [1]

TYPE: WORKCARD
DESCRIPTION: OTHER
JURISDICTION: COUNTY
STATUS: APPROVED
ISSUE DATE: 8/19/2019
EXPIRATION DATE: 8/19/2024

EMPLOYER INFORMATION [1]

EMPLOYER: WALGREENS
POSITION: MANAGER
NOTIFIED:

I HEREBY CERTIFY that this is a full true and correct copy of the original on file with the Las Vegas Metropolitan Police Department, except for the information that is privileged and confidential by law.

PER NEVADA REVISED STATUTES, LAS VEGAS METRO PD IS AUTHORIZED TO RELEASE OUR AGENCY'S CRIMINAL HISTORY INFORMATION ONLY. FOR OTHER AGENCY INFORMATION, CONTACT THE AGENCY DIRECTLY – OR – FOR COMPLETE BACKGROUND CHECKS, CONTACT THE STATE OF NEVADA REPOSITORY.

LAS VEGAS METRO PD GALIN [illegible] 05/10/2024 [illegible]

RELEASE [illegible] DARLENE KUUNANIALOU

COMMENTS:

I HEREBY CERTIFY that this is a full true and correct copy of the original on file with the Las Vegas Metropolitan Police Department, except for the information that is privileged and confidential by law.

PER NEVADA REVISED STATUTES, LAS VEGAS METRO PD IS AUTHORIZED TO RELEASE OUR AGENCY'S CRIMINAL HISTORY INFORMATION ONLY. FOR OTHER AGENCY INFORMATION, CONTACT THE AGENCY DIRECTLY – OR – FOR COMPLETE BACKGROUND CHECKS, CONTACT THE STATE OF NEVADA REPOSITORY.

LAS VEGAS METRO PD GALIA PITSON/G204919 05/10/2024 13:01:51

RELEASE TO: HESS, DARLENE KUUNANIALOHA

5E

FILED
MAR 30 2026
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **THE HILSINGER COMPANY PARENT, LLC D/B/A HILCO VISION,** **Wholesale License No. WH02862,** **Respondent.**	**CASE NO. 25-187-WH-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 and this Respondent because at the time of the events alleged herein, Respondent The Hilsinger Company Parent, LLC d/b/a Hilco Vision, License No. WH02862, located in Las Vegas (Hilco Vision), was a medical products wholesale distributor licensed by the Board.

FACTUAL ALLEGATIONS

2. On or about October 2, 2024, the U.S. Food and Drug Administration (FDA) issued warning letter no. 320-25-01 to Omni Lens Pvt. Ltd., a manufacturer of ophthalmic products in India, determining that Green Glo, NDC 17238-0920 and Bio Glo, NDC 17238-0900 did not conform to Current Good Manufacturing Practice (CGMP) regulations and thus adulterated, were manufactured in a facility that was not registered with the FDA and thus misbranded, and prohibiting the interstate commerce of Green Glo, NDC 17238-0920 and Bio Glo, NDC 17238-0900.

3. Hilco Vision distributed Green Glo, NDC 17238-0920 and/or Bio Glo, NDC 17238-0900, on twenty-six (26) occasions into Nevada between 10/11/2024 and 4/4/2025, after the FDA issued the warning letter.

APPLICABLE LAW

4. 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.

5. Pursuant to NRS 585.520(1) and (2) it is unlawful to sell or distribute an adulterated or misbranded drug (as defined in NRS 585.380, NRS 585.400, NRS 585.410, NRS 585.420 and/or NRS 585.460) in Nevada. Pursuant to NRS 454.351(1) it is unlawful to sell or distribute any drug which may not be lawfully introduced into interstate commerce under the FD&C Act.

6. Performing any duties as a license 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).

7. 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).

8. 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).

COUNT ONE

Violation of Federal Law – Sale/Distribution of Adulterated/Misbranded Drugs

9. By engaging in the sale and/or distribution of Green Glo, NDC 17238-0920 and/or Bio Glo, NDC 17238-0900, into Nevada after the FDA issued the warning letter as alleged in paragraphs 2-3 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate to 21 U.S.C. § 331(a), (b) and (c), and is subject to discipline pursuant to NRS 639.210(11).

COUNT TWO

Violation of State Law – Sale/Distribution of Adulterated/Misbranded Drugs

10. By engaging in the sale and/or distribution of Green Glo, NDC 17238-0920 and/or Bio Glo, NDC 17238-0900, into Nevada after the FDA issued the warning letter as alleged in paragraphs 2-3 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.351(1) and/or NRS 585.520(1) and (2), and is subject to discipline pursuant to NRS 639.210(12).

COUNT THREE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

11. By its conduct as alleged herein, Respondent has performed its duties as the holder of a wholesaler license 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).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the license of this Respondent.

Signed this 30th day of MARCH 2026.

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.** **THE HILSINGER COMPANY PARENT, LLC D/B/A HILCO VISION,** **Wholesale License No. WH02862,** **Respondent.**	**Case No. 25-187-WH-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, June 3, 2026, 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, Brett Kandt 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 7th day of MARCH 2026.

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.** **THE HILSINGER COMPANY PARENT, LLC D/B/A HILCO VISION,** **Wholesale License No. WH02862,** **Respondent.**	**Case No. 25-187-WH-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 _____ 2026.

AUTHORIZED REPRESENTATIVE FOR
The Hilsinger Company Parent, LLC D/B/A
Hilco Vision

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 30th day of March 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

The Hilsinger Company Parent, LLC
dba Hilco Vision
3908 N. 5th St.
North Las Vegas, NV 89032

Hilsinger Holdings, LLC
575 West Street, Suite 120
Mansfield, MA 02048

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of April 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Hilco Vision
575 West Street
Mansfield, MA 02048

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **THE HILSINGER COMPANY PARENT, LLC D/B/A HILCO VISION,** **Wholesale License No. WH02862,** **Respondent.**	**CASE NO. 25-187-WH-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 The Hilsinger Company Parent, LLC d/b/a Hilco Vision, License No. WH02862, by and through counsel, Jerry Moore, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. On or about April 8, 2026, 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. Respondent is entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. 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.

3. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with

the provisions of this Stipulation, Respondent hereby knowingly and voluntarily waive the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

5. 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*:

A. On or about October 2, 2024, the U.S. Food and Drug Administration (FDA) issued warning letter no. 320-25-01 to Omni Lens Pvt. Ltd., a manufacturer of ophthalmic products in India, determining that Green Glo, NDC 17238-0920 and Bio Glo, NDC 17238-0900 did not conform to Current Good Manufacturing Practice (CGMP) regulations and thus adulterated, were manufactured in a facility that was not registered with the FDA and thus misbranded, and prohibiting the interstate commerce of Green Glo, NDC 17238-0920 and Bio Glo, NDC 17238-0900.

B. By engaging in the sale and/or distribution of Green Glo, NDC 17238-0920 and/or Bio Glo, NDC 17238-0900, on twenty-six (26) occasions into Nevada between 10/11/2024 and 4/4/2025, after the FDA issued the warning letter, Respondent violated 21 U.S.C. § 331(a), (b) and (c), NRS 454.351(1) and/or NRS 585.520(1) and (2), and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i).

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. On or about December 4, 2025, Respondent submitted a closure notice to the Board and effectively surrendered License No. WH02862.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent The Hilsinger Company Parent, LLC d/b/a Hilco Vision, License No. WH02862, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent 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 July 1, 2026; and

B. 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 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 July 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 June 3, 2026. 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 21st day of April 2026

THE HILSINGER COMPANY PARENT, LLC D/B/A HILCO VISION,
Wholesale License No. WH02862

APPROVED AS TO FORM AND CONTENT
this 24th day of April 2026

JERRY MOORE, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2026

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent The Hilsinger Company Parent, LLC d/b/a Hilco Vision, License No. WH02862, in Case No. 25-187-WH-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 June 2026.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

5F

FILED
APR 0 6 2026
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PATRICIA RENEE SANCHEZ. PTT, Certificate of Registration No. PT28814,** **Respondent.**	**CASE NO. 26-108-PTT-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 Patrica Renee Sanchez, PTT, held a Nevada pharmaceutical technician in training registration, Certificate of Registration No. PT28814, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent's criminal history includes an arrest and conviction in 2002 on one count of conspiracy to violate the Uniform Controlled Substances Act, a Category C felony in violation of NRS 453.401(1)(a), in First Judicial District Court Case No. 02-0096-4C.

3. Respondent failed to disclose her criminal history to the Board on her 2023 application for registration as a pharmaceutical technician in training, and was issued Certificate of Registration No. PT28814. Respondent subsequently failed to disclose her criminal history on her 2025 application for registration as a pharmaceutical technician.

APPLICABLE LAW

4. 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).

5. 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).

6. 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).

7. 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).

COUNT ONE
Furnishing False Material Information to Board

8. By failing to disclose her criminal history to the Board on her 2023 application for registration as a pharmaceutical technician in training and again on her 2025 application for registration as a pharmaceutical technician, 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

9. By failing to disclose her criminal history to the Board on her 2023 application for registration as a pharmaceutical technician in training and again on her 2025 application for registration as a pharmaceutical technician, Respondent is subject to discipline pursuant to NRS 639.210(10).

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 6th day of APRIL 2026.

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.** **PATRICIA RENEE SANCHEZ. PTT, Certificate of Registration No. PT28814,** **Respondent.**	**Case No. 26-108-PTT-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, June 3, 2026, 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, Brett Kandt 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 6th day of APRIL 2026.

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.** **PATRICIA RENEE SANCHEZ. PTT, Certificate of Registration No. PT28814,** **Respondent.**	**Case No. 26-108-PTT-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 _____ 2026.

_____

PATRICIA RENEE SANCHEZ. 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 April 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Patricia Renee Sanchez, PTT
[redacted]
Reno, NV [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PATRICIA RENEE SANCHEZ. PTT, Certificate of Registration No. PT28814,** **Respondent.**	**Case No. 26-108-PTT-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").

See Attached Statement

Respondent: Patricia Renee Sanchez, PTT | Case No. 26-108-PTT-N

Certificate of Registration No. PT28814 | Answer and Notice of Defense

Respondent's Statement and Affirmative Defenses

Before the Nevada State Board of Pharmacy

I. Respondent's Statement

Respondent admits that she has a prior felony conviction from 2002 that was not disclosed on her 2023 and 2025 applications. Respondent respectfully asserts that this omission was not intentional or made for the purpose of deception, but was the result of a good-faith belief regarding the effect of a pardon.

Respondent was granted a pardon by the State of Nevada and believed, incorrectly, that the pardon eliminated the requirement to disclose the conviction. This belief was applied consistently across both applications and was not an attempt to conceal information from the Board.

Respondent accepts responsibility for the omission and now understands that the conviction should have been disclosed regardless of the pardon. Respondent is fully willing to provide complete and accurate information and documentation to the Board moving forward.

The underlying offense occurred over 20 years ago, and Respondent has had no further criminal history since that time. Respondent has maintained consistent employment in retail, auction services, and pharmacy-related settings, demonstrating reliability and responsibility over many years.

Respondent has attached documentation of the pardon (Attachment A) and a character reference (Attachment B) in support of this response.

Respondent understands the importance of full disclosure in the application process and is committed to complete transparency and compliance with all Board requirements moving forward.

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows: See Attached Statement

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 13 day of April 2026.

Patricia Renee Sanchez PTT

PATRICIA RENEE SANCHEZ. PTT

II. Affirmative Defenses

Respondent asserts that the omission of the prior conviction was not intentional, but the result of a good-faith belief regarding disclosure requirements following a pardon. Respondent has no history of deceptive conduct and has acted consistently with that belief.

The underlying offense occurred over 20 years ago, and Respondent was subsequently granted a pardon by the State of Nevada, reflecting rehabilitation and good conduct. Since that time, Respondent has maintained a law-abiding life with no further criminal history.

Respondent has demonstrated consistent and reliable employment in retail, auction services, and pharmacy-related settings over many years. This long-standing history reflects responsibility, trustworthiness, and fitness to practice.

Respondent has attached documentation of the pardon (Attachment A) and a character reference (Attachment B) for the Board's consideration.

Respondent understands the responsibilities associated with working in a pharmacy setting, including the handling of medications, and is committed to maintaining the highest standards of integrity and professionalism.

Respondent respectfully requests that the Board consider the age of the offense, the granting of the pardon, her rehabilitation, and the absence of any intent to deceive in evaluating this matter.

III. Signature

Respondent: Patricia R Sanchez

Date: 13th April 2026

Attachments
Attachment A: Pardon Documentation
Attachment B: Character Reference

Patricia Renee Sanchez, PTT
[redacted]
Reno, Nevada[redacted]

April 22, 2026

To Whom it May Concern,

My name is Patricia Renee Sanchez. I am writing to you in my capacity as myself to advocate for myself. It is my honor to vouch for my own character and integrity. I do not imagine facts.

On May 4th, 2002, I made a horrible decision to distribute a controlled substance to a Nevada State Prisoner, in which I was arrested. I was sentenced August 9, 2002, and received three years' probation. I am not proud of what I did. However, I have worked diligently to make sure this does not continue to affect mY life negatively.

On July 31, 2003, I received a petition from my probation officer, Nora Antonucci, to be "Honorably Discharged" of all supervision. The Judge signed said petition on September 3, 2003. Enclosed is a copy of that signed petition.

Since then, I have consistently displayed qualities of honesty, integrity and responsibility. I was hired soon after at U-Haul and employed with them from 2003-2008. I was employed by Manheim Auto Auctions from 2008-2011. From 2011-2022 I was employed with Adesa Auto Auctions. Prior to being hired at Safeway in 2025, I was employed with CVS from 2022-2025.

I have made peace with my family, received forgiveness from my children, who are now married with children of their own. I have one grandson who is in his first year at college and another grandson on his way to a D1 college in the fall.

In 2016, I applied for my pardon and was granted that pardon. I was misinformed then that I would not have to disclose my criminal background. So not selecting yes on my PTT or my PT application was not done maliciously. That is below my standard of respect. Yes, I should have read the questions thoroughly, which I apologize for not doing. I did not willfully or intentionally furnish fraudulent information. That is not true.

I understand and respect the gravity of the current circumstances, but I believe that over the years, my conduct and character, make me deserving of your consideration. Thank you for your time.

Sincerely,

Patricia Renee Sanchez

Case No. 02-00964C C03-0041

Petition and Order for Honorable Discharge from Probation:

IN THE FIRST JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF CARSON CITY

REC'D & FILED

* * *

'03 SEP -3 P2:56

ALAN GLOVER CLERK

BY DEPUTY

THE STATE OF NEVADA, Plaintiff

vs.

LONG, Patricia

Defendant

PETITION

To the Honorable Judge Michael R. Griffin, of the FIRST Judicial District Court of the State of Nevada, in and for the County of CARSON CITY, the Undersigned Chief Probation Officer for the State of Nevada now reports as follows concerning the above Defendant: Said Defendant was placed on probation by order of this Court for a term of not to exceed 3 years, said Order being dated the 19th day of August,2002. Said Probationer has satisfactorily completed all of the conditions of probation, while under supervision in the State of Nevada.

THEREFORE, the undersigned recommends that said Probationer be Honorably discharged and released from further supervision.

Dated this 31st day of July,2003.

Chief Parole and Probation Officer
Adam W. Page, Operations Supervisor
DISTRICT IV, Las Vegas, NV

* * * * * * * *

ORDER HONORABLY DISCHARGING PROBATIONER

In this cause it appearing that the above-named Defendant was heretofore placed on probation in charge of the Chief Parole and Probation Officer of the State of Nevada, and it further appearing from the petition of said Probation Officer that the period of such probation expired on upon Judge's signature,.

IT IS HEREBY ORDERED that said Probationer be honorably discharged from said probation.

District Judge
Michael R. Griffin

Dated this 3 day of September, 2003.

N. Antonucci/SU-II/D-IV/Rh

SUP303 (Rev. 05/11/01ko)

Tuesday, April 14, 2026

To whom it may concern:

My name is Samantha Anderson, a dual state licensed and certified pharmacy technician since 2006. I proceed to uphold a respectable reputation and code of ordinance and service. I currently am employed at Safeway pharmacy and have been with the company since 2016. About a year or so ago, I began working with Patricia Long (Sanchez) at the Safeway pharmacy located at 2858 Vista Blvd Sparks, NV. Patricia was a Pharmacy Technician in Training at the time (already having her PTT from CVS).

After working side by side and getting to know her, it was very clear to read, she had a hard life some time ago. Patricia demonstrates a character of good nature, tenderness, empathy, hardworking, an eagerness to learn and helps where she can. She not only functions by a code of honor and respect but lives by it. She is the first to offer her services and would be the last to leave if needed. Since I have known her, she is always the person to go above and beyond or give you the last of her essentials in life. She does not judge, she follows the rules, she protects the oath she gave to our practice and community, she efficiently follows policy and procedures, and every measure put in place for compliance. She is reliable, understanding and always honest. She complies to which is outlined to her. I couldn't be prouder to say that I know Patricia, not only on a professional level, but on a personal level too. There is nobody I would trust more with my most prized possessions because she knows what it means to survive and give back her appreciation. She knows first hand what struggling is and that guides her to care better for patients. She is relatable to many. She takes her second chance in this world very seriously and it shows in everything she does. So, if there is questioning about her character and approach that assumption is misguided. I will attest to it so.

Yes, she has a past that I am aware of, but she has shown it does not define her but has reformed her and that is what I am most proud of. While the details of her conviction are none of my business, and should remain private, I do know she has gone through the worst of her environment almost 3 decades past. Her life lessons aided in her character development and a consciousness to provide better; be better. Patricia is by far one of the most moralized people I have ever worked with and remains to be a highly valuable team member our pharmacy retail chain has to offer. She provides a level of individualized care to each patient, so they can feel heard, seen and cared for. That's something special to witness and humbling.

Respectfully yours,

Samantha Anderson

5G

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PATRICK AWA, RPH,** **Certificate of Registration No. 20399, and** **RALEY'S PHARMACY #123,** **Pharmacy License No. PH00999,** **Respondents.**	**Case Nos. 24-366-RPH-N** **24-366-PH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Board has jurisdiction over Respondent Raley's Pharmacy #123 (Respondent Raley's) because Respondent Raley's holds a license issued by the Board pursuant to NRS 639.230, authorizing Respondent Raley's to operate a pharmacy at 176 West Goldfield Avenue in Yerington, Nevada.

2. The Board has jurisdiction over Respondent Patrick Awa (Respondent Awa) because Respondent Awa is licensed by the Board pursuant to NRS 639.120 to practice pharmacy in Nevada.

3. The Board has jurisdiction over Respondents Raley's and Awa because the allegations below relate to their professional conduct as holders of a license or registration issued by the Board.

FACTUAL ALLEGATIONS

4. Between 2022 and 2025, Respondent Raley's employed Respondent Awa at its Raley's pharmacy location in Yerington, Nevada.

5. On July 3, 2024, Respondent Awa processed and filled a new prescription for patient R.S., for antibiotic ear drops. The pharmacy's automated prescription management system identified the prescription as "Rx No. 7047361."

6. Respondent Awa dispensed Rx No. 7047361 to the patient's wife, who later complained to the Board that Respondent Awa had not offered her counseling at the pharmacy counter when she picked up her husband's ear drops.

7. The Board investigated the complaint in September 2024.

8. Respondent Raley's was unable to supply the Board's investigator with video of the moment when Respondent Awa dispensed Rx No. 7047361. Respondent Raley's was unable to supply relevant video because Respondent Raley's does not retain video footage beyond 30 days.

9. Respondent Awa told the Board's investigator that he could not recall the incident on July 3, 2024, when he allegedly failed to offer counseling concerning Rx No. 7047361.

10. Respondent Awa further stated that he had no recollection of the person to whom he dispensed Rx No.7047361.

11. The complainant, a self-described retired pharmacist, admittedly did not ask questions of Respondent Awa when she picked up her husband's ear drops.

12. At all times relevant to this accusation, Respondent Raley's maintained a computerized record-keeping system for documenting pharmacist counseling.

13. According to Respondent Awa, the system automatically defaults to "Yes" as a means of documenting whether counseling was offered to the patient. In other words, unless the pharmacist manually enters a counseling entry, the system automatically registers a positive counseling entry regardless of whether the pharmacist counsels the patient.

14. As to Rx No. 7047361, Respondent Raley's record-keeping system did not correlate the counseling entry with the prescription number, the drug name, or the date or time of the presumed counseling.

15. Respondent Raley's system did not contain any counseling comments regarding Rx No. 7047361.

16. Respondent Awa permitted the pharmacy record-keeping system to default to "Yes" regarding Rx No. 7047361. This means that he did not enter comments, his electronic initials, or any other data into the system regarding Rx No. 7047361.

APPLICABLE LAW

17. The Board may discipline a pharmacy owner whose conduct in operating a pharmacy has been unprofessional or contrary to the public interest. NRS 639.210(4); NRS 639.255; NAC 639.945; NAC 639.955.

18. The Board may discipline any person whose conduct as a pharmacist has been unprofessional or contrary to the public interest. NRS 639.210(4); NRS 639.255; NAC 639.945; NAC 639.955.

19. A person's conduct is unprofessional and/or contrary to the public interest if the person performs his or her professional duties in a negligent, incompetent or unskillful manner. NAC 639.945(1)(i).

20. Generally, a pharmacist must verbally provide a patient or a person caring for the patient with information about each prescription drug or device dispensed to the patient. NRS 639.707(1). This is always true when the patient receives a new prescription. NAC 639.707(1).

21. In this case, because the medication was dispensed pursuant to a new prescription, Patient Awa had a duty to counsel the patient's spouse when he dispensed the medication associated with Rx No. 7047361.

22. Pursuant to NAC 639.707(6), a pharmacist must, at the time that counseling is provided or refused, enter his or her initials onto a record in a computerized system used by the pharmacy to document whether counseling was offered, rejected and/or provided.

23. In this case, Patient Awa had a duty to affirmatively make an electronic record of any counseling offered, provided, or rejected in connection with Rx No. 7047361.

24. To facilitate counseling regarding a prescription, a pharmacy must maintain a detailed history of each patient's prescription drug history so that the pharmacist can evaluate it before offering counseling. NAC 639.707(4); NAC 639.708(1).

25. To ensure that counseling enhances drug therapy, the record of counseling provided to the patient should reasonably correlate with details concerning the patient's prescription drug history, including the names of the drugs prescribed and the times and dates of counseling concerning those drugs. *See* NRS 639.266(1); NAC 639.707(4) and (6); NAC 639.708(1)(b).

26. A pharmacy is responsible for the negligent acts and/or omissions of the pharmacists whom the pharmacy employs. NAC 639.230(5); NAC 639.945(3).

COUNT ONE
Unprofessional Conduct by a Pharmacy

27. Respondent Raley's had a duty to facilitate counseling by its pharmacists.

28. Respondent Raley's had a duty to maintain a record-keeping system that facilitated counseling by its pharmacists, thereby enhancing drug therapy.

29. As alleged above, Respondent Raley's implemented a record-keeping system that automatically registered a positive counseling entry regardless of whether the pharmacist had counseled the patient.

30. As alleged above, Respondent Raley's implemented a record-keeping system that failed to correlate individual counseling entries with corresponding prescription numbers, drug names, and the dates and times of counseling.

31. By implementing a system that automatically registers a positive counseling entry regardless of whether the pharmacist counsels the patient, Respondent Raley's has breached its duty to facilitate counseling.

32. By implementing a record-keeping system that fails to correlate counseling entries with prescription numbers, drugs names and other identifiers concerning the medications that it dispenses to its patients, Respondent Raley's has breached its duty to enhance drug therapy through counseling.

33. By implementing a system that automatically registers a positive counseling entry regardless of whether the pharmacist counsels the patient, Respondent Raley's encourages its pharmacists to neglect their record-keeping obligations pursuant to NAC 639.707(6).

34. As a means of enhancing drug therapy through counseling, Respondent Raley's counseling records were and/or continue to be practically useless.

35. Having breached the duties described above, Respondent Raley's has performed its duties as the holder of a pharmacy license in a negligent, incompetent or unskillful manner.

36. Respondent Raley's may be disciplined by the Board for the unprofessional conduct as described above. Alternatively, Respondent Raley's may be disciplined by the Board for the unprofessional conduct of Respondent Awa as alleged in Count Two below.

COUNT TWO
Unprofessional Conduct by a Pharmacist

37. As alleged above, Respondent Awa had a duty to offer counseling to the patient or to the patient's caregiver when he dispensed the medication associated with Rx No. 7047361.

38. As alleged above, Respondent Awa had a duty to make an affirmative record of any counseling offered or provided or rejected in connection with Rx No. 7047361.

39. Respondent Awa neglected to provide counseling to the patient or to the patient's caregiver, and/or he failed to make an affirmative record of any counseling offered, provided, or rejected in connection with Rx No. 7047361.

40. Having omitted to perform either or both of the duties described above, Respondent Awa performed his duties as a pharmacist in a negligent, incompetent, or unskillful manner.

41. Respondent Awa may be disciplined by the Board for his unprofessional conduct as described above.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Patrick Awa and the pharmacy license of Respondent Raley's Pharmacy #123.

DATED this 23rd day of FEBRUARY, 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RALEY'S PHARMACY #123,** **Pharmacy License No. PH00999,** **Respondent.**	**Case No. 24-366-PH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, April 15, 2026, 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, Gregory Zunino, at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 23rd day of FEBRUARY 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RALEY'S PHARMACY #123,** **Pharmacy License No. PH00999,** **Respondent.**	**Case No. 24-366-PH-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2026.

_____

AUTHORIZED REPRESENTATIVE FOR RALEY'S PHARMACY #123

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of February 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Raley's Pharmacy #123
176 W Goldfield Ave.
Yerington, NV 89447

And via courtesy EMAIL: Jennifer Hall (jhall125@raleys.com)
Simon Cai (gcai@raleys.com)

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

5H

FILED
DEC 10 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PHARMERICA, Pharmacy License No. PH02018, and** **CAMILLA KIM, RPH, Certificate of Registration No. 19388,** **Respondents.**	**Case Nos. 24-370-PH-N** **24-370-RPH-N** **FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (the "Board"), files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Board has jurisdiction over Respondent Pharmerica ("Respondent Pharmerica"), the holder of Pharmacy License No. PH02018, because Respondent Pharmerica is licensed by the Board to operate a pharmacy at 4750 Longley Lane in Reno, Nevada.

2. The Board has jurisdiction over Respondent Camilla Kim, RPh ("Respondent Kim"), the holder of Certificate of Registration No. 19388, because Respondent Kim is registered by the Board to engage in the practice of pharmacy in Nevada.

FACTUAL ALLEGATIONS

3. Respondent Pharmerica operates a retail pharmacy in Reno, Nevada.

4. Respondent Pharmerica dispenses prescriptions for dangerous drugs and controlled substances at its pharmacy location in Reno, Nevada.

5. At all times relevant to this case, Respondent Pharmerica (or a corporate affiliate or subsidiary under its control) employed people in Kentucky who performed one or more of the functions necessary to fill the prescriptions that it dispensed at its pharmacy location in Reno, Nevada.

6. The employees in Kentucky, as described in paragraph 5 above, were not licensed or registered by the Board to work as pharmacists, intern pharmacists or pharmaceutical technicians in the state of Nevada.

7. Respondent Kim was and is a Nevada-licensed pharmacist and the holder of registration no. 19388.

8. Between December 2022 and March 2024, Respondent Pharmerica employed Respondent Kim to work as a pharmacist at its pharmacy location in Reno, Nevada.

9. During her tenure as a pharmacist for Respondent Pharmerica, Respondent Kim supervised one or more of the employees described in paragraph 5 above. Respondent Kim supervised these employees while they performed one or more of the functions necessary to fill the prescriptions that were dispensed to patients in Reno, Nevada.

10. In 2023 and 2024, Respondent Pharmerica was under contract with MorningStar Senior Living of Sparks ("MorningStar"), an assisted living facility, to dispense prescription medication and provide medication management services to residents of the MorningStar facility.

11. Respondent Pharmerica worked cooperatively with the nursing staff at MorningStar to store and deliver prescription medications for the residents of the MorningStar facility.

12. In 2023 and 2024, patient D.P., an 87-year-old female, resided at MorningStar, where she received medication and medication management services from Respondent Pharmerica.

13. In 2023 and 2024, patient D.P. required levothyroxine for hypothyroidism.

14. Between March 2023 and March 2024, Respondent Pharmerica dispensed levothyroxine to patient D.P. without interruption, according to the instructions of patient D.P.'s physician.

15. On March 6, 2024, patient D.P.'s physician issued her a new prescription for levothyroxine. The prescription directed Respondent Pharmerica to dispense an initial 90-day supply of levothyroxine with three refills.

16. On its face, the above prescription sufficed to meet patient D.P.'s medical needs for 12 months.

17. Patient D.P.'s physician electronically transmitted the above prescription to Respondent Pharmerica.

18. Respondent Pharmerica assigned no. 343217 to the above prescription. Per standard operating procedure, Pharmerica processed prescription no. 343217 at a facility in Kentucky using employees who were not licensed or registered with the Board to practice pharmacy in Nevada.

19. At the facility in Kentucky, an employee transferred the information from the electronic prescription to a computerized prescription management system. This person was one of the employees described in paragraph 5 above.

20. When transferring the prescription information, the employee incorrectly entered code "X90D" related to the "duration" of medication treatment. This code suppressed the automatic refill function on the system, thus instructing the system to terminate patient D.P.'s supply of levothyroxine after just 90 days.

21. Since patient D.P.'s levothyroxine was considered a "maintenance" medication, there should not have been a duration code associated with prescription no 343217.

22. In March 2024, before dispensing any medication under prescription no. 343217, Respondent Kim verified the prescription at Pharmerica's facility in Reno.

23. When verifying the above prescription, Respondent Kim failed to notice that the duration code X90D, as described above, was inconsistent with the number of refill authorizations on the prescription itself. As noted above, this code instructed the automated system to terminate patient D.P.'s supply of levothyroxine after just 90 days.

24. In June 2024, due to Respondent Kim's omission as described above, Pharmerica failed to refill patient D.P.'s prescription for levothyroxine as directed by her physician.

25. Between June and September 2024, the nursing staff at MorningStar delivered no levothyroxine to patient D.P., and they made no inquiries of Pharmerica concerning the abrupt cessation of patient D.P.'s medication treatment.

26. In August or September 2024, patient D.P.'s daughter observed that her mother's health had rapidly declined for no apparent reason. She alerted the nursing staff at MorningStar and/or patient D.P.'s physician.

27. In September 2024, Patient D.P. was admitted to the intensive care unit at Renown Hospital, where she was diagnosed with myxedema coma and cellulitis in her left leg. These medical conditions were caused by the cessation of medication treatment with levothyroxine.

APPLICABLE LAW

28. The Board may discipline the holder of a license or registration issued by the Board if the holder engages in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

29. Unprofessional conduct includes "failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling." NAC 639.945(1)(d).

30. Unprofessional conduct includes performing one's duties as the holder of a certificate of registration issued by the Board in an "incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

31. "'Pharmaceutical technician' means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board." NRS 639.0113.

32. Pharmaceutical technicians must be registered with the Board pursuant to NAC 639.240.

33. Pharmaceutical technicians must work under the direct supervision of a pharmacist. NRS 639.0113; NRS 639.1371; NAC 639.250.

34. A pharmacist has a duty to directly supervise a pharmaceutical technician who performs one or more of the functions necessary to prepare a prescription for dispensing. NAC 639.252. This includes the duty to verify the selection and strength of the drug, the dosage form, and the labeling of the prescription. NAC 639.252(2).

35. In a retail pharmacy, a pharmacist must not supervise more than three pharmaceutical technicians or one pharmaceutical technician and two pharmaceutical technicians in training at one time. NAC 639.250(2).

36. A pharmacy and/or pharmacist must not assist or permit the unlicensed or unregistered practice of pharmacy in Nevada. NRS 639.100(1); NRS 639.210(12).

37. The "practice of pharmacy" includes the performance of one or more of the functions necessary to prepare a prescription for dispensing. NRS 639.0124(1).

38. A pharmacist has a duty to maintain a record of each refill of a prescription. NAC 639.918.

39. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of its employees. NRS 639.230(5), NAC 639.702 and NAC 639.945(3).

COUNT ONE
Unprofessional Conduct by a Pharmacist
(Respondent Kim)

40. As alleged above, Respondent Kim verified prescription no. 343217 for levothyroxine, including three refills. In verifying the prescription, Respondent Kim failed to notice that an employee in Kentucky had incorrectly entered a duration code into Pharmerica's prescription management system, thus causing the system to suppress the automatic refill function.

41. Respondent Kim had a duty to directly supervise the employee in Kentucky who performed data entry tasks related to prescription no. 343217.

42. Respondent Kim had a duty to ensure that the employee in Kentucky who performed data entry tasks related to prescription no. 343217 was properly registered with the Board as a pharmaceutical technician.

43. Respondent Kim had a duty to limit the number of employees whom she supervised at any given point of time, as required by NAC 639.250(2).

44. Respondent Kim had a duty to correct the data entry error described above.

45. Respondent Kim had a duty to strictly follow the instructions of patient D.P.'s physician as to the refilling of no. 343217.

46. Respondent Kim performed one or more of the above duties in an incompetent, unskillful or negligent manner.

47. Due to Respondent Kim's unprofessional conduct as described above, patient D.P. suffered harm.

48. For her unprofessional conduct as described above, Respondent Kim is subject to professional discipline pursuant to NRS 639.210(4) and NAC 639.945.

COUNT TWO
Assisting or Permitting Unlicensed Practice
(Respondents Pharmerica and Kim)

49. As alleged above, Respondent Pharmerica engaged employees in Kentucky to perform one or more of the functions necessary to prepare prescriptions for dispensing in Nevada. These included data entry tasks related to prescription no. 343217 and other prescriptions dispensed in Nevada.

50. As alleged above, Respondent Kim attempted to supervise employees in Kentucky while they performed one or more of the functions necessary to prepare prescriptions for dispensing in Nevada. These included data entry tasks related to prescription no. 343217 and other prescriptions dispensed in Nevada.

51. Through their conduct as described above, Respondent Pharmerica and Respondent Kim assisted or permitted employees in Kentucky to engage in the unlicensed practice of pharmacy in violation of NRS 639.100(1).

52. Due to their unlawful conduct as described above, Respondent Pharmerica and Respondent Kim are subject to professional discipline pursuant to NRS 639.210(12) and NAC 639.945.

COUNT THREE
Unprofessional Conduct by a Pharmacy
(Respondent Pharmerica)

53. As alleged above, Respondent Pharmerica engaged employees in Kentucky to perform one or more of the functions necessary to prepare prescriptions for dispensing in Nevada.

54. As alleged above, Respondent Pharmerica implemented a standard operating procedure that required Respondent Kim to remotely supervise employees in Kentucky who performed one or more of the functions necessary to prepare prescriptions for dispensing in Nevada.

55. Respondent Pharmerica had a duty to ensure that Kentucky employees were *directly* supervised by a Nevada pharmacist.

56. Respondent Pharmerica had a duty to ensure that Kentucky employees were properly registered with the Board to work as pharmaceutical technicians or pharmaceutical technicians in training.

57. Respondent Pharmerica had a duty to ensure that Respondent Kim was not tasked with supervising more than three pharmaceutical technicians or one pharmaceutical technician and two pharmaceutical technicians in training at one time.

58. Through its conduct as described above, Respondent Pharmerica performed one or more of the above duties in an incompetent, unskillful or negligent manner.

59. For said unprofessional conduct, Respondent Pharmerica is subject to professional discipline pursuant to NRS 639.210(4) and NAC 639.945.

COUNT FOUR
Employer Liability
(Respondent Pharmerica)

60. As alleged in Count One, Respondent Kim engaged in unprofessional conduct.

61. As alleged in Count Two, Respondent Kim assisted or permitted the unlicensed practice of pharmacy.

62. As Respondent Kim's employer at the time of the above violations, Respondent Pharmerica is responsible for the violations alleged in Count One and Count Two. NRS 639.230(5); NAC 639.702; NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Camilla Kim and the pharmacy license of Respondent Pharmerica.

DATED this 10th day of December 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.** **PHARMERICA,** **Pharmacy License No. PH02018,** **Respondent.**	**Case No. 24-370-PH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a 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, January 14, 2026, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 16th day of December 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.** **PHARMERICA,** **Pharmacy License No. PH02018,** **Respondent.**	**Case No. 24-370-PH-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the First Amended Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the First Amended Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the First Amended Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR PharMerica

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11th day of December 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:

PharMerica
4750 Longley Ln #204
Reno, NV 89502

PharMerica
c/o Lyn Beggs, Esq.
316 California Ave. #863
Reno, NV 89509

Camilla Kim, RPh
[redacted]
Reno, NV [redacted]

Camilla Kim, RPh
c/o Lyn Beggs, Esq.
316 California Ave. #863
Reno, NV 89509

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
JUL 2 4 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PHARMERICA,** **Pharmacy License No. PH02018,** **and** **CAMILLA KIM, RPH,** **Certificate of Registration No. 19388,** **Respondents.**	**Case Nos. 24-370-PH-N** **24-370-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 (the "Board"), files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Board has jurisdiction over Respondent PharMerica ("Respondent PharMerica"), the holder of Pharmacy License No. PH02018, because Respondent PharMerica is licensed by the Board to operate a pharmacy at 4750 Longley Lane in Reno, Nevada.

2. The Board has jurisdiction over Respondent Camilla Kim, RPh ("Respondent Kim"), the holder of Certificate of Registration No. 19388, because Respondent Kim is registered by the Board to engage in the practice of pharmacy in Nevada.

FACTUAL ALLEGATIONS

3. Respondent PharMerica operates a pharmacy in Reno, Nevada.

4. In March 2024, Respondent Kim was employed by Respondent PharMerica as a pharmacist.

5. In 2023 and 2024, Respondent PharMerica was under contract with MorningStar Senior Living of Sparks ("MorningStar"), an assisted living facility, to dispense prescription medication and provide medication management services to residents of the MorningStar facility.

6. Respondent PharMerica worked cooperatively with the nursing staff at MorningStar to store and deliver prescription medications for the residents of the MorningStar facility.

7. In 2023 and 2024, patient D.P., an 87-year-old female, resided at MorningStar, where she received medication and medication management services from Respondent PharMerica.

8. In 2023 and 2024, patient D.P. required levothyroxine for hypothyroidism.

9. Between March 2023 and March 2024, Respondent PharMerica dispensed levothyroxine to patient D.P. without interruption, according to the instructions of patient D.P.'s physician.

10. On March 6, 2024, patient D.P.'s physician issued her a new prescription for levothyroxine. The prescription directed Respondent PharMerica to dispense an initial 90-day supply of levothyroxine with two refills.

11. On its face, the above prescription sufficed to meet patient D.P.'s medical needs for 12 months.

12. Patient D.P.'s physician electronically transmitted the above prescription to Respondent PharMerica.

13. Respondent PharMerica assigned no. 343217 to the above prescription. Per standard operating procedure, PharMerica processed prescription no. 343217 at its facility in Kentucky.

14. At the facility in Kentucky, a pharmaceutical technician transferred the information from the electronic prescription to a computerized prescription management system.

15. When transferring the prescription information, the technician incorrectly entered code "X90D" related to the "duration" of medication treatment. This code suppressed the automatic refill

function on the system, thus instructing the system to terminate patient D.P.'s supply of levothyroxine after just 90 days.

16. Since patient D.P.'s levothyroxine was considered a "maintenance" medication, there should not have been a duration code associated with prescription no 343217.

17. In March 2024, before dispensing any medication under prescription no. 343217, Respondent Kim verified the prescription at PharMerica's facility in Reno.

18. When verifying the above prescription, Respondent Kim failed to notice that the duration code X90D, as described above, was inconsistent with the number of refill authorizations on the prescription itself. As noted above, this code instructed the automated system to terminate patient D.P.'s supply of levothyroxine after just 90 days.

19. In June of 2024, due to Respondent Kim's omission as described above, PharMerica failed to refill patient D.P.'s prescription for levothyroxine as directed by her physician.

20. Between June and September 2024, the nursing staff at MorningStar delivered no levothyroxine to patient D.P., and they made no inquiries of PharMerica concerning the abrupt cessation of patient D.P.'s medication treatment.

21. In August or September 2024, patient D.P.'s daughter observed that her mother's health had rapidly declined for no apparent reason. She alerted the nursing staff at MorningStar and/or patient D.P.'s physician.

22. In September 2024, Patient D.P. was admitted to the intensive care unit at Renown Hospital, where she was diagnosed with myxedema coma and cellulitis in her left leg. These medical conditions were caused by the cessation of medication treatment with levothyroxine.

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APPLICABLE LAW

23. The Board may discipline the holder of a license or registration issued by the Board if the holder engages in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

24. Unprofessional conduct includes "failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling." NAC 639.945(1)(d).

25. Unprofessional conduct includes performing one's duties as the holder of a certificate of registration issued by the Board in an "incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

26. A pharmacist has a duty to supervise a pharmaceutical technician who performs one or more of the functions necessary to prepare a prescription. NAC 639.252. This includes the duty to verify the selection and strength of the drug, the dosage form, and the labeling of the prescription. NAC 639.252(2).

27. A pharmacist has a duty to maintain a record of each refill of a prescription. NAC 639.918.

28. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of its employees. NRS 639.230(5), NAC 639.702 and NAC 639.945(3).

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COUNT ONE
Unprofessional Conduct by a Pharmacist
(Respondent Kim)

29. As alleged above, Respondent Kim verified prescription no. 343217 for levothyroxine, including two refills. In verifying the prescription, Respondent Kim failed to notice that a pharmaceutical technician in Kentucky had incorrectly entered a duration code into PharMerica's prescription management system, thus causing the system to suppress the automatic refill function.

30. Respondent Kim had a duty to supervise the pharmaceutical technician in Kentucky who performed data entry tasks related to prescription no. 343217.

31. Respondent Kim had a duty to correct the data entry error described above.

32. Respondent Kim had a duty to strictly follow the instructions of patient D.P.'s physician as to the refilling of no. 343217.

33. Respondent Kim performed the above duties in an incompetent, unskillful or negligent manner.

34. Due to Respondent Kim's unprofessional conduct as described above, patient D.P. suffered harm.

35. For her unprofessional conduct as described above Respondent Kim is subject to professional discipline pursuant to NRS 639.210(4) and NAC 639.945.

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COUNT TWO

Employer Liability for Unprofessional Conduct
(Respondent PharMerica)

36. Respondent Kim engaged in unprofessional conduct as described above.

37. As Respondent Kim's employer at the time, Respondent PharMerica is responsible for the unprofessional conduct as described above. NRS 639.230(5), NAC 639.702 and NAC 639.945(3).

38. For said unprofessional conduct, Respondent PharMerica is subject to professional discipline pursuant to NRS 639.210(4) and NAC 639.945.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Camilla Kim and the pharmacy license of Respondent PharMerica.

DATED this 24th 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.** **PHARMERICA,** **Pharmacy License No. PH02018,** **Respondent.**	**Case No. 24-370-PH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, 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 **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 24 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.** **PHARMERICA,** **Pharmacy License No. PH02018,** **Respondent.**	**Case No. 24-370-PH-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR PharMerica

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th 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:

PharMerica
4750 Longley Ln #204
Reno, NV 89502

Camilla Kim, RPh
[redacted]
Reno, NV [redacted]

PharMerica
c/o Camilla Kim, RPh
4750 Longley Ln #204
Reno, NV 89502

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.** **PHARMERICA,** **Pharmacy License No. PH0218,** **and** **CAMILLA KIM, RPH,** **Certificate of Registration No. 19388.** **Respondents.**	**Case Nos. 24-370-PH- N** **24-370-RPH-N** **RESPONDENTS' ANSWER AND NOTICE OF DEFENSE**

Respondents PharMerica and Camilla Kim, RPH, hereby file with the Nevada State Board of Pharmacy ("Board"), their Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on July 24, 2025.

ANSWER TO ACCUSATION

Jurisdiction: Paragraphs 1-2

Paragraph 1: Respondent PharMerica acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 1.

Paragraph 2: Respondent Kim acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 2.

Factual Allegations: Paragraphs 3-22

Paragraph 3: Respondent PharMerica acknowledges that it operates a pharmacy located in Reno, Nevada as set forth in Paragraph 3.

Paragraph 4: Respondent Kim acknowledges that she was employed by PharMerica in March 2024 as set forth in Paragraph 4.

Paragraph 5: Respondent PharMerica acknowledges that during the time periods set forth in Paragraph 5, it did dispense prescribed medication to residents of MorningStar Senior Living of Sparks as set forth in Paragraph 5.

Paragraph 6: Respondent PharMerica agrees with the factual assertions set forth in Paragraph 6 to the extent the PharMerica coordinated deliveries of prescribed and dispensed medication to the nursing staff of MorningStar Senior Living.

Paragraph 7: Respondent PharMerica agrees that patient D.P. did receive some medication management services in the time frame noted in Paragraph 7.

Paragraph 8: Respondents are without sufficient personal knowledge to respond to the factual assertions contained in Paragraph 8.

Paragraph 9: Respondent PharMerica agrees with the factual assertions in Paragraph 9 to the extent that patient D.P. received levothyroxine in 2023 through the end of February 2024.

Paragraph 10: Respondent PharMerica agrees with the factual assertions set forth in Paragraph 10 to the extent that a new prescription (no. 343217, the "Prescription") was issued March 6, 2024, by patient D.P.'s physician. However, the directions for the prescription were for one tablet daily for a 90-day duration with three refills, not two refills as noted in Paragraph 10 and further the prescription authorized three refills but did not direct automatic refills of the Prescription.

Paragraph 11: Respondents are without personal knowledge to substantively respond to the factual assertions set forth in Paragraph 11, however Respondents acknowledge that had the Prescription been refilled by patient D.P. as allowed, there would have been approximately twelve months of medication authorized by the physician.

Paragraph 12: Respondent PharMerica acknowledges that it received Prescription no. 343217 electronically.

Paragraph 13: Respondent PharMerica agrees with the factual assertions set forth in Paragraph 13.

Paragraph 14: Based on information and belief, Respondent PharMerica agrees that a PharMerica pharmacy technician would have transcribed the Prescription information into PharMerica's computerized prescription management system.

Paragraph 15: Respondents deny that the pharmacy technician incorrectly entered code "X90D" into the prescription management system. The technician correctly entered the Prescription and directions into the prescription management system; because the Prescription directions included a duration, the prescription management system automatically assigned the code to the Prescription. The prescription management system did not terminate D.P.'s supply of levothyroxine at the end of the initial ninety days; the Prescription was still active and simply needed to be refilled by MorningStar Senior Living.

Paragraph 16: Respondents disagree with the factual assertions contained in Paragraph 16; prescriptions, including prescriptions for "maintenance" medications, often have a duration associated with them.

Paragraph 17: Respondent Kim acknowledges that she verified Prescription no. 343217 before the Prescription was initially dispensed on March 19, 2024.

Paragraph 18: Respondent Kim denies that she failed to notice the duration code and asserts that the Prescription directions included a duration with refills to follow. Nothing indicated that the Prescription was to be automatically refilled. As noted above, the system did not "terminate" the supply of levothyroxine, the Prescription was still active and could be refilled.

Paragraph 19: Respondents deny the factual allegations set forth in Paragraph 19.

Paragraph 20: Respondents are without sufficient personal knowledge to respond to the factual allegations set forth in Paragraph 20.

Paragraph 21: Respondents are without sufficient personal knowledge to respond to the factual allegations set forth in Paragraph 21.

Paragraph 22: Respondents are without sufficient personal knowledge to respond to the factual allegations set forth in Paragraph 22.

Applicable Law: Paragraphs 23-28

Paragraph 23: Respondents agree that Paragraph 23 sufficiently reflects the contents of NRS 639.210(4).

Paragraph 24: Respondents agree that Paragraph 24 sufficiently reflects the contents of NAC 639.945(1)(d).

Paragraph 25: Respondents agree that Paragraph 25 sufficiently reflects the contents of NAC 639.945(1)(i).

Paragraph 26: Respondents agree that Paragraph 26 sufficiently reflects the contents of NAC 639.252(2).

Paragraph 27: Respondents agree that Paragraph 27 sufficiently reflects the contents of NAC 639.918.

Paragraph 28: Respondents agree that Paragraph 28 sufficiently reflects the contents of NRS 639.230(5), NAC 639.702, and NAC 639.945(3).

Count One (Paragraphs 29-35, Respondent Kim

Paragraph 29: Respondent Kim agrees that she verified Prescription no. 343217, which allowed three refills, not two as alleged. However, Respondent Kim denies the remaining allegations contained in Paragraph 29.

Paragraph 30: Respondent Kim does not work in the same location as the pharmacy technician who transcribed the information regarding the Prescription into the PharMerica computerized prescription management system, however Respondent Kim asserts that the technician did not incorrectly input the Prescription into the prescription management system. As described above, the prescription management system grabs the directions of the Prescription for generation of system codes. Regarding Prescription no. 343217, the physician's instructions included a duration and accordingly the system generated the appropriate code.

Paragraph 31: Respondent Kim denies the allegations contained in Paragraph 31 and contends that there was no error.

Paragraph 32: Respondent Kim agrees that she had a duty to strictly follow the instructions of the prescribing physician and that those instructions were indeed followed.

Paragraph 33: Respondent Kim denies the allegations contained in Paragraph 33.

Paragraph 34: Respondent Kim denies the allegations contained in Paragraph 34.

Paragraph 35: Paragraph 35 does not require a response from Respondent Kim.

Count Two (Paragraphs 36-38, Respondent PharMerica):

Paragraph 36: Respondent PharMerica denies the allegations contained in Paragraph 36.

Paragraph 37: Respondent PharMerica agrees it is responsible for Respondent Kim's conduct as an employed pharmacist but again denies that Respondent Kim engaged in unprofessional conduct as set forth in Paragraph 37.

Paragraph 38: Paragraph 38 does not require a substantive response from Respondent PharMerica.

NOTICE OF DEFENSE/MITIGATING INFORMATION

Respondents reserve all legal defenses available to them in this matter.

Respondents further assert that no violation of NRS or NAC Chapters 639 has occurred in this matter. The Prescription was received on March 6, 2024, electronically and was properly entered into the PharMerica computerized prescription management system by a pharmacy technician. The technician appropriately entered the information into the prescription management system, including the duration which was included on the Prescription sent electronically by patient D.P.'s physician. Per the Prescription directions, the prescription management system entered a code of "X90D"; however, that did not terminate the Prescription at the end of 90-days but rather required a refill to be requested. The Prescription, as written, did not direct automatic refills. Respondents are without knowledge of why the nursing staff at MorningStar Senior Living failed to request the refill of levothyroxine, however Respondents assert that neither Respondent PharMerica nor Respondent Kim violated NRS/NAC Chapter 639 as alleged.

Respectfully submitted this 29th of August, 2025.

Lyn E. Beggs, Esq.
Attorney for Respondents

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PHARMERICA, Pharmacy License No. PH02018, and** **CAMILLA KIM, RPH, Certificate of Registration No. 19388,** **Respondents.**	**Case Nos. 24-370-PH-N** **24-370-RPH-N** **FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (the "Board"), files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Board has jurisdiction over Respondent Pharmerica ("Respondent Pharmerica"), the holder of Pharmacy License No. PH02018, because Respondent Pharmerica is licensed by the Board to operate a pharmacy at 4750 Longley Lane in Reno, Nevada.

2. The Board has jurisdiction over Respondent Camilla Kim, RPh ("Respondent Kim"), the holder of Certificate of Registration No. 19388, because Respondent Kim is registered by the Board to engage in the practice of pharmacy in Nevada.

FACTUAL ALLEGATIONS

3. Respondent Pharmerica operates a retail pharmacy in Reno, Nevada.

4. Respondent Pharmerica dispenses prescriptions for dangerous drugs and controlled substances at its pharmacy location in Reno, Nevada.

5. At all times relevant to this case, Respondent Pharmerica (or a corporate affiliate or subsidiary under its control) employed people in Kentucky who performed one or more of the functions necessary to fill the prescriptions that it dispensed at its pharmacy location in Reno, Nevada.

6. The employees in Kentucky, as described in paragraph 5 above, were not licensed or registered by the Board to work as pharmacists, intern pharmacists or pharmaceutical technicians in the state of Nevada.

7. Respondent Kim was and is a Nevada-licensed pharmacist and the holder of registration no. 19388.

8. Between December 2022 and March 2024, Respondent Pharmerica employed Respondent Kim to work as a pharmacist at its pharmacy location in Reno, Nevada.

9. During her tenure as a pharmacist for Respondent Pharmerica, Respondent Kim supervised one or more of the employees described in paragraph 5 above. Respondent Kim supervised these employees while they performed one or more of the functions necessary to fill the prescriptions that were dispensed to patients in Reno, Nevada.

10. In 2023 and 2024, Respondent Pharmerica was under contract with MorningStar Senior Living of Sparks ("MorningStar"), an assisted living facility, to dispense prescription medication and provide medication management services to residents of the MorningStar facility.

11. Respondent Pharmerica worked cooperatively with the nursing staff at MorningStar to store and deliver prescription medications for the residents of the MorningStar facility.

12. In 2023 and 2024, patient D.P., an 87-year-old female, resided at MorningStar, where she received medication and medication management services from Respondent Pharmerica.

13. In 2023 and 2024, patient D.P. required levothyroxine for hypothyroidism.

14. Between March 2023 and March 2024, Respondent Pharmerica dispensed levothyroxine to patient D.P. without interruption, according to the instructions of patient D.P.'s physician.

15. On March 6, 2024, patient D.P.'s physician issued her a new prescription for levothyroxine. The prescription directed Respondent Pharmerica to dispense an initial 90-day supply of levothyroxine with three refills.

16. On its face, the above prescription sufficed to meet patient D.P.'s medical needs for 12 months.

17. Patient D.P.'s physician electronically transmitted the above prescription to Respondent Pharmerica.

18. Respondent Pharmerica assigned no. 343217 to the above prescription. Per standard operating procedure, Pharmerica processed prescription no. 343217 at a facility in Kentucky using employees who were not licensed or registered with the Board to practice pharmacy in Nevada.

19. At the facility in Kentucky, an employee transferred the information from the electronic prescription to a computerized prescription management system. This person was one of the employees described in paragraph 5 above.

20. When transferring the prescription information, the employee incorrectly entered code "X90D" related to the "duration" of medication treatment. This code suppressed the automatic refill function on the system, thus instructing the system to terminate patient D.P.'s supply of levothyroxine after just 90 days.

21. Since patient D.P.'s levothyroxine was considered a "maintenance" medication, there should not have been a duration code associated with prescription no 343217.

22. In March 2024, before dispensing any medication under prescription no. 343217, Respondent Kim verified the prescription at Pharmerica's facility in Reno.

23. When verifying the above prescription, Respondent Kim failed to notice that the duration code X90D, as described above, was inconsistent with the number of refill authorizations on the prescription itself. As noted above, this code instructed the automated system to terminate patient D.P.'s supply of levothyroxine after just 90 days.

24. In June 2024, due to Respondent Kim's omission as described above, Pharmerica failed to refill patient D.P.'s prescription for levothyroxine as directed by her physician.

25. Between June and September 2024, the nursing staff at MorningStar delivered no levothyroxine to patient D.P., and they made no inquiries of Pharmerica concerning the abrupt cessation of patient D.P.'s medication treatment.

26. In August or September 2024, patient D.P.'s daughter observed that her mother's health had rapidly declined for no apparent reason. She alerted the nursing staff at MorningStar and/or patient D.P.'s physician.

27. In September 2024, Patient D.P. was admitted to the intensive care unit at Renown Hospital, where she was diagnosed with myxedema coma and cellulitis in her left leg. These medical conditions were caused by the cessation of medication treatment with levothyroxine.

APPLICABLE LAW

28. The Board may discipline the holder of a license or registration issued by the Board if the holder engages in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

29. Unprofessional conduct includes "failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling." NAC 639.945(1)(d).

30. Unprofessional conduct includes performing one's duties as the holder of a certificate of registration issued by the Board in an "incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

31. "'Pharmaceutical technician' means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board." NRS 639.0113.

32. Pharmaceutical technicians must be registered with the Board pursuant to NAC 639.240.

33. Pharmaceutical technicians must work under the direct supervision of a pharmacist. NRS 639.0113; NRS 639.1371; NAC 639.250.

34. A pharmacist has a duty to directly supervise a pharmaceutical technician who performs one or more of the functions necessary to prepare a prescription for dispensing. NAC 639.252. This includes the duty to verify the selection and strength of the drug, the dosage form, and the labeling of the prescription. NAC 639.252(2).

35. In a retail pharmacy, a pharmacist must not supervise more than three pharmaceutical technicians or one pharmaceutical technician and two pharmaceutical technicians in training at one time. NAC 639.250(2).

36. A pharmacy and/or pharmacist must not assist or permit the unlicensed or unregistered practice of pharmacy in Nevada. NRS 639.100(1); NRS 639.210(12).

37. The "practice of pharmacy" includes the performance of one or more of the functions necessary to prepare a prescription for dispensing. NRS 639.0124(1).

38. A pharmacist has a duty to maintain a record of each refill of a prescription. NAC 639.918.

39. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of its employees. NRS 639.230(5), NAC 639.702 and NAC 639.945(3).

COUNT ONE
Unprofessional Conduct by a Pharmacist
(Respondent Kim)

40. As alleged above, Respondent Kim verified prescription no. 343217 for levothyroxine, including three refills. In verifying the prescription, Respondent Kim failed to notice that an employee in Kentucky had incorrectly entered a duration code into Pharmerica's prescription management system, thus causing the system to suppress the automatic refill function.

41. Respondent Kim had a duty to directly supervise the employee in Kentucky who performed data entry tasks related to prescription no. 343217.

42. Respondent Kim had a duty to ensure that the employee in Kentucky who performed data entry tasks related to prescription no. 343217 was properly registered with the Board as a pharmaceutical technician.

43. Respondent Kim had a duty to limit the number of employees whom she supervised at any given point of time, as required by NAC 639.250(2).

44. Respondent Kim had a duty to correct the data entry error described above.

45. Respondent Kim had a duty to strictly follow the instructions of patient D.P.'s physician as to the refilling of no. 343217.

46. Respondent Kim performed one or more of the above duties in an incompetent, unskillful or negligent manner.

47. Due to Respondent Kim's unprofessional conduct as described above, patient D.P. suffered harm.

48. For her unprofessional conduct as described above, Respondent Kim is subject to professional discipline pursuant to NRS 639.210(4) and NAC 639.945.

COUNT TWO
Assisting or Permitting Unlicensed Practice
(Respondents Pharmerica and Kim)

49. As alleged above, Respondent Pharmerica engaged employees in Kentucky to perform one or more of the functions necessary to prepare prescriptions for dispensing in Nevada. These included data entry tasks related to prescription no. 343217 and other prescriptions dispensed in Nevada.

50. As alleged above, Respondent Kim attempted to supervise employees in Kentucky while they performed one or more of the functions necessary to prepare prescriptions for dispensing in Nevada. These included data entry tasks related to prescription no. 343217 and other prescriptions dispensed in Nevada.

51. Through their conduct as described above, Respondent Pharmerica and Respondent Kim assisted or permitted employees in Kentucky to engage in the unlicensed practice of pharmacy in violation of NRS 639.100(1).

52. Due to their unlawful conduct as described above, Respondent Pharmerica and Respondent Kim are subject to professional discipline pursuant to NRS 639.210(12) and NAC 639.945.

COUNT THREE
Unprofessional Conduct by a Pharmacy
(Respondent Pharmerica)

53. As alleged above, Respondent Pharmerica engaged employees in Kentucky to perform one or more of the functions necessary to prepare prescriptions for dispensing in Nevada.

54. As alleged above, Respondent Pharmerica implemented a standard operating procedure that required Respondent Kim to remotely supervise employees in Kentucky who performed one or more of the functions necessary to prepare prescriptions for dispensing in Nevada.

55. Respondent Pharmerica had a duty to ensure that Kentucky employees were *directly* supervised by a Nevada pharmacist.

56. Respondent Pharmerica had a duty to ensure that Kentucky employees were properly registered with the Board to work as pharmaceutical technicians or pharmaceutical technicians in training.

57. Respondent Pharmerica had a duty to ensure that Respondent Kim was not tasked with supervising more than three pharmaceutical technicians or one pharmaceutical technician and two pharmaceutical technicians in training at one time.

58. Through its conduct as described above, Respondent Pharmerica performed one or more of the above duties in an incompetent, unskillful or negligent manner.

59. For said unprofessional conduct, Respondent Pharmerica is subject to professional discipline pursuant to NRS 639.210(4) and NAC 639.945.

COUNT FOUR
Employer Liability
(Respondent Pharmerica)

60. As alleged in Count One, Respondent Kim engaged in unprofessional conduct.

61. As alleged in Count Two, Respondent Kim assisted or permitted the unlicensed practice of pharmacy.

62. As Respondent Kim's employer at the time of the above violations, Respondent Pharmerica is responsible for the violations alleged in Count One and Count Two. NRS 639.230(5); NAC 639.702; NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Camilla Kim and the pharmacy license of Respondent Pharmerica.

DATED this 10th day of December 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.** **CAMILLA KIM, RPH,** **Certificate of Registration No. 19388,** **Respondent.**	**Case No. 24-370-RPH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a First Amended Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, January 14, 2026 at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 10th day of December 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.** **CAMILLA KIM, RPH,** **Certificate of Registration No. 19388,** **Respondent.**	**Case No. 24-370-RPH-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the First Amended Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

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.

_____

Camilla Kim, 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 December 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:

PharMerica
4750 Longley Ln #204
Reno, NV 89502

PharMerica
c/o Lyn Beggs, Esq.
316 California Ave. #863
Reno, NV 89509

Camilla Kim, RPh
[redacted]
Reno, NV [redacted]

Camilla Kim, RPh
c/o Lyn Beggs, Esq.
316 California Ave. #863
Reno, NV 89509

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
JUL 2 4 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PHARMERICA,** **Pharmacy License No. PH02018,** **and** **CAMILLA KIM, RPH,** **Certificate of Registration No. 19388,** **Respondents.**	**Case Nos. 24-370-PH-N** **24-370-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 (the "Board"), files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Board has jurisdiction over Respondent PharMerica ("Respondent PharMerica"), the holder of Pharmacy License No. PH02018, because Respondent PharMerica is licensed by the Board to operate a pharmacy at 4750 Longley Lane in Reno, Nevada.

2. The Board has jurisdiction over Respondent Camilla Kim, RPh ("Respondent Kim"), the holder of Certificate of Registration No. 19388, because Respondent Kim is registered by the Board to engage in the practice of pharmacy in Nevada.

FACTUAL ALLEGATIONS

3. Respondent PharMerica operates a pharmacy in Reno, Nevada.

4. In March 2024, Respondent Kim was employed by Respondent PharMerica as a pharmacist.

5. In 2023 and 2024, Respondent PharMerica was under contract with MorningStar Senior Living of Sparks ("MorningStar"), an assisted living facility, to dispense prescription medication and provide medication management services to residents of the MorningStar facility.

6. Respondent PharMerica worked cooperatively with the nursing staff at MorningStar to store and deliver prescription medications for the residents of the MorningStar facility.

7. In 2023 and 2024, patient D.P., an 87-year-old female, resided at MorningStar, where she received medication and medication management services from Respondent PharMerica.

8. In 2023 and 2024, patient D.P. required levothyroxine for hypothyroidism.

9. Between March 2023 and March 2024, Respondent PharMerica dispensed levothyroxine to patient D.P. without interruption, according to the instructions of patient D.P.'s physician.

10. On March 6, 2024, patient D.P.'s physician issued her a new prescription for levothyroxine. The prescription directed Respondent PharMerica to dispense an initial 90-day supply of levothyroxine with two refills.

11. On its face, the above prescription sufficed to meet patient D.P.'s medical needs for 12 months.

12. Patient D.P.'s physician electronically transmitted the above prescription to Respondent PharMerica.

13. Respondent PharMerica assigned no. 343217 to the above prescription. Per standard operating procedure, PharMerica processed prescription no. 343217 at its facility in Kentucky.

14. At the facility in Kentucky, a pharmaceutical technician transferred the information from the electronic prescription to a computerized prescription management system.

15. When transferring the prescription information, the technician incorrectly entered code "X90D" related to the "duration" of medication treatment. This code suppressed the automatic refill

function on the system, thus instructing the system to terminate patient D.P.'s supply of levothyroxine after just 90 days.

16. Since patient D.P.'s levothyroxine was considered a "maintenance" medication, there should not have been a duration code associated with prescription no 343217.

17. In March 2024, before dispensing any medication under prescription no. 343217, Respondent Kim verified the prescription at PharMerica's facility in Reno.

18. When verifying the above prescription, Respondent Kim failed to notice that the duration code X90D, as described above, was inconsistent with the number of refill authorizations on the prescription itself. As noted above, this code instructed the automated system to terminate patient D.P.'s supply of levothyroxine after just 90 days.

19. In June of 2024, due to Respondent Kim's omission as described above, PharMerica failed to refill patient D.P.'s prescription for levothyroxine as directed by her physician.

20. Between June and September 2024, the nursing staff at MorningStar delivered no levothyroxine to patient D.P., and they made no inquiries of PharMerica concerning the abrupt cessation of patient D.P.'s medication treatment.

21. In August or September 2024, patient D.P.'s daughter observed that her mother's health had rapidly declined for no apparent reason. She alerted the nursing staff at MorningStar and/or patient D.P.'s physician.

22. In September 2024, Patient D.P. was admitted to the intensive care unit at Renown Hospital, where she was diagnosed with myxedema coma and cellulitis in her left leg. These medical conditions were caused by the cessation of medication treatment with levothyroxine.

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APPLICABLE LAW

23. The Board may discipline the holder of a license or registration issued by the Board if the holder engages in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

24. Unprofessional conduct includes "failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling." NAC 639.945(1)(d).

25. Unprofessional conduct includes performing one's duties as the holder of a certificate of registration issued by the Board in an "incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

26. A pharmacist has a duty to supervise a pharmaceutical technician who performs one or more of the functions necessary to prepare a prescription. NAC 639.252. This includes the duty to verify the selection and strength of the drug, the dosage form, and the labeling of the prescription. NAC 639.252(2).

27. A pharmacist has a duty to maintain a record of each refill of a prescription. NAC 639.918.

28. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of its employees. NRS 639.230(5), NAC 639.702 and NAC 639.945(3).

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COUNT ONE
Unprofessional Conduct by a Pharmacist
(Respondent Kim)

29. As alleged above, Respondent Kim verified prescription no. 343217 for levothyroxine, including two refills. In verifying the prescription, Respondent Kim failed to notice that a pharmaceutical technician in Kentucky had incorrectly entered a duration code into PharMerica's prescription management system, thus causing the system to suppress the automatic refill function.

30. Respondent Kim had a duty to supervise the pharmaceutical technician in Kentucky who performed data entry tasks related to prescription no. 343217.

31. Respondent Kim had a duty to correct the data entry error described above.

32. Respondent Kim had a duty to strictly follow the instructions of patient D.P.'s physician as to the refilling of no. 343217.

33. Respondent Kim performed the above duties in an incompetent, unskillful or negligent manner.

34. Due to Respondent Kim's unprofessional conduct as described above, patient D.P. suffered harm.

35. For her unprofessional conduct as described above Respondent Kim is subject to professional discipline pursuant to NRS 639.210(4) and NAC 639.945.

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COUNT TWO
Employer Liability for Unprofessional Conduct
(Respondent PharMerica)

36. Respondent Kim engaged in unprofessional conduct as described above.

37. As Respondent Kim's employer at the time, Respondent PharMerica is responsible for the unprofessional conduct as described above. NRS 639.230(5), NAC 639.702 and NAC 639.945(3).

38. For said unprofessional conduct, Respondent PharMerica is subject to professional discipline pursuant to NRS 639.210(4) and NAC 639.945.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Camilla Kim and the pharmacy license of Respondent PharMerica.

DATED this 24th 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.** **CAMILLA KIM, RPH,** **Certificate of Registration No. 19388,** **Respondent.**	**Case No. 24-370-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 **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 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.** **CAMILLA KIM, RPH,** **Certificate of Registration No. 19388,** **Respondent.**	**Case No. 24-370-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.

_____

Camilla Kim, RPh

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th 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:

PharMerica
4750 Longley Ln #204
Reno, NV 89502

Camilla Kim, RPh
[redacted]
Reno, NV [redacted]

PharMerica
c/o Camilla Kim, RPh
4750 Longley Ln #204
Reno, NV 89502

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATORY

FILED
AUG 29 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PHARMERICA,** **Pharmacy License No. PH0218,** **and** **CAMILLA KIM, RPH,** **Certificate of Registration No. 19388.** **Respondents.**	**Case Nos. 24-370-PH- N** **24-370-RPH-N** **RESPONDENTS' ANSWER AND NOTICE OF DEFENSE**

Respondents PharMerica and Camilla Kim, RPH, hereby file with the Nevada State Board of Pharmacy ("Board"), their Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on July 24, 2025.

ANSWER TO ACCUSATION

Jurisdiction: Paragraphs 1-2

Paragraph 1: Respondent PharMerica acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 1.

Paragraph 2: Respondent Kim acknowledges that the Board has jurisdiction in this matter as set forth in Paragraph 2.

Factual Allegations: Paragraphs 3-22

Paragraph 3: Respondent PharMerica acknowledges that it operates a pharmacy located in Reno, Nevada as set forth in Paragraph 3.

Paragraph 4: Respondent Kim acknowledges that she was employed by PharMerica in March 2024 as set forth in Paragraph 4.

Paragraph 5: Respondent PharMerica acknowledges that during the time periods set forth in Paragraph 5, it did dispense prescribed medication to residents of MorningStar Senior Living of Sparks as set forth in Paragraph 5.

Paragraph 6: Respondent PharMerica agrees with the factual assertions set forth in Paragraph 6 to the extent the PharMerica coordinated deliveries of prescribed and dispensed medication to the nursing staff of MorningStar Senior Living.

Paragraph 7: Respondent PharMerica agrees that patient D.P. did receive some medication management services in the time frame noted in Paragraph 7.

Paragraph 8: Respondents are without sufficient personal knowledge to respond to the factual assertions contained in Paragraph 8.

Paragraph 9: Respondent PharMerica agrees with the factual assertions in Paragraph 9 to the extent that patient D.P. received levothyroxine in 2023 through the end of February 2024.

Paragraph 10: Respondent PharMerica agrees with the factual assertions set forth in Paragraph 10 to the extent that a new prescription (no. 343217, the "Prescription") was issued March 6, 2024, by patient D.P.'s physician. However, the directions for the prescription were for one tablet daily for a 90-day duration with three refills, not two refills as noted in Paragraph 10 and further the prescription authorized three refills but did not direct automatic refills of the Prescription.

Paragraph 11: Respondents are without personal knowledge to substantively respond to the factual assertions set forth in Paragraph 11, however Respondents acknowledge that had the Prescription been refilled by patient D.P. as allowed, there would have been approximately twelve months of medication authorized by the physician.

Paragraph 12: Respondent PharMerica acknowledges that it received Prescription no. 343217 electronically.

Paragraph 13: Respondent PharMerica agrees with the factual assertions set forth in Paragraph 13.

Paragraph 14: Based on information and belief, Respondent PharMerica agrees that a PharMerica pharmacy technician would have transcribed the Prescription information into PharMerica's computerized prescription management system.

Paragraph 15: Respondents deny that the pharmacy technician incorrectly entered code "X90D" into the prescription management system. The technician correctly entered the Prescription and directions into the prescription management system; because the Prescription directions included a duration, the prescription management system automatically assigned the code to the Prescription. The prescription management system did not terminate D.P.'s supply of levothyroxine at the end of the initial ninety days; the Prescription was still active and simply needed to be refilled by MorningStar Senior Living.

Paragraph 16: Respondents disagree with the factual assertions contained in Paragraph 16; prescriptions, including prescriptions for "maintenance" medications, often have a duration associated with them.

Paragraph 17: Respondent Kim acknowledges that she verified Prescription no. 343217 before the Prescription was initially dispensed on March 19, 2024.

Paragraph 18: Respondent Kim denies that she failed to notice the duration code and asserts that the Prescription directions included a duration with refills to follow. Nothing indicated that the Prescription was to be automatically refilled. As noted above, the system did not "terminate" the supply of levothyroxine, the Prescription was still active and could be refilled.

Paragraph 19: Respondents deny the factual allegations set forth in Paragraph 19.

Paragraph 20: Respondents are without sufficient personal knowledge to respond to the factual allegations set forth in Paragraph 20.

Paragraph 21: Respondents are without sufficient personal knowledge to respond to the factual allegations set forth in Paragraph 21.

Paragraph 22: Respondents are without sufficient personal knowledge to respond to the factual allegations set forth in Paragraph 22.

Applicable Law: Paragraphs 23-28

Paragraph 23: Respondents agree that Paragraph 23 sufficiently reflects the contents of NRS 639.210(4).

Paragraph 24: Respondents agree that Paragraph 24 sufficiently reflects the contents of NAC 639.945(1)(d).

Paragraph 25: Respondents agree that Paragraph 25 sufficiently reflects the contents of NAC 639.945(1)(i).

Paragraph 26: Respondents agree that Paragraph 26 sufficiently reflects the contents of NAC 639.252(2).

Paragraph 27: Respondents agree that Paragraph 27 sufficiently reflects the contents of NAC 639.918.

Paragraph 28: Respondents agree that Paragraph 28 sufficiently reflects the contents of NRS 639.230(5), NAC 639.702, and NAC 639.945(3).

Count One (Paragraphs 29-35, Respondent Kim

Paragraph 29: Respondent Kim agrees that she verified Prescription no. 343217, which allowed three refills, not two as alleged. However, Respondent Kim denies the remaining allegations contained in Paragraph 29.

Paragraph 30: Respondent Kim does not work in the same location as the pharmacy technician who transcribed the information regarding the Prescription into the PharMerica computerized prescription management system, however Respondent Kim asserts that the technician did not incorrectly input the Prescription into the prescription management system. As described above, the prescription management system grabs the directions of the Prescription for generation of system codes. Regarding Prescription no. 343217, the physician's instructions included a duration and accordingly the system generated the appropriate code.

Paragraph 31: Respondent Kim denies the allegations contained in Paragraph 31 and contends that there was no error.

Paragraph 32: Respondent Kim agrees that she had a duty to strictly follow the instructions of the prescribing physician and that those instructions were indeed followed.

Paragraph 33: Respondent Kim denies the allegations contained in Paragraph 33.

Paragraph 34: Respondent Kim denies the allegations contained in Paragraph 34.

Paragraph 35: Paragraph 35 does not require a response from Respondent Kim.

Count Two (Paragraphs 36-38, Respondent PharMerica):

Paragraph 36: Respondent PharMerica denies the allegations contained in Paragraph 36.

Paragraph 37: Respondent PharMerica agrees it is responsible for Respondent Kim's conduct as an employed pharmacist but again denies that Respondent Kim engaged in unprofessional conduct as set forth in Paragraph 37.

Paragraph 38: Paragraph 38 does not require a substantive response from Respondent PharMerica.

NOTICE OF DEFENSE/MITIGATING INFORMATION

Respondents reserve all legal defenses available to them in this matter.

Respondents further assert that no violation of NRS or NAC Chapters 639 has occurred in this matter. The Prescription was received on March 6, 2024, electronically and was properly entered into the PharMerica computerized prescription management system by a pharmacy technician. The technician appropriately entered the information into the prescription management system, including the duration which was included on the Prescription sent electronically by patient D.P.'s physician. Per the Prescription directions, the prescription management system entered a code of "X90D"; however, that did not terminate the Prescription at the end of 90-days but rather required a refill to be requested. The Prescription, as written, did not direct automatic refills. Respondents are without knowledge of why the nursing staff at MorningStar Senior Living failed to request the refill of levothyroxine, however Respondents assert that neither Respondent PharMerica nor Respondent Kim violated NRS/NAC Chapter 639 as alleged.

Respectfully submitted this 29th of August, 2025.

Lyn E. Beggs, Esq.
Attorney for Respondents

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FILED
APR 27 2026
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CAMILLA KIM, RPH,** **Certificate of Registration No. 19388,** **Respondent.**	**Case No. 26-084-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 (the "Board"), files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Board has jurisdiction over Respondent Camilla Kim, RPh (Respondent), the holder of Certificate of Registration No. 19388, because Respondent is registered by the Board to engage in the practice of pharmacy in Nevada.

2. The Board has jurisdiction over the subject matter of the allegations stated herein because they concern the practice of pharmacy.

FACTUAL ALLEGATIONS

3. Respondent is a Nevada-licensed pharmacist and the holder of registration no. 19388.

4. In February 2026, Respondent worked as a pharmacist for Pharmerica, which operates a Nevada-licensed pharmacy at 4750 Longley Lane in Reno, Nevada.

5. Pharmerica terminated Respondent's employment on March 2, 2026.

6. On two or more occasions in February 2026, Respondent's co-workers observed that Respondent appeared to be intoxicated or suffering from a hangover while on duty. On these occasions, Respondent's co-workers observed that Respondent was lethargic, unfocused, unable to perform her duties, and/or smelling of alcohol.

7. On March 1, 2026, Respondent's co-worker observed that Respondent once again appeared to be intoxicated or suffering from a hangover while on duty. The co-worker reported Respondent's apparent intoxication to a supervisor.

8. At the request of her supervisor, Respondent took a breathalyzer test. The breathalyzer test revealed that Respondent had a blood alcohol content of .063 percent at 12:33 p.m. A second test revealed that Respondent's blood alcohol content had fallen to .057 percent at 12:50 p.m., and a third test revealed that Respondent's blood alcohol content had fallen to .036 percent at 12:54 p.m.

9. The above test results suggest that Respondent's blood alcohol content was significantly higher than .063 percent when she reported for work at 9 a.m. on March 1, 2026.

APPLICABLE LAW

10. The Board may discipline the holder of a license or registration issued by the Board 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).

11. The Board may discipline the holder of a license or registration issued by the Board if the holder engages in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

12. Unprofessional conduct includes performing one's duties as the holder of a certificate of registration issued by the Board in an "incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

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COUNT ONE

Unprofessional Conduct by a Pharmacist

13. On March 1, 2026, Respondent was intoxicated and/or under the influence of alcohol while on duty as a pharmacist at a pharmacy licensed by the Board.

14. On two or more occasions in February 2026, after having reported to work, Respondent found herself incapable of performing her duties as a pharmacist due to excessive alcohol use or abuse.

15. As a result of the foregoing, Respondent performed her duties as a pharmacist in an incompetent, unskillful or negligent manner, thus engaging in unprofessional conduct.

16. As a result of the foregoing, Respondent is subject to discipline for being intoxicated and/or under the influence of alcohol while on duty at a pharmacy licensed by the Board.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Camilla Kim.

DATED this 27th day of April 2026.

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.** **CAMILLA KIM, RPH,** **Certificate of Registration No. 19388,** **Respondent.**	**Case No. 26-084-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, June 3, 2026, 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, Gregory Zunino at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 27th day of April 2026.

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.** **CAMILLA KIM, RPH,** **Certificate of Registration No. 19388,** **Respondent.**	**Case No. 26-084-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 _____ 2026.

_____

CAMILLA KIM, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 27th day of April 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Camilla Kim, RPh
[redacted]
Reno, NV [redacted]

Lyn Beggs, Esq.
316 California Ave #863
Reno, NV 89509

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

5K

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ELISE CACCIO, RPH,
Certificate of Registration No. 22906,
TOMMY DINH, RPH,
Certificate of Registration No. 20256,
JOSE ESCOBEDO, RPH,
Certificate of Registration No. 20782,
TAMARA ANGELES, RPH,
Certificate of Registration No. 19070,
MARIE BARAGA, RPH,
Certificate of Registration No. 16851,
MARC BARBOSE, RPH,
Certificate of Registration No. 14251,
MAGDALENA CYBULSKA, RPH,
Certificate of Registration No. 22437,
SOYOUNG EOM, RPH,
Certificate of Registration No. 18126,
ARTIN FAKHOR, RPH,
Certificate of Registration No. 16225,
CHRISTOPHER GOODMAN, RPH,
Certificate of Registration No. 16422,
KENNY LI, RPH,
Certificate of Registration No. 19870,
PAULINA NGO, RPH,
Certificate of Registration No. 18970,
JAYMIE PADERO, RPH,
Certificate of Registration No. 23846,
CHRIS PETERS, RPH,
Certificate of Registration No. 16325,
CHAD ANTONIE, APRN,
Certificate of Registration No. CS33041,
TIANA HUBBARD, APRN,
Certificate of Registration No. CS25791,
MARY MILLER-WILSON, APRN,
Certificate of Registration No. CS33703, and
ASHLEY THOMAS, PT,
Certificate of Registration No. PT17873

Respondents.

Case Nos. 24-424-RPH-A-S
24-424-RPH-B-S
24-424-RPH-C-S
24-424-RPH-D-S
24-424-RPH-E-S
24-424-RPH-G-S
24-424-RPH-H-S
24-424-RPH-I-S
24-424-RPH-J-S
24-424-RPH-K-S
24-424-RPH-L-S
24-424-RPH-M-S
24-424-RPH-N-S
24-424-RPH-O-S
24-424-CS-A-S
24-424-CS-B-S
24-424-CS-C-S
24-424-PT-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 (the "Board") has jurisdiction over Respondent Respondent Elise Caccio ("Respondent Caccio"), Respondent Tommy Dinh ("Respondent Dinh"), Respondent Jose Escobedo ("Respondent Escobedo"), Respondent Tamara Angeles ("Respondent Angeles"), Respondent Marie Baraga ("Respondent Baraga"), Respondent Marc Barbose ("Respondent Barbose"), Respondent Magdalena Cybulska ("Respondent Cybulska"), Respondent Soyoung Eom ("Respondent Eom"), Respondent Artin Fakhor ("Respondent Fakhor"), Respondent Chris Goodman ("Respondent Goodman"), Respondent Kenny Li ("Respondent Li"), Respondent Paulina Ngo ("Respondent Ngo"), Respondent Jaymie Padero ("Respondent Padero"), and Respondent Chris Peters ("Respondent Peters"), because said pharmacists (collectively "Respondent Pharmacists"), at the time of the events alleged herein, held certificates of registration issued by the Board authorizing them to engage in the practice of pharmacy in Nevada.

2. The Board has jurisdiction over Respondent Chad Antonie ("Respondent Antonie"), Respondent Tiana Hubbard ("Respondent Hubbard"), and Respondent Mary Miller-Wilson ("Respondent Miller-Wilson"), because said practitioners (collectively "Respondent Practitioners"), at the time of the events alleged herein, held certificates of registration issued by the Board authorizing them to prescribe dangerous drugs and controlled substances in Nevada.

3. The Board has jurisdiction over Respondent Ashley Thomas ("Respondent Thomas"), because Respondent Thomas, at the time of the events alleged herein, held a certificate of registration issued by the Board authorizing her to work as a pharmaceutical technician in Nevada.

4. The above respondents are referred to collectively herein as "Respondents." Their respective certificates of registration are referenced in the caption above.

5. The Board has jurisdiction over the subject matter of this Accusation because it involves the distribution and sale of dangerous drugs and controlled substances.

FACTUAL ALLEGATIONS

6. In 2024, Respondent Caccio, Respondent Dinh, and Respondent Escobedo were employed by Meta Pharmacy, located at 8352 W. Warm Springs Road in Las Vegas, Nevada.

7. In 2024, Respondent Angeles, Respondent Baraga, Respondent Barbose, Respondent Cybulska, Respondent Eom, Respondent Fakhor, Respondent Goodman, Respondent Li, Respondent Ngo, Respondent Padero, and Respondent Peters were employed by Partell Specialty Pharmacy, located at 5835 South Eastern Avenue in Las Vegas, Nevada.

8. In 2024, Respondent Antonie was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. As noted above, Respondent Antonie held a certificate of registration issued by the Board authorizing him to prescribe dangerous drugs and controlled substances.

9. In 2024, Respondent Hubbard was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. As noted above, Respondent Hubbard held a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs and controlled substances.

10. In 2024, Respondent Miller-Wilson was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. As noted above, Respondent Miller-Wilson held a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs and controlled substances.

11. In 2024, Respondent Practitioners were employed by or otherwise working in the service of Helix RHT ("Helix"), a business located at 2625 North Green Valley Parkway, #275, in Henderson, Nevada.

12. In 2024, Helix was owned and/or operated by Jasen Kohli ("Kohli") and Blake Frostad ("Frostad"), both competitive body builders.

13. Neither Kohli nor Frostad, nor anyone else working on site at Helix, held medical credentials or a medical license authorizing them to prescribe dangerous drugs or controlled substances.

14. On information and belief, in 2024, Helix did not employ or contract with any practitioners who worked from the Helix business location on North Green Valley Parkway in Henderson.

15. In 2024, while working for Helix, Respondent Practitioners evaluated patients using "telehealth" technology. This means that they worked from home, or from some facility other than the Helix location at 2625 North Green Valley Pkwy. #275, in Henderson, Nevada.

16. Using telehealth technology to evaluate their patients, Respondent Practitioners routinely authorized dangerous drugs and/or controlled substances for their patients. The controlled substances included ketamine, testosterone cypionate, and/or nandrolone decanoate. All three drugs are listed in Schedule III of the regulations promulgated pursuant to the federal and state Controlled Substances Acts. *See* 21 C.F.R. §1308.13; NAC 453.530.

17. Testosterone cypionate, and/or nandrolone decanoate are commonly used by body builders to increase muscle mass. Ketamine is also used by body builders prior to workouts.

18. Respondent Practitioners did not transmit their own prescriptions; instead, they authorized Kohli, Frostad and/or Helix to transmit written prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

19. The above forms were preprinted with the address and telephone number for Helix. The forms did not contain an address or telephone number for any of Respondent Practitioners.

20. Kohli and Frostad employed Respondent Thomas to work as a liaison between practitioners, patients, and pharmacies. Respondent Thomas did not work in a pharmacy, nor did she work under the supervision of a pharmacist or dispensing practitioner.

21. While employed at Helix, Respondent Thomas was engaged in the "practice of pharmacy" as that term is defined at NRS 639.0124. More specifically, she interpreted and evaluated

prescriptions or orders for medicine, *see* NRS 639.0124(1)(b), she interpreted clinical data contained in a person's record of medication, *see* NRS 639.0124(1)(g), and/or she generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e).

22. Respondent Practitioners were generally unfamiliar with the process used by Helix to transmit prescriptions to pharmacies for dispensing.

23. During all of 2024, Respondent Antonie had access to the database established pursuant to NRS 453.162. This database is known as the Nevada Prescription Monitoring Program or "PMP" database.

24. During all of 2024, Respondent Hubbard had access to the PMP database.

25. During all of 2024, Respondent Miller-Wilson had access to the PMP database.

26. The PMP database has two functions that must be used by prescribers of controlled substances. The first function (known as the "MyRx" function) enables the prescriber to review his or her own prescribing activity to make sure that someone is not issuing fraudulent prescriptions under his or her name and medical credentials.

27. The second function on the PMP database (known as the "Patient History Report") enables the prescriber to evaluate the patient's history of using controlled substances. This enables the prescriber to determine whether a patient is doctor shopping or potentially abusing controlled substances or using them for recreational purposes.

28. Respondent Antonie did not use the MyRx function between August 16, 2022, and October 10, 2024. Additionally, he did not run a Patient History Report at any time between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Antonie authorized approximately 1,080 prescriptions for controlled substances, most or all transmitted by Helix.

29. Respondent Hubbard had never used the MyRx function until requested to do so on October 16, 2024. Additionally, she did not run a Patient History Report at any time between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Hubbard authorized approximately 1,800 prescriptions for controlled substances, most or all transmitted by Helix.

30. Respondent Miller-Wilson did not use the MyRx function between October 19, 2023, and October 7, 2024. Additionally, she ran Patient History Reports for only five patients between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Miller-Wilson authorized approximately 750 prescriptions for controlled substances, most or all transmitted by Helix.

31. In 2024, using the fill-in-the-blanks forms described above, Kohli, Frostad and/or Helix completed and transmitted approximately 7,000 prescriptions for dangerous drugs and controlled substances. Most or all of these prescriptions were transmitted by Helix to either Meta Pharmacy or Partell Specialty Pharmacy, where they were filled by Respondent Pharmacists.

32. When transmitting prescriptions to Meta Pharmacy or Partell Specialty Pharmacy, as applicable, Kohli, Frostad and/or Helix were not supervised by a prescribing practitioner.

33. Most or all of the above prescriptions were dispensed by either Meta Pharmacy or Partell Specialty Pharmacy after having been verified by Respondent Pharmacists.

34. Some of the above prescriptions, including prescriptions for ketamine, testosterone cypionate and/or nandrolone decanoate, were not accompanied by medical notes, charts, or other records indicating that corresponding patient evaluations had taken place.

35. When questioned regarding prescriptions without supporting medical records, Respondent Antonie and Respondent Hubbard denied having authorized the prescriptions.

36. Prescriptions for controlled substances were not transmitted electronically in the manner required by NRS 639.23535 and NAC 639.7105, and they did not contain a valid address and telephone number for the prescriber, or a unique prescriber-affixed signature or authenticating notation as required by NRS 639.2353(2).

37. Prescriptions for dangerous drugs did not contain a valid address and telephone number for the prescriber, or a prescriber-affixed signature or other unique identifier for the prescriber, as required by NRS 639.2353 and NRS 454.223.

38. Prescriptions for controlled substances were never approved by the Board to be transmitted in any manner other than via electronic transmission in accordance with NRS 639.23535 and NAC 639.7105.

39. Prescriptions for controlled substances did not meet applicable criteria for an exemption from electronic transmission requirements, as stated in NRS 639.23535(1)(a)-(i).

40. The above prescriptions for controlled substances were not "legal" prescriptions within the meaning of NRS 453.377 and NRS 454.316.

41. In 2024, Respondent Caccio, while working at Meta Pharmacy, verified approximately 9 of the above prescriptions, including 3 prescriptions for nandrolone decanoate. As a direct result of Respondent Caccio's's conduct, Meta Pharmacy dispensed dangerous drugs and controlled substances to consumers who did not possess a valid prescription.

42. In 2024, Respondent Dinh, while working at Meta Pharmacy, verified approximately 10 of the above prescriptions, including 2 prescriptions for nandrolone decanoate. As a direct result of Respondent Dinh's conduct, Meta Pharmacy dispensed dangerous drugs and controlled substances to consumers who did not possess a valid prescription

43. In 2024, Respondent Escobedo, while working at Meta Pharmacy, verified approximately 900 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Escobedo's conduct, Meta Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

44. In 2024, Respondent Angeles, while working at Partell Specialty Pharmacy, verified approximately 13 of the above prescriptions, including at least 2 prescriptions for testosterone cypionate. As a direct result of Respondent Angeles' conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to consumers who did not possess a valid prescription.

45. In 2024, Respondent Baraga, while working at Partell Specialty Pharmacy, verified approximately 16 of the above prescriptions, including at least 6 prescriptions for testosterone

cypionate. As a direct result of Respondent Baraga's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to consumers who did not possess a valid prescription

46. In 2024, Respondent Barbose, while working at Partell Specialty Pharmacy, verified approximately 1,000 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Barbose's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

47. In 2024, Respondent Cybulska, while working at Partell Specialty Pharmacy, verified approximately 40 of the above prescriptions, including prescriptions for controlled substances. As a direct result of Respondent Cybulska's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to consumers who did not possess a valid prescription.

48. In 2024, Respondent Eom, while working at Partell Specialty Pharmacy, verified approximately 500 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Eom's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

49. In 2024, Respondent Fakhor, while working at Partell Specialty Pharmacy, verified approximately 200 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Fakhor's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

50. In 2024, Respondent Goodman, while working at Partell Specialty Pharmacy, verified approximately 2,300 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Goodman's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

51. In 2024, Respondent Li, while working at Partell Specialty Pharmacy, verified approximately 150 of the above prescriptions, including many prescriptions for controlled substances.

As a direct result of Respondent Li's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

52. In 2024, Respondent Ngo, while working at Partell Specialty Pharmacy, verified approximately 500 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Ngo's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

53. In 2024, Respondent Padero, while working at Partell Specialty Pharmacy, verified approximately 125 of the above prescriptions, including prescriptions for controlled substances. As a direct result of Respondent Padero's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

54. In 2024, Respondent Peters, while working at Partell Specialty Pharmacy, verified approximately 1,600 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Peters' conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

APPLICABLE LAW

55. Every practitioner who prescribes controlled substances in Nevada must secure and maintain a certificate of registration issued by the Board pursuant to the Nevada Controlled Substances Act (NRS Chapter 453). *See* NRS 453.226(1)(a); NRS 453.231(3).

56. If an advanced practice registered nurse prescribes dangerous drugs in Nevada, he or she must hold a certificate of registration issued by the Board. See NRS 639.1375; NAC 639.850.

57. If an advanced practice registered nurse prescribes controlled substances in Nevada, he or she must hold a certificate of registration issued by the Board. NRS 453.226(1)(a); NRS 453.231(3).

58. The Board may revoke or suspend the registration of any practitioner who has committed an act that renders his or her registration inconsistent with the public interest. NRS 453.236(1)(e).

59. Noncompliance with state and local law, including noncompliance with the Nevada Pharmacy Act and/or the Nevada Controlled Substances Act, renders a practitioner's registration inconsistent with the public interest. NRS 453.236(1)(e); NRS 453.231(1)(b).

60. Pursuant to NRS 639.100, it is unlawful for a practitioner to permit an unsupervised person to transmit prescriptions for dangerous drugs or controlled substances unless that person holds the appropriate license or certificate issued by the Board.

61. Pursuant to NRS 639.100, it is unlawful for a pharmaceutical technician to permit another person to engage in the practice of pharmacy unless that person holds the appropriate license or certificate issued by the Board.

62. A practitioner has a duty to establish and maintain effective controls and procedures to prevent or guard against theft and misuse of controlled substances. *See* NRS 435.231(1)(a); NAC 453.400.

63. Before issuing an initial prescription for a controlled substance, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, a practitioner must run and evaluate a Patient History Report using the PMP. NRS 639.23507.

64. A practitioner registered with the Board to write prescriptions for controlled substances must use the MyRx function in the PMP database at least once every 6 months to review prescriptions issued by the practitioner and to verify that he or she continues to have access to the PMP. NRS 453.164(7).

65. The Board may revoke or suspend the registration of any practitioner who commits, or who assists or abets in a violation of the Nevada Pharmacy Act or the Nevada Controlled Substances Act. NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

66. The holder of a certificate of registration issued by the Board pursuant to the Nevada Pharmacy Act (NRS Chapter 639), including a pharmaceutical technician, may be disciplined by the Board for engaging in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 639.255.

67. When engaged in the practice of pharmacy, a pharmaceutical technician must work under the direct supervision of a pharmacist and must not work outside of a pharmacy. NRS 639.1371; NRS 639.0113; NAC 639.245; NAC 639.247; NAC 639.250; NAC 639.252; NAC 639.401.

68. Unprofessional conduct by a pharmaceutical technician includes aiding or abetting a person not licensed to practice pharmacy in Nevada, *see* NAC 639.945(1)(j), performing or in any way being a party to any fraudulent or deceitful practice or transaction, *see* NAC 639.945(1)(h), and performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration, *see* NAC 639.945(1)(k).

69. A pharmacist may dispense a dangerous drug or controlled substances upon receipt of a legal prescription written by a practitioner. NRS 453.128; NRS 453.377; NRS 454.00961; NRS 454.215.

70. A pharmacist has a duty to exercise reasonable care to ensure that a prescription filled by the pharmacist is legal. NRS 453.381(4); NRS 454.215; NRS 454.223; NAC 454.060; NAC 639.711(4).

71. A pharmacist shall not fill an order which purports to be a prescription for a controlled substance if the pharmacist has reason to believe that it was not issued in the usual course of the professional practice of a practitioner. NRS 453.381(4).

72. A prescription must contain the telephone number and address of the prescriber and the prescriber's original signature, or if the prescription is transmitted electronically, a unique identifier affixed by the prescriber. NRS 639.2353; NRS 639.23535; NRS 454.223(2).

73. Generally, a prescription for a controlled substance must be electronically transmitted by a practitioner to a pharmacy using a computer system approved by the Board. NRS 639.23535; NAC 639.7102; NAC 639.7105.

74. When transmission by a facsimile machine is permitted, the practitioner, or the practitioner's designated agent, must transmit the prescription directly to the pharmacy. NAC 639.711. The pharmacist must not dispense such a prescription unless it is signed by the practitioner and

transmitted to the pharmacy by the practitioner or the designated agent of the practitioner. NAC 639.711(4).

75. A pharmacist may be disciplined by the Board for engaging in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 639.255.

76. Unprofessional conduct by a pharmacist includes performing one's duties as a pharmacist in an incompetent, unskillful or negligent manner. NRS 639.210(4); NAC 639.945(1)(i).

COUNT ONE
Unprofessional Conduct by a Pharmacist
(Respondent Pharmacists)

77. As alleged above, Respondent Pharmacists verified numerous prescriptions that were illegal and/or issued outside the usual course of the professional practice of a practitioner. Their conduct caused dangerous drugs and controlled substances to be dispensed to consumers who were not in possession of valid prescriptions.

78. The above prescriptions were illegal and/or invalid because they were not signed or otherwise properly authenticated by the prescribing practitioners, they did not contain valid telephone numbers or addresses for the prescribing practitioners, and in many cases, they were not transmitted electronically or via facsimile by the practitioners, or by the practitioners' designated agents, in the manner required by Nevada law.

79. Given the large number of prescriptions that were deficient on their face, and/or transmitted in an unauthorized manner, Respondent Pharmacists knew or should have known that the prescriptions were illegal, invalid, and/or issued outside the usual course of the professional practice of a practitioner.

80. Under the circumstances, Respondents had a duty to make further inquiry to determine whether the prescriptions were legal, invalid and/or issued in the usual course of the professional practice of a practitioner.

81. By verifying the prescriptions and causing them to be dispensed, Respondents performed their duties as pharmacists in an incompetent, unskillful, or negligent manner.

82. Respondents are subject to discipline for their unprofessional conduct as described herein. NRS 639.210(4); NAC 639.945(1)(i).

COUNT TWO
Noncompliance with the Nevada Pharmacy Act
(Respondent Practitioners)

83. As alleged above, Respondent Practitioners authorized Helix and its non-practitioner owners, operators, and/or employees to transmit prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

84. Prescriptions for controlled substances were not transmitted by Respondent Practitioners in the manner required by NRS 639.23535 and NAC 639.7105.

85. Prescriptions did not contain a valid address or telephone number for the prescriber, or a prescriber-affixed signature as required by NRS 639.2353(2).

86. Respondent Practitioners knew or should have known that prescriptions transmitted by Helix did not comply with NRS 639.23535, NRS 639.2353, and NAC 639.7105.

87. By causing or permitting non-compliant prescriptions to be transmitted by Helix and its non-practitioner owners, managers, and/or employees, Respondent Practitioners assisted or abetted in recurring violations of the Nevada Pharmacy Act regarding the form and content of prescriptions and their manner of transmission. *See* NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

88. By causing or permitting prescriptions to be issued by Helix and its non-practitioner owners, managers and/or employees, and/or by failing to exercise control over their process for issuing prescriptions, Respondent Practitioners permitted Helix and its non-practitioner owners, managers, and/or employees to engage in unregistered prescribing in violation of NRS 639.100(1).

89. Respondents are subject to discipline for having failed to comply with the Nevada Pharmacy Act. *See* NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

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COUNT THREE
Failure to Maintain Effective Controls Against Diversion
(Respondent Practitioners)

90. As alleged above, Respondent Practitioners authorized Helix and its non-practitioner owners, operators, and/or employees to issue prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

91. As alleged above, Respondent Practitioners were generally unfamiliar with the process used by Helix to transmit prescriptions to pharmacies for dispensing.

92. As alleged above, Respondent Practitioners failed to monitor and/or supervise the activities of Helix and its non-practitioner owners, operators, and/or employees in regard to their issuance of prescriptions.

93. Respondent Practitioners knew or should have known that Helix and its non-practitioner owners, operators, and/or employees were issuing unauthorized prescriptions and/or prescriptions that did not comply with NRS 639.2353, NRS 639.23535 and NAC 639.7105.

94. Through their acts and omissions as alleged above, Respondent Practitioners failed to establish and maintain effective controls against the diversion of controlled substances.

95. Respondent Practitioners are subject to discipline for having failed to establish and maintain effective controls against the diversion of controlled substances.

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COUNT FOUR
Failure to Query the PMP Database
(Respondent Practitioners)

96. As alleged above, Respondent Practitioners failed to query the PMP database in the manner required by NRS 639.23507 and NRS 453.164(7).

97. Respondents Practitioners' failure to query the PMP demonstrates an inability to establish and maintain effective controls against diversion of controlled substances into other than legitimate medical, scientific, research or industrial channels.

98. Respondents' failure to query the PMP database demonstrates a failure to comply with the Nevada Pharmacy Act and the Nevada Controlled Substances Act.

99. Respondents are subject to discipline for having failed to query the PMP database in the manner required by NRS 639.23507 and NRS 453.164(7). *See* NRS 453.236(1)(e); NRS 453.231(1)(a); NRS 453.231(1)(b); NRS 639.210(12); NRS 639.255.

COUNT FIVE
Unprofessional Conduct by a Pharmaceutical Technician
(Respondent Thomas)

100. As alleged above, Respondent Thomas was employed by Helix to act as a liaison between practitioners, patients, and pharmacies. Respondent Thomas did not work in a pharmacy, nor did she work under the supervision of a pharmacist or dispensing practitioner.

101. While employed by Helix, Respondent Thomas engaged in the unauthorized practice of pharmacy. More specifically, she interpreted and evaluated prescriptions or orders for medicine, *see* NRS 639.0124(1)(b), she interpreted clinical data contained in a person's record of medication, *see* NRS 639.0124(1)(g), and she generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e).

102. As the owners and/or operators of Helix, Kohli and Frostad engaged in the unlicensed practice of pharmacy. More specifically, they interpreted and evaluated prescriptions or orders for medicine, *see* NRS 639.0124(1)(b), they interpreted clinical data contained in a person's record of

medication, *see* NRS 639.0124(1)(g), and/or they generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e).

103. As the owners and/or operators of Helix, Kohli and Frostad issued prescriptions that had not been authorized by a practitioner, thus engaging in the unregistered prescribing of dangerous drugs and controlled substances.

104. On information and belief, Respondent Thomas issued prescriptions that had not been authorized by a practitioner, thus engaging in the unregistered prescribing of dangerous drugs and controlled substances.

105. By acting as a liaison between practitioners, patients, and pharmacies, Respondent Thomas assisted or abetted the unlicensed prescribing of dangerous drugs and controlled substances by Helix, Kohli and/or Frostad.

106. By engaging in the practice of pharmacy in a non-pharmacy location where she was not supervised by a pharmacist, Respondent Thomas performed tasks that she was not licensed to perform.

107. By issuing prescriptions that she was not authorized to issue, or by causing or permitting such prescriptions to be issued, Respondent Thomas was a party to fraudulent or deceitful practices or transactions.

108. Respondent Thomas is subject to discipline for her unprofessional conduct as described above. *See* NRS 639.210(4); NAC 639.945(1)(h), (j) and (k).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to Respondents' certificates of registration as identified above.

DATED this 6th day of APRIL 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 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.** **JOSE ESCOBEDO, RPH,** **Certificate of Registration No. 20782,** **Respondent.**	**Case No. 24-424-RPH-C-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, June 3, 2026, 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, Gregory Zunino at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of APRIL 2026.

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.** **JOSE ESCOBEDO, RPH,** **Certificate of Registration No. 20782,** **Respondent.**	**Case No. 24-424-RPH-C-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 _____ 2026.

_____

JOSE ESCOBEDO, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of April 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Jose Escobedo, RPh
[redacted]
Las Vegas, NV [redacted]

Jose Escobedo, RPh
c/o Abacus Rx Pharmacy
1516 W Warm Springs Rd
Henderson, NV 89014

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.** **JOSE ESCOBEDO, RPH** **License No. 20782, et. al.,** **Respondents.**	**Case No. 24-424-RPH-C-S** **ANSWER AND NOTICE OF DEFENSE OF JOSE ESCOBEDO, RPH**

Respondent Jose Escobedo, RPH, hereby files with the Nevada State Board of Pharmacy ("Board"), his Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on April 6, 2026, which was received by Mr. Escobedo on April 9, 2026.

ANSWER TO ACCUSATION

Jurisdiction

Mr. Escobedo agrees that the Board has jurisdiction in this matter as set forth in Paragraphs 1 and 5 of the Accusation. Paragraphs 2 and 3 pertain solely to the other Respondents named in the Accusation. Paragraph 4 does not require a response. Mr. Escobedo further answers the Factual Allegations set forth in the Accusation as follows:

Factual Allegations: Paragraphs 6-54

Paragraph 6: Mr. Escobedo admits to the factual assertions set forth in Paragraph 6 as it pertains to himself.

Paragraphs 7-32: Paragraphs 7 through 32 pertain to the other Respondents named in the Accusation or otherwise contain factual allegations regarding which Mr. Escobedo is without sufficient personal knowledge to respond to.

Paragraph 33: Mr. Escobedo admits to the factual allegations set forth in Paragraph 33 to the extent that they pertain to prescriptions he personally verified at Meta Pharmacy.

Paragraph 34: Mr. Escobedo is without sufficient personal recollection to substantively respond to the factual allegations as they pertain to prescriptions that he reviewed and verified at Meta Pharmacy, but believes that many of the prescriptions received from Helix at Meta Pharmacy were lacking the information described in Paragraph 34.

Paragraph 35: Paragraph 35 pertains to other Respondents and does not require a response from Mr. Escobedo.

Paragraph 36: Mr. Escobedo is without sufficient personal recollection to substantively respond to the factual allegations as they pertain to prescriptions that he reviewed and verified at Meta Pharmacy, but believes that many of the prescriptions received from Helix at Meta Pharmacy were lacking the information described in Paragraph 36.

Paragraph 37: Mr. Escobedo is without sufficient personal recollection to substantively respond to the factual allegations as they pertain to prescriptions that he reviewed and verified at Meta Pharmacy, but believes that many of the prescriptions received from Helix at Meta Pharmacy were lacking the information described in Paragraph 37.

Paragraphs 38-40: Mr. Escobedo is without sufficient personal knowledge to substantively respond to Paragraphs 38-40.

Paragraphs 41-42: The factual allegations contained in Paragraphs 41 and 42 pertain to other named Respondents and do not require a response from Mr. Escobedo.

Paragraph 43: Mr. Escobedo admits to the allegations contained in Paragraph 43 to the extent that he verified prescriptions at Meta Pharmacy for both dangerous drugs and controlled substances but otherwise denies the allegations contained therein.

Paragraphs 44-54: Paragraphs 44 through 54 pertain to the other Respondents named in the Accusation or otherwise contain factual allegations regarding which Mr. Escobedo is without sufficient personal knowledge to respond to.

Applicable Law: Paragraphs 55-76

Paragraph 55-76: Mr. Escobedo agrees that Paragraphs 55 through 76 accurately reflect the provisions of the cited statutes and regulations.

Counts: Paragraphs 77-108

Count One (Paragraphs 77-82):

Paragraph 77: Mr. Escobedo denies the allegations set forth in Paragraph 77 as they pertain to him and asserts that he did not intentionally verify any illegal prescription and denies knowledge of prescriptions issued outside the usual course of professional practice of a practitioner.

Paragraph 78: Mr. Escobedo generally denies the allegations set forth in Paragraph 78 as they pertain to him.

Paragraph 79: Mr. Escobedo generally denies the allegations set forth in Paragraph 79 as they pertain to him.

Paragraph 80: Mr. Escobedo generally denies the allegations set forth in Paragraph 80, however, as discussed below, Mr. Escobedo asserts that he did notify his direct supervisor of concerns related to questionable prescriptions.

Paragraph 81: Mr. Escobedo generally denies the allegations set forth in Paragraph 81.

Paragraph 82: Paragraph 82 does not require a response from Mr. Escobedo.

Count Two (Paragraphs 83-89): Count Two does not pertain to Mr. Escobedo and accordingly no response is required.

Count Three (Paragraphs 90-95): Count Three does not pertain to Mr. Escobedo and accordingly no response is required.

Count Four (Paragraphs 96-99): Count Four does not pertain to Mr. Escobedo and accordingly no response is required.

Count Five (Paragraphs 100-108): Count Five does not pertain to Mr. Escobedo and accordingly no response is required.

NOTICE OF DEFENSE/MITIGATING INFORMATION

Mr. Escobedo received his active pharmacist Certificate of Registration from the Board in February 2021, after completing his schooling. Mr. Escobedo's first job as a fully licensed pharmacist was as a staff pharmacist at Meta Pharmacy, which was a retail compounding pharmacy.

Due to Meta Pharmacy being a compound pharmacy, Mr. Escobedo was informed that it was common for prescriptions to be received via fax rather than electronically, due to limitations on some e-script systems to prescribe a compounded medication. To address this issue, prescribing providers were commonly instructed to choose the closest medication to what was being prescribed on the e-script system and to provide specifications in the notes sections, but many continued to simply fax in the prescription.

Mr. Escobedo recalls receiving regular prescriptions from Helix often without diagnosis codes, although Helix regularly used approximately two codes depending on the medication. Mr. Escobedo would routinely contact Helix for a diagnosis code and was informed by Helix that the diagnosis code would always be the same depending on the drug and that he should note it down.

Mr. Escobedo brought some concerns related to the Helix prescriptions to the pharmacist-in-charge, and was in essence informed that he should not worry about it as Meta Pharmacy worked very closely with Helix.

In approximately November or December 2024, Mr. Escobedo recalls Board investigators/inspectors coming to Meta Pharmacy. Mr. Escobedo realized in talking with Board staff that the signatures on the prescriptions were stamped; Mr. Escobedo acknowledges that he had not noticed the stamped signatures until that time.

Subsequent to the Board's visit to Meta Pharmacy, Mr. Escobedo became concerned with the lack of concern exhibited by management regarding the issues noted by the Board during the inspection and began to look for alternative employment. Mr. Escobedo left Meta in March 2025 after providing required notice to terminate his position.

Mr. Escobedo has taken this matter very seriously and is very cognizant regarding his duties as a pharmacist to ensure that all prescriptions that are filled and dispensed are properly verified as legal and proper prescriptions.

Mr. Escobedo asserts that at no time during his employment with Meta Pharmacy did he intentionally or knowingly violate any provision of NRS/NAC Chapters 639 as alleged in the Accusation in this matter.

Respectfully submitted this 29th day of April, 2026.

Lyn E. Beggs, Esq.
Attorney for Respondent Jose Escobedo, RPh

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ELISE CACCIO, RPH,
Certificate of Registration No. 22906,
TOMMY DINH, RPH,
Certificate of Registration No. 20256,
JOSE ESCOBEDO, RPH,
Certificate of Registration No. 20782,
TAMARA ANGELES, RPH,
Certificate of Registration No. 19070,
MARIE BARAGA, RPH,
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Certificate of Registration No. CS33041,
TIANA HUBBARD, APRN,
Certificate of Registration No. CS25791,
MARY MILLER-WILSON, APRN,
Certificate of Registration No. CS33703, and
ASHLEY THOMAS, PT,
Certificate of Registration No. PT17873

Respondents.

Case Nos. 24-424-RPH-A-S
24-424-RPH-B-S
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24-424-RPH-D-S
24-424-RPH-E-S
24-424-RPH-G-S
24-424-RPH-H-S
24-424-RPH-I-S
24-424-RPH-J-S
24-424-RPH-K-S
24-424-RPH-L-S
24-424-RPH-M-S
24-424-RPH-N-S
24-424-RPH-O-S
24-424-CS-A-S
24-424-CS-B-S
24-424-CS-C-S
24-424-PT-S

STIPULATION AND ORDER
(RESPONDENT ESCOBEDO ONLY)

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through counsel, Gregory L. Zunino, Esq., and Respondent Jose Escobedo ("Respondent"), by and through counsel, Lyn Beggs, 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 after consulting with his 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, and NRS Chapter 639, the Nevada Pharmacy 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 waives his right to hearing, reconsideration, appeal, and other rights related to this action as identified above.

6. Respondent does not contest the allegations in Count One of the Accusation, and further admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, to wit:

A. In 2024, Respondent was employed by Meta Pharmacy, located at 8352 W. Warm Springs Road in Las Vegas, Nevada.

B. In 2024, Meta Pharmacy filled and/or refilled numerous prescriptions for controlled substances and dangerous drugs. All the prescriptions at issue in his case were transmitted via email by Helix RHT ("Helix"), a business located at 2625 North Green Valley Parkway, #275, in Henderson, Nevada.

C. Prescriptions for controlled substances, as received from Helix, were not transmitted electronically in the manner required by NRS 639.23535 and NAC 639.7105, and they did not contain a valid address and telephone number for the prescriber, or a unique prescriber-affixed signature or authenticating notation as required by NRS 639.2353(2).

D. Prescriptions for dangerous drugs, as received from Helix, did not contain a valid address and telephone number for the prescriber, or a prescriber-affixed signature or other unique identifier for the prescriber, as required by NRS 639.2353 and NRS 454.223.

E. Prescriptions for controlled substances, as received from Helix, were never approved by the Board to be transmitted in any manner other than via electronic transmission in accordance with NRS 639.23535 and NAC 639.7105.

F. Prescriptions for controlled substances, as received from Helix, did not meet applicable criteria for an exemption from electronic transmission requirements, as stated in NRS 639.23535(1)(a)-(i).

G. Respondent, while working at Meta Pharmacy, verified approximately 900 of the prescriptions received from Helix, including many prescriptions for controlled substances.

H. Respondent knew or should have known, based upon the content and appearance of the prescriptions, and the manner in which they were transmitted to Meta Pharmacy, that the prescriptions did not meet the requirements of Nevada law as noted above. Nonetheless, Respondent verified the prescriptions, causing them to be dispensed to customers of Meta Pharmacy.

7. Now, therefore, to resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree to the imposition of the following penalties:

A. Respondent's certificate of registration no. 20782 shall be **REVOKED**; however, the imposition of the revocation shall be stayed, and Respondent shall be placed on probation for a period of two (2) years from and after the effective date of this Stipulation. Upon successful completion of the terms and conditions of probation as forth herein, Respondent's certificate of registration shall be automatically reinstated without conditions or restrictions.

B. 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 July 31, 2026.

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 July 31, 2026.

D. On or before September 30, 2026, Respondent shall complete four (4) credit hours of continuing education on the topic of ethics in the practice of pharmacy. Respondent shall supply proof of completion by emailing appropriate documentary proof to Board staff at teambc@pharmacy@nv.gov.

E. During the term of probation, Respondent shall not engage in any conduct for which disciplinary action may be imposed pursuant to the provisions of NRS Chapter 639 and/or NAC Chapter 639.

8. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 24-424-RPH-C-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 the finding of a violation by Respondent, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639 and/or NAC Chapter 639.

9. The Board's Senior General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 3, 2026, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent fails to appear at the meeting.

10. The Board may accept this Stipulation, but it is not required 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 this Stipulation in part or in full, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a 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.

AGREED:

Signed this 4th day of May 2026.

/s/ Jose Escobedo
JOSE ESCOBEDO, RPH
Registration No. 20782

Signed this 5th day of May 2026.

NEVADA STATE BOARD OF PHARMACY

By: /s/ Gregory L. Zunino
GREGORY L. ZUNINO
Senior General Counsel

limit 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 the finding of a violation by Respondent, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639 and/or NAC Chapter 639.

9. The Board's Senior General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 3, 2026, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent fails to appear at the meeting.

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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.

AGREED:

Signed this 4 day of May 2026.

Jose Escobedo

JOSE ESCOBEDO, RPH
Registration No. 20782

Signed this ____ day of May 2026.

NEVADA STATE BOARD OF PHARMACY

By _____
GREGORY L. ZUNINO
Senior General Counsel

Approved as to Form and Content:

/s/ Lyn Beggs
LYN BEGGS, ESQ.
Attorney for Respondent Jose Escobedo

DECISION AND ORDER

As to Respondent Jose Escobedo, RPh, in Case No. 24-424-RPH-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 3rd day of June 2026.

_____

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,

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Respondents.

Case Nos. 24-424-RPH-A-S
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24-424-RPH-J-S
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24-424-RPH-L-S
24-424-RPH-M-S
24-424-RPH-N-S
24-424-RPH-O-S
24-424-CS-A-S
24-424-CS-B-S
24-424-CS-C-S
24-424-PT-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 (the "Board") has jurisdiction over Respondent Respondent Elise Caccio ("Respondent Caccio"), Respondent Tommy Dinh ("Respondent Dinh"), Respondent Jose Escobedo ("Respondent Escobedo"), Respondent Tamara Angeles ("Respondent Angeles"), Respondent Marie Baraga ("Respondent Baraga"), Respondent Marc Barbose ("Respondent Barbose"), Respondent Magdalena Cybulska ("Respondent Cybulska"), Respondent Soyoung Eom ("Respondent Eom"), Respondent Artin Fakhor ("Respondent Fakhor"), Respondent Chris Goodman ("Respondent Goodman"), Respondent Kenny Li ("Respondent Li"), Respondent Paulina Ngo ("Respondent Ngo"), Respondent Jaymie Padero ("Respondent Padero"), and Respondent Chris Peters ("Respondent Peters"), because said pharmacists (collectively "Respondent Pharmacists"), at the time of the events alleged herein, held certificates of registration issued by the Board authorizing them to engage in the practice of pharmacy in Nevada.

2. The Board has jurisdiction over Respondent Chad Antonie ("Respondent Antonie"), Respondent Tiana Hubbard ("Respondent Hubbard"), and Respondent Mary Miller-Wilson ("Respondent Miller-Wilson"), because said practitioners (collectively "Respondent Practitioners"), at the time of the events alleged herein, held certificates of registration issued by the Board authorizing them to prescribe dangerous drugs and controlled substances in Nevada.

3. The Board has jurisdiction over Respondent Ashley Thomas ("Respondent Thomas"), because Respondent Thomas, at the time of the events alleged herein, held a certificate of registration issued by the Board authorizing her to work as a pharmaceutical technician in Nevada.

4. The above respondents are referred to collectively herein as "Respondents." Their respective certificates of registration are referenced in the caption above.

5. The Board has jurisdiction over the subject matter of this Accusation because it involves the distribution and sale of dangerous drugs and controlled substances.

FACTUAL ALLEGATIONS

6. In 2024, Respondent Caccio, Respondent Dinh, and Respondent Escobedo were employed by Meta Pharmacy, located at 8352 W. Warm Springs Road in Las Vegas, Nevada.

7. In 2024, Respondent Angeles, Respondent Baraga, Respondent Barbose, Respondent Cybulska, Respondent Eom, Respondent Fakhor, Respondent Goodman, Respondent Li, Respondent Ngo, Respondent Padero, and Respondent Peters were employed by Partell Specialty Pharmacy, located at 5835 South Eastern Avenue in Las Vegas, Nevada.

8. In 2024, Respondent Antonie was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. As noted above, Respondent Antonie held a certificate of registration issued by the Board authorizing him to prescribe dangerous drugs and controlled substances.

9. In 2024, Respondent Hubbard was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. As noted above, Respondent Hubbard held a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs and controlled substances.

10. In 2024, Respondent Miller-Wilson was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. As noted above, Respondent Miller-Wilson held a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs and controlled substances.

11. In 2024, Respondent Practitioners were employed by or otherwise working in the service of Helix RHT ("Helix"), a business located at 2625 North Green Valley Parkway, #275, in Henderson, Nevada.

12. In 2024, Helix was owned and/or operated by Jasen Kohli ("Kohli") and Blake Frostad ("Frostad"), both competitive body builders.

13. Neither Kohli nor Frostad, nor anyone else working on site at Helix, held medical credentials or a medical license authorizing them to prescribe dangerous drugs or controlled substances.

14. On information and belief, in 2024, Helix did not employ or contract with any practitioners who worked from the Helix business location on North Green Valley Parkway in Henderson.

15. In 2024, while working for Helix, Respondent Practitioners evaluated patients using "telehealth" technology. This means that they worked from home, or from some facility other than the Helix location at 2625 North Green Valley Pkwy. #275, in Henderson, Nevada.

16. Using telehealth technology to evaluate their patients, Respondent Practitioners routinely authorized dangerous drugs and/or controlled substances for their patients. The controlled substances included ketamine, testosterone cypionate, and/or nandrolone decanoate. All three drugs are listed in Schedule III of the regulations promulgated pursuant to the federal and state Controlled Substances Acts. *See* 21 C.F.R. §1308.13; NAC 453.530.

17. Testosterone cypionate, and/or nandrolone decanoate are commonly used by body builders to increase muscle mass. Ketamine is also used by body builders prior to workouts.

18. Respondent Practitioners did not transmit their own prescriptions; instead, they authorized Kohli, Frostad and/or Helix to transmit written prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

19. The above forms were preprinted with the address and telephone number for Helix. The forms did not contain an address or telephone number for any of Respondent Practitioners.

20. Kohli and Frostad employed Respondent Thomas to work as a liaison between practitioners, patients, and pharmacies. Respondent Thomas did not work in a pharmacy, nor did she work under the supervision of a pharmacist or dispensing practitioner.

21. While employed at Helix, Respondent Thomas was engaged in the "practice of pharmacy" as that term is defined at NRS 639.0124. More specifically, she interpreted and evaluated

prescriptions or orders for medicine, *see* NRS 639.0124(1)(b), she interpreted clinical data contained in a person's record of medication, *see* NRS 639.0124(1)(g), and/or she generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e).

22. Respondent Practitioners were generally unfamiliar with the process used by Helix to transmit prescriptions to pharmacies for dispensing.

23. During all of 2024, Respondent Antonie had access to the database established pursuant to NRS 453.162. This database is known as the Nevada Prescription Monitoring Program or "PMP" database.

24. During all of 2024, Respondent Hubbard had access to the PMP database.

25. During all of 2024, Respondent Miller-Wilson had access to the PMP database.

26. The PMP database has two functions that must be used by prescribers of controlled substances. The first function (known as the "MyRx" function) enables the prescriber to review his or her own prescribing activity to make sure that someone is not issuing fraudulent prescriptions under his or her name and medical credentials.

27. The second function on the PMP database (known as the "Patient History Report") enables the prescriber to evaluate the patient's history of using controlled substances. This enables the prescriber to determine whether a patient is doctor shopping or potentially abusing controlled substances or using them for recreational purposes.

28. Respondent Antonie did not use the MyRx function between August 16, 2022, and October 10, 2024. Additionally, he did not run a Patient History Report at any time between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Antonie authorized approximately 1,080 prescriptions for controlled substances, most or all transmitted by Helix.

29. Respondent Hubbard had never used the MyRx function until requested to do so on October 16, 2024. Additionally, she did not run a Patient History Report at any time between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Hubbard authorized approximately 1,800 prescriptions for controlled substances, most or all transmitted by Helix.

30. Respondent Miller-Wilson did not use the MyRx function between October 19, 2023, and October 7, 2024. Additionally, she ran Patient History Reports for only five patients between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Miller-Wilson authorized approximately 750 prescriptions for controlled substances, most or all transmitted by Helix.

31. In 2024, using the fill-in-the-blanks forms described above, Kohli, Frostad and/or Helix completed and transmitted approximately 7,000 prescriptions for dangerous drugs and controlled substances. Most or all of these prescriptions were transmitted by Helix to either Meta Pharmacy or Partell Specialty Pharmacy, where they were filled by Respondent Pharmacists.

32. When transmitting prescriptions to Meta Pharmacy or Partell Specialty Pharmacy, as applicable, Kohli, Frostad and/or Helix were not supervised by a prescribing practitioner.

33. Most or all of the above prescriptions were dispensed by either Meta Pharmacy or Partell Specialty Pharmacy after having been verified by Respondent Pharmacists.

34. Some of the above prescriptions, including prescriptions for ketamine, testosterone cypionate and/or nandrolone decanoate, were not accompanied by medical notes, charts, or other records indicating that corresponding patient evaluations had taken place.

35. When questioned regarding prescriptions without supporting medical records, Respondent Antonie and Respondent Hubbard denied having authorized the prescriptions.

36. Prescriptions for controlled substances were not transmitted electronically in the manner required by NRS 639.23535 and NAC 639.7105, and they did not contain a valid address and telephone number for the prescriber, or a unique prescriber-affixed signature or authenticating notation as required by NRS 639.2353(2).

37. Prescriptions for dangerous drugs did not contain a valid address and telephone number for the prescriber, or a prescriber-affixed signature or other unique identifier for the prescriber, as required by NRS 639.2353 and NRS 454.223.

38. Prescriptions for controlled substances were never approved by the Board to be transmitted in any manner other than via electronic transmission in accordance with NRS 639.23535 and NAC 639.7105.

39. Prescriptions for controlled substances did not meet applicable criteria for an exemption from electronic transmission requirements, as stated in NRS 639.23535(1)(a)-(i).

40. The above prescriptions for controlled substances were not "legal" prescriptions within the meaning of NRS 453.377 and NRS 454.316.

41. In 2024, Respondent Caccio, while working at Meta Pharmacy, verified approximately 9 of the above prescriptions, including 3 prescriptions for nandrolone decanoate. As a direct result of Respondent Caccio's's conduct, Meta Pharmacy dispensed dangerous drugs and controlled substances to consumers who did not possess a valid prescription.

42. In 2024, Respondent Dinh, while working at Meta Pharmacy, verified approximately 10 of the above prescriptions, including 2 prescriptions for nandrolone decanoate. As a direct result of Respondent Dinh's conduct, Meta Pharmacy dispensed dangerous drugs and controlled substances to consumers who did not possess a valid prescription

43. In 2024, Respondent Escobedo, while working at Meta Pharmacy, verified approximately 900 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Escobedo's conduct, Meta Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

44. In 2024, Respondent Angeles, while working at Partell Specialty Pharmacy, verified approximately 13 of the above prescriptions, including at least 2 prescriptions for testosterone cypionate. As a direct result of Respondent Angeles' conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to consumers who did not possess a valid prescription.

45. In 2024, Respondent Baraga, while working at Partell Specialty Pharmacy, verified approximately 16 of the above prescriptions, including at least 6 prescriptions for testosterone

cypionate. As a direct result of Respondent Baraga's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to consumers who did not possess a valid prescription

46. In 2024, Respondent Barbose, while working at Partell Specialty Pharmacy, verified approximately 1,000 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Barbose's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

47. In 2024, Respondent Cybulska, while working at Partell Specialty Pharmacy, verified approximately 40 of the above prescriptions, including prescriptions for controlled substances. As a direct result of Respondent Cybulska's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to consumers who did not possess a valid prescription.

48. In 2024, Respondent Eom, while working at Partell Specialty Pharmacy, verified approximately 500 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Eom's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

49. In 2024, Respondent Fakhor, while working at Partell Specialty Pharmacy, verified approximately 200 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Fakhor's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

50. In 2024, Respondent Goodman, while working at Partell Specialty Pharmacy, verified approximately 2,300 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Goodman's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

51. In 2024, Respondent Li, while working at Partell Specialty Pharmacy, verified approximately 150 of the above prescriptions, including many prescriptions for controlled substances.

As a direct result of Respondent Li's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

52. In 2024, Respondent Ngo, while working at Partell Specialty Pharmacy, verified approximately 500 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Ngo's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

53. In 2024, Respondent Padero, while working at Partell Specialty Pharmacy, verified approximately 125 of the above prescriptions, including prescriptions for controlled substances. As a direct result of Respondent Padero's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

54. In 2024, Respondent Peters, while working at Partell Specialty Pharmacy, verified approximately 1,600 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Peters' conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

APPLICABLE LAW

55. Every practitioner who prescribes controlled substances in Nevada must secure and maintain a certificate of registration issued by the Board pursuant to the Nevada Controlled Substances Act (NRS Chapter 453). *See* NRS 453.226(1)(a); NRS 453.231(3).

56. If an advanced practice registered nurse prescribes dangerous drugs in Nevada, he or she must hold a certificate of registration issued by the Board. See NRS 639.1375; NAC 639.850.

57. If an advanced practice registered nurse prescribes controlled substances in Nevada, he or she must hold a certificate of registration issued by the Board. NRS 453.226(1)(a); NRS 453.231(3).

58. The Board may revoke or suspend the registration of any practitioner who has committed an act that renders his or her registration inconsistent with the public interest. NRS 453.236(1)(e).

59. Noncompliance with state and local law, including noncompliance with the Nevada Pharmacy Act and/or the Nevada Controlled Substances Act, renders a practitioner's registration inconsistent with the public interest. NRS 453.236(1)(e); NRS 453.231(1)(b).

60. Pursuant to NRS 639.100, it is unlawful for a practitioner to permit an unsupervised person to transmit prescriptions for dangerous drugs or controlled substances unless that person holds the appropriate license or certificate issued by the Board.

61. Pursuant to NRS 639.100, it is unlawful for a pharmaceutical technician to permit another person to engage in the practice of pharmacy unless that person holds the appropriate license or certificate issued by the Board.

62. A practitioner has a duty to establish and maintain effective controls and procedures to prevent or guard against theft and misuse of controlled substances. *See* NRS 435.231(1)(a); NAC 453.400.

63. Before issuing an initial prescription for a controlled substance, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, a practitioner must run and evaluate a Patient History Report using the PMP. NRS 639.23507.

64. A practitioner registered with the Board to write prescriptions for controlled substances must use the MyRx function in the PMP database at least once every 6 months to review prescriptions issued by the practitioner and to verify that he or she continues to have access to the PMP. NRS 453.164(7).

65. The Board may revoke or suspend the registration of any practitioner who commits, or who assists or abets in a violation of the Nevada Pharmacy Act or the Nevada Controlled Substances Act. NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

66. The holder of a certificate of registration issued by the Board pursuant to the Nevada Pharmacy Act (NRS Chapter 639), including a pharmaceutical technician, may be disciplined by the Board for engaging in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 639.255.

67. When engaged in the practice of pharmacy, a pharmaceutical technician must work under the direct supervision of a pharmacist and must not work outside of a pharmacy. NRS 639.1371; NRS 639.0113; NAC 639.245; NAC 639.247; NAC 639.250; NAC 639.252; NAC 639.401.

68. Unprofessional conduct by a pharmaceutical technician includes aiding or abetting a person not licensed to practice pharmacy in Nevada, *see* NAC 639.945(1)(j), performing or in any way being a party to any fraudulent or deceitful practice or transaction, *see* NAC 639.945(1)(h), and performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration, *see* NAC 639.945(1)(k).

69. A pharmacist may dispense a dangerous drug or controlled substances upon receipt of a legal prescription written by a practitioner. NRS 453.128; NRS 453.377; NRS 454.00961; NRS 454.215.

70. A pharmacist has a duty to exercise reasonable care to ensure that a prescription filled by the pharmacist is legal. NRS 453.381(4); NRS 454.215; NRS 454.223; NAC 454.060; NAC 639.711(4).

71. A pharmacist shall not fill an order which purports to be a prescription for a controlled substance if the pharmacist has reason to believe that it was not issued in the usual course of the professional practice of a practitioner. NRS 453.381(4).

72. A prescription must contain the telephone number and address of the prescriber and the prescriber's original signature, or if the prescription is transmitted electronically, a unique identifier affixed by the prescriber. NRS 639.2353; NRS 639.23535; NRS 454.223(2).

73. Generally, a prescription for a controlled substance must be electronically transmitted by a practitioner to a pharmacy using a computer system approved by the Board. NRS 639.23535; NAC 639.7102; NAC 639.7105.

74. When transmission by a facsimile machine is permitted, the practitioner, or the practitioner's designated agent, must transmit the prescription directly to the pharmacy. NAC 639.711. The pharmacist must not dispense such a prescription unless it is signed by the practitioner and

transmitted to the pharmacy by the practitioner or the designated agent of the practitioner. NAC 639.711(4).

75. A pharmacist may be disciplined by the Board for engaging in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 639.255.

76. Unprofessional conduct by a pharmacist includes performing one's duties as a pharmacist in an incompetent, unskillful or negligent manner. NRS 639.210(4); NAC 639.945(1)(i).

COUNT ONE
Unprofessional Conduct by a Pharmacist
(Respondent Pharmacists)

77. As alleged above, Respondent Pharmacists verified numerous prescriptions that were illegal and/or issued outside the usual course of the professional practice of a practitioner. Their conduct caused dangerous drugs and controlled substances to be dispensed to consumers who were not in possession of valid prescriptions.

78. The above prescriptions were illegal and/or invalid because they were not signed or otherwise properly authenticated by the prescribing practitioners, they did not contain valid telephone numbers or addresses for the prescribing practitioners, and in many cases, they were not transmitted electronically or via facsimile by the practitioners, or by the practitioners' designated agents, in the manner required by Nevada law.

79. Given the large number of prescriptions that were deficient on their face, and/or transmitted in an unauthorized manner, Respondent Pharmacists knew or should have known that the prescriptions were illegal, invalid, and/or issued outside the usual course of the professional practice of a practitioner.

80. Under the circumstances, Respondents had a duty to make further inquiry to determine whether the prescriptions were legal, invalid and/or issued in the usual course of the professional practice of a practitioner.

81. By verifying the prescriptions and causing them to be dispensed, Respondents performed their duties as pharmacists in an incompetent, unskillful, or negligent manner.

82. Respondents are subject to discipline for their unprofessional conduct as described herein. NRS 639.210(4); NAC 639.945(1)(i).

COUNT TWO
Noncompliance with the Nevada Pharmacy Act
(Respondent Practitioners)

83. As alleged above, Respondent Practitioners authorized Helix and its non-practitioner owners, operators, and/or employees to transmit prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

84. Prescriptions for controlled substances were not transmitted by Respondent Practitioners in the manner required by NRS 639.23535 and NAC 639.7105.

85. Prescriptions did not contain a valid address or telephone number for the prescriber, or a prescriber-affixed signature as required by NRS 639.2353(2).

86. Respondent Practitioners knew or should have known that prescriptions transmitted by Helix did not comply with NRS 639.23535, NRS 639.2353, and NAC 639.7105.

87. By causing or permitting non-compliant prescriptions to be transmitted by Helix and its non-practitioner owners, managers, and/or employees, Respondent Practitioners assisted or abetted in recurring violations of the Nevada Pharmacy Act regarding the form and content of prescriptions and their manner of transmission. *See* NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

88. By causing or permitting prescriptions to be issued by Helix and its non-practitioner owners, managers and/or employees, and/or by failing to exercise control over their process for issuing prescriptions, Respondent Practitioners permitted Helix and its non-practitioner owners, managers, and/or employees to engage in unregistered prescribing in violation of NRS 639.100(1).

89. Respondents are subject to discipline for having failed to comply with the Nevada Pharmacy Act. *See* NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

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COUNT THREE
Failure to Maintain Effective Controls Against Diversion
(Respondent Practitioners)

90. As alleged above, Respondent Practitioners authorized Helix and its non-practitioner owners, operators, and/or employees to issue prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

91. As alleged above, Respondent Practitioners were generally unfamiliar with the process used by Helix to transmit prescriptions to pharmacies for dispensing.

92. As alleged above, Respondent Practitioners failed to monitor and/or supervise the activities of Helix and its non-practitioner owners, operators, and/or employees in regard to their issuance of prescriptions.

93. Respondent Practitioners knew or should have known that Helix and its non-practitioner owners, operators, and/or employees were issuing unauthorized prescriptions and/or prescriptions that did not comply with NRS 639.2353, NRS 639.23535 and NAC 639.7105.

94. Through their acts and omissions as alleged above, Respondent Practitioners failed to establish and maintain effective controls against the diversion of controlled substances.

95. Respondent Practitioners are subject to discipline for having failed to establish and maintain effective controls against the diversion of controlled substances.

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COUNT FOUR
Failure to Query the PMP Database
(Respondent Practitioners)

96. As alleged above, Respondent Practitioners failed to query the PMP database in the manner required by NRS 639.23507 and NRS 453.164(7).

97. Respondents Practitioners' failure to query the PMP demonstrates an inability to establish and maintain effective controls against diversion of controlled substances into other than legitimate medical, scientific, research or industrial channels.

98. Respondents' failure to query the PMP database demonstrates a failure to comply with the Nevada Pharmacy Act and the Nevada Controlled Substances Act.

99. Respondents are subject to discipline for having failed to query the PMP database in the manner required by NRS 639.23507 and NRS 453.164(7). *See* NRS 453.236(1)(e); NRS 453.231(1)(a); NRS 453.231(1)(b); NRS 639.210(12); NRS 639.255.

COUNT FIVE
Unprofessional Conduct by a Pharmaceutical Technician
(Respondent Thomas)

100. As alleged above, Respondent Thomas was employed by Helix to act as a liaison between practitioners, patients, and pharmacies. Respondent Thomas did not work in a pharmacy, nor did she work under the supervision of a pharmacist or dispensing practitioner.

101. While employed by Helix, Respondent Thomas engaged in the unauthorized practice of pharmacy. More specifically, she interpreted and evaluated prescriptions or orders for medicine, *see* NRS 639.0124(1)(b), she interpreted clinical data contained in a person's record of medication, *see* NRS 639.0124(1)(g), and she generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e).

102. As the owners and/or operators of Helix, Kohli and Frostad engaged in the unlicensed practice of pharmacy. More specifically, they interpreted and evaluated prescriptions or orders for medicine, *see* NRS 639.0124(1)(b), they interpreted clinical data contained in a person's record of

medication, *see* NRS 639.0124(1)(g), and/or they generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e).

103. As the owners and/or operators of Helix, Kohli and Frostad issued prescriptions that had not been authorized by a practitioner, thus engaging in the unregistered prescribing of dangerous drugs and controlled substances.

104. On information and belief, Respondent Thomas issued prescriptions that had not been authorized by a practitioner, thus engaging in the unregistered prescribing of dangerous drugs and controlled substances.

105. By acting as a liaison between practitioners, patients, and pharmacies, Respondent Thomas assisted or abetted the unlicensed prescribing of dangerous drugs and controlled substances by Helix, Kohli and/or Frostad.

106. By engaging in the practice of pharmacy in a non-pharmacy location where she was not supervised by a pharmacist, Respondent Thomas performed tasks that she was not licensed to perform.

107. By issuing prescriptions that she was not authorized to issue, or by causing or permitting such prescriptions to be issued, Respondent Thomas was a party to fraudulent or deceitful practices or transactions.

108. Respondent Thomas is subject to discipline for her unprofessional conduct as described above. *See* NRS 639.210(4); NAC 639.945(1)(h), (j) and (k).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to Respondents' certificates of registration as identified above.

DATED this 6th day of April 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 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.** **CHAD ANTONIE, APRN,** **Certificate of Registration No. CS33041,** **Respondent.**	**Case No. 24-424-CS-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, June 3, 2026, 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, Gregory Zunino at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of APRIL 2026.

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.** **CHAD ANTONIE, APRN,** **Certificate of Registration No. CS33041,** **Respondent.**	**Case No. 24-424-CS-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 _____ 2026.

_____

Chad Antonie, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of April 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Chad Antonie, APRN
c/o Helix HRT
2650 N Green Valley Parkway #275
Henderson, NV 89014

Chad Antonie, APRN
[redacted]
North Las Vegas, NV[redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
MAY 14 2026
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CHAD ANTONIE, APRN,
Certificate of Registration No. CS33041,

TIANA HUBBARD, APRN,
Certificate of Registration No. CS25791,

MARY MILLER-WILSON, APRN,
Certificate of Registration No. CS33703,

ASHLEY THOMAS, PT,
Certificate of Registration No. PT17873,

Respondents.

Case Nos. 24-424-CS-A-S
24-424-CS-B-S
24-424-CS-C-S
24-424-PT-S

NOTICE OF INTENT TO TAKE DECISION BY DEFAULT

TO: CHAD ANTONIE, TIANA HUBBARD, MARY MILLER-WILSON and ASHLEY THOMAS

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 continues the hearing in this case, the application will be made at the time of said hearing, as currently scheduled for **Wednesday, June 3, 2026, 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 (including Exhibits 1.1 to 1.8, attached thereto). Further, the undersigned will request that the Board adopt the Proposed Findings of Fact, Conclusions of Law and

Decision attached hereto as Exhibit 2.

DATED: May 14, 2026.

/s/ Gregory Zunino
Gregory Zunino, Senior General Counsel
Nevada State Board of Pharmacy
(775) 850-1440, ext. 124
Email: zunino@pharmacy.nv.gov

EXHIBIT 1

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CHAD ANTONIE, APRN,** **Certificate of Registration No. CS33041,** **TIANA HUBBARD, APRN,** **Certificate of Registration No. CS25791, and** **MARY MILLER-WILSON, APRN,** **Certificate of Registration No. CS33703, and** **ASHLEY THOMAS, PT,** **Certificate of Registration No. PT17873,** **Respondents.**	**Case Nos. 24-424-CS-A-S** **24-424-CS-B-S** **24-424-CS-C-S** **24-424-PT-S** **DECLARATION OF JESSETTE PHAYNARIKONE**

I, Jessette Phaynarikone, hereby state the following:

INTRODUCTION

1. I am an employee of the Nevada State Board of Pharmacy ("Board"). I have made this declaration at the request of Gregory L. Zunino, Senior General Counsel, for his use in the above-entitled administrative action.

2. I am responsible for filing and mailing pleadings and other correspondence related to disciplinary matters pending before the Before. 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 Exhibits I.1 through 1.8, attached hereto, and I attest that these are true and correct copies of records maintained by the Board in the ordinary course of business.

. . .

CHAD ANTONIE

4. On April 6, 2026, I served upon Respondent Chad Antonie a copy of the Notice of Intended Action and Accusation on file herein ("Accusation"), together with the Statement to the Respondent and Notice of Hearing on file herein ("Notice of Hearing").

5. I personally served the Accusation and Notice of Hearing upon Respondent Antonie by mailing copies via regular and certified mail to Respondent Antonie's last-known addresses on file with the Board.

6. Exhibit 1.1 is a record of the mailings to Respondent Antonie as described in paragraph 5 above. I have searched the Board's records management system, and to the best of my knowledge and belief, the addresses listed on Exhibit 1.1 are the most current addresses on file for Respondent Antonie.

7. U.S. Postal System ("USPS") tracking records indicate that the Accusation and Notice of Hearing were delivered to Respondent Antonie on April 10, 2026, at Respondent Antonie's last-known address on 2650 N Green Valley Parkway #275 in Henderson, Nevada. Exhibit 1.2 is a true and correct copy of the USPS tracking record for the mailings identified in Exhibit 1.1.

8. To the best of my knowledge and belief, the Board has not received an Answer and Notice of Defense from Respondent Antonie.

9. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received any correspondence from Respondent Antonie requesting that the Board change or update his last-known addresses as shown on Exhibit 1.1.

TIANA HUBBARD

10. On April 6, 2026, I served upon Respondent Tiana Hubbard a copy of the Accusation and Notice of Hearing.

11. I personally served the Accusation and Notice of Hearing upon Respondent Hubbard by mailing copies via regular and certified mail to Respondent Hubbard's last-known address on file with the Board.

12. Exhibit 1.3 is a record of the mailings to Respondent Hubbard as described in paragraph 11 above. I have searched the Board's records management system, and to the best of my knowledge and belief, the address listed on Exhibit 1.3 is the most current addresses on file for Respondent Hubbard.

13. USPS tracking records indicate that on April 13, 2026, a mail carrier delivered the Accusation and Notice of Hearing to a post office box associated with Respondent Hubbard's last-known address at 3730 S. Las Vegas Boulevard in Las Vegas, Nevada. Exhibit 1.4 is a true and correct copy of the USPS tracking record for the mailing identified in Exhibit 1.3.

14. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received an Answer and Notice of Defense from Respondent Hubbard.

15. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received any correspondence from Respondent Hubbard requesting that the Board change or update her last-known address as shown on Exhibit 1.3.

MARY MILLER-WILSON

16. On April 6, 2026, I served upon Respondent Mary Miller-Wilson a copy of the Accusation and Notice of Hearing.

17. I personally served the Accusation and Notice of Hearing upon Respondent Miller-Wilson by mailing copies via regular and certified mail to Respondent Miller-Wilson's last-known addresses on file with the Board.

18. Exhibit 1.5 is a record of the mailings to Respondent Miller-Wilson as described in paragraph 17 above. I have searched the Board's records management system, and to the best of my knowledge and belief, the addresses listed on Exhibit 1.5 are the most current addresses on file for Respondent Miller-Wilson.

19. USPS tracking records indicate that on April 10, 2026, a mail carrier delivered the Accusation and Notice of Hearing to Respondent Miller-Wilson's last-known address in Denver,

Colorado. Exhibit 1.6 is a true and correct copy of the USPS tracking record for the mailing identified in Exhibit 1.5.

20. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received an Answer and Notice of Defense from Respondent Miller-Wilson.

21. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received any correspondence from Respondent Miller-Wilson requesting that the Board change or update her last-known addresses as shown on Exhibit 1.5.

ASHLEY THOMAS

22. On April 6, 2026, I personally served upon Respondent Ashley Thomas a copy of the Accusation and Notice of Hearing.

23. I personally served the Accusation and Notice of Hearing upon Respondent Thomas by mailing copies via regular and certified mail to Respondent Thomas's last-known addresses on file with the Board.

24. Exhibit 1.7 is a record of the mailings to Respondent Thomas as described in paragraph 23 above. I have searched the Board's records management system, and to the best of my knowledge and belief, the address listed on Exhibit 1.7 is the most current addresses on file for Respondent Thomas.

25. The U.S. Postal System returned the parcel that was addressed and mailed to Respondent Thomas, indicating unclaimed parcel. It should be noted that an additional parcel was mailed to Respondent Thomas via regular mail. Exhibit 1.8 is a true and correct copy of the envelope that was returned by the USPS as unclaimed.

26. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received an Answer and Notice of Defense from Respondent Thomas.

27. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received any correspondence from Respondent Thomas requesting that the Board change or update her last-known addresses as shown on Exhibit 1.7.

I, Jessette Phaynarikone, hereby declare under penalty of perjury that the foregoing is true and correct.

Executed this 15th day of May 2026.

Jessette Phaynarikone,
Administrative Assistant, Board Coordinator I
Nevada State Board of Pharmacy

FILED
APR 0 6 2026
NEVADA STATE BOARD OF PHARMACY

Chad Antonie, APRN
c/o Helix HRT
2650 N Green Valley Parkway #275
Henderson, NV 89014
24-424-CS-B-S. NIAA

9489 0178 9820 3042 2647 94

MAILED
4·6·26
certified - $10.56
standard - $2.92

Chad Antonie, APRN
[redacted]
North Las Vegas, NV [redacted]
24-424-CS-B-S. NIAA

9489 0178 9820 3042 2648 00

MAILED
4·6·26
certified - $10.56
standard - $2.92

ALERT: IMPACTS FROM SEVERE WEATHER IN THE MIDWEST U.S. MAY DELAY FINAL DELIVE...

USPS Tracking®

FAQs >

Remove ×

Tracking Number:

9489017898203042264794

Copy Add to Informed Delivery (https://informeddelivery.usps.com/)

Latest Update

Your item was delivered to the front desk, reception area, or mail room at 10:05 am on April 10, 2026 in HENDERSON, NV 89014.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered
Delivered, Front Desk/Reception/Mail Room
HENDERSON, NV 89014
April 10, 2026, 10:05 am

Departed USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 10, 2026, 8:32 am

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 9, 2026, 10:09 am

In Transit to Next Facility
April 8, 2026

Arrived at USPS Regional Origin Facility
SACRAMENTO CA DISTRIBUTION CENTER
April 7, 2026, 7:27 pm

Exhibit 1.2 Chad Antonie_001
2489

Accepted at USPS Origin Facility
RENO, NV 89521
April 7, 2026, 6:12 pm

Pre-Shipment, USPS Awaiting Item
April 7, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates

Return Receipt Electronic

USPS Tracking Plus®

Product Information

See Less

Remove ×

Tracking Number:

9489017898203042264800

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Latest Update

Your item has been delivered to the original sender at 1:08 pm on April 20, 2026 in RENO, NV 89521.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Delivered, To Original Sender
RENO, NV 89521
April 20, 2026, 1:08 pm

In Transit to Next Facility

Exhibit 1.2 Chad Antonie_002
2490

April 19, 2026

Arrived at USPS Facility
PASADENA, CA 91109
April 15, 2026, 5:49 am

Insufficient Address
NORTH LAS VEGAS, NV 89030
April 10, 2026, 7:50 am

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 9, 2026, 10:18 am

Arrived at USPS Regional Origin Facility
SACRAMENTO CA DISTRIBUTION CENTER
April 7, 2026, 10:16 pm

Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER
April 7, 2026, 2:49 pm

Accepted at USPS Origin Facility
RENO, NV 89521
April 7, 2026, 1:34 pm

Pre-Shipment, USPS Awaiting Item
April 7, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

See More

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

Exhibit 1.2 Chad Antonie_003

2491

FILED
APR 0 6 2026
NEVADA STATE BOARD OF PHARMACY

Tiana Hubbard, APRN
c/o Kalologie Medspa
3730 S Las Vegas Blvd
Las Vegas, NV 89158
24-424-CS-C-S. NIAA

MAILED
4.6.26

certified - $10.56
standard - $2.72

9489 0178 9820 3042 2648 17

ALERT: IMPACTS FROM SEVERE WEATHER IN THE MIDWEST U.S. MAY DELAY FINAL DELIVE...

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Tracking Number:

9489017898203042264817

Copy Add to Informed Delivery (https://informeddelivery.usps.com/)

Latest Update

Your item has been delivered and is available at a PO Box at 8:48 am on April 13, 2026 in LAS VEGAS, NV 89199.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, PO Box

LAS VEGAS, NV 89199
April 13, 2026, 8:48 am

Available for Pickup

JAMES C BROWN JR
1001 E SUNSET RD UNIT 1001
LAS VEGAS NV 89199-9712
M-F 0500-2000; SAT 0600-1200
April 10, 2026, 11:47 am

Departed USPS Regional Facility

LAS VEGAS NV DISTRIBUTION CENTER
April 10, 2026, 8:32 am

Arrived at USPS Regional Facility

LAS VEGAS NV DISTRIBUTION CENTER
April 9, 2026, 11:12 am

In Transit to Next Facility

April 8, 2026

Arrived at USPS Regional Origin Facility
SACRAMENTO CA DISTRIBUTION CENTER
April 7, 2026, 10:16 pm

Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER
April 7, 2026, 2:49 pm

Accepted at USPS Origin Facility
RENO, NV 89521
April 7, 2026, 1:34 pm

Pre-Shipment, USPS Awaiting Item
April 7, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates

Return Receipt Electronic

USPS Tracking Plus®

Product Information

See Less

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

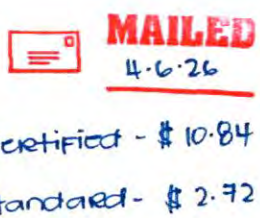
Exhibit 1.4 Tiana Hubbard_002_2494

Mary Miller-Wilson, APRN
10120 S Eastern Ave, Suite #245
Las Vegas, NV 89052
24-424-CS-A-S. NIAA

9489 0178 9820 3042 2647 63

Mary Miller-Wilson, APRN
8540 S Eastern Ave, Suite #160
Las Vegas, NV 89123
24-424-CS-A-S. NIAA

9489 0178 9820 3042 2647 70



Mary Miller-Wilson, APRN
1045 Lincoln St, Suite #302
Denver, CO 80203
24-424-CS-A-S. NIAA

9489 0178 9820 3042 2647 87

ALERT: IMPACTS FROM SEVERE WEATHER IN THE MIDWEST U.S. MAY DELAY FINAL DELIVE...

USPS Tracking®

FAQs >

Remove ×

Tracking Number:

9489017898203042264763

Copy Add to Informed Delivery (https://informeddelivery.usps.com/)

Latest Update

Your item was refused by the addressee at 11:33 am on April 24, 2026 in HENDERSON, NV 89052 and is being returned to the sender.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Alert
Refused
HENDERSON, NV 89052
April 24, 2026, 11:33 am

Departed USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 24, 2026, 8:16 am

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 23, 2026, 11:53 am

Arrived at USPS Regional Facility
SAN DIEGO CA DISTRIBUTION CENTER
April 22, 2026, 1:23 am

Out for Delivery
HENDERSON, NV 89052

April 10, 2026, 6:54 am

Arrived at Post Office
HENDERSON, NV 89052
April 10, 2026, 6:43 am

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 9, 2026, 10:14 am

In Transit to Next Facility
April 8, 2026

Arrived at USPS Regional Origin Facility
SACRAMENTO CA DISTRIBUTION CENTER
April 7, 2026, 10:13 pm

Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER
April 7, 2026, 1:38 pm

Accepted at USPS Origin Facility
RENO, NV 89521
April 7, 2026, 12:23 pm

Pre-Shipment, USPS Awaiting Item
April 7, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates

Return Receipt Electronic

USPS Tracking Plus®

Product Information

See Less

Remove ×

Tracking Number:

9489017898203042264770

Copy **Add to Informed Delivery (https://informeddelivery.usps.com/)**

Latest Update

Your item has been delivered to the original sender at 12:37 pm on April 25, 2026 in RENO, NV 89521.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Delivered, To Original Sender
RENO, NV 89521
April 25, 2026, 12:37 pm

In Transit to Next Facility
April 24, 2026

Arrived at USPS Regional Facility
SAN DIEGO CA DISTRIBUTION CENTER
April 22, 2026, 6:49 pm

Arrived at USPS Facility
PASADENA, CA 91109
April 13, 2026, 12:58 pm

Vacant
LAS VEGAS, NV 89123
April 10, 2026, 11:22 am

Departed USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 10, 2026, 8:32 am

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 9, 2026, 10:14 am

Arrived at USPS Regional Origin Facility
SACRAMENTO CA DISTRIBUTION CENTER
April 7, 2026, 10:13 pm

Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER
April 7, 2026, 1:38 pm

Accepted at USPS Origin Facility
RENO, NV 89521
April 7, 2026, 12:23 pm

Pre-Shipment, USPS Awaiting Item
April 7, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

See More ⌄

Remove ✕

Tracking Number:

9489017898203042264787

Copy **Add to Informed Delivery (https://informeddelivery.usps.com/)**

Latest Update

Your item was delivered to an individual at the address at 12:49 pm on April 10, 2026 in DENVER, CO 80203.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Delivered, Left with Individual
DENVER, CO 80203
April 10, 2026, 12:49 pm

Departed USPS Regional Facility
DENVER CO DISTRIBUTION CENTER

April 9, 2026, 9:55 am

Arrived at USPS Regional Destination Facility
DENVER CO DISTRIBUTION CENTER
April 9, 2026, 9:04 am

In Transit to Next Facility
April 8, 2026

Arrived at USPS Regional Origin Facility
SACRAMENTO CA DISTRIBUTION CENTER
April 7, 2026, 10:13 pm

Arrived at USPS Regional Origin Facility
RENO NV DISTRIBUTION CENTER
April 7, 2026, 1:38 pm

Accepted at USPS Origin Facility
RENO, NV 89521
April 7, 2026, 12:23 pm

Pre-Shipment, USPS Awaiting Item
April 7, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

See More

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

FILED
APR 0 6 2026
NEVADA STATE BOARD OF PHARMACY

Ashley Thomas, PT
[redacted]
Henderson, NV [redacted]
24-424-PT-S. NIAA

MAILED
4·6·26

9489 0178 9820 3042 2648 24

Certified - $10.56
Standard - $2.92

985 Damonte Ranch Parkway
Reno, Nevada 89521

Return Service Requested

9489 0178 9820 3042 2648 24

Label 800-

$010.58
04/06/2026 ZIP 89521
043M31262781

US PO

Ashley Thomas, PT
[redacted]
Henderson, NV [redacted]

NIXIE 910 DE 18CU 7205/03/26
RETURN TO SENDER
UNDELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 89521191199 2347N124012-00307

NL
4/18

Exhibit 1.8 Ashley Thomas

EXHIBIT 2

PROPOSED FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

Case No. 24-424-CS-A-S, Case No. 24-424-CS-B-S,

Case No. 24-424-CS-C-S, and Case No. 24-424-PT-S

JURISDICTION AND SERVICE

1. The Nevada State Board of Pharmacy (the "Board") has jurisdiction over Respondent Chad Antonie ("Respondent Antonie"), Respondent Tiana Hubbard ("Respondent Hubbard"), and Respondent Mary Miller-Wilson ("Respondent Miller-Wilson"), because said practitioners (collectively "Respondent Practitioners"), at the time of the events alleged herein, held certificates of registration issued by the Board authorizing them to prescribe dangerous drugs and controlled substances in Nevada.

2. The Board has jurisdiction over Respondent Ashley Thomas ("Respondent Thomas"), because Respondent Thomas, at the time of the events alleged herein, held a certificate of registration issued by the Board authorizing her to work as a pharmaceutical technician in Nevada.

3. The Board has jurisdiction over the subject matter of this Accusation because it involves the distribution and sale of dangerous drugs and controlled substances.

4. Respondent Practitioners were properly served with the Notice of Intended Action and Accusation and the Statement to Respondent and Notice of Hearing.

5. Respondent Thomas was properly served with the Notice of Intended Action and Accusation and the Statement to Respondent and Notice of Hearing.

FINDINGS OF FACT

6. In 2024, Respondent Antonie was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. Respondent Antonie held a certificate of registration issued by the Board authorizing him to prescribe dangerous drugs and controlled substances.

7. In 2024, Respondent Hubbard was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. Respondent Hubbard held

a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs and controlled substances.

8. In 2024, Respondent Miller-Wilson was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. Respondent Miller-Wilson held a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs and controlled substances.

9. In 2024, Respondent Practitioners were employed by or otherwise working in the service of Helix RHT ("Helix"), a business located at 2625 North Green Valley Parkway, #275, in Henderson, Nevada.

10. In 2024, Helix was owned and/or operated by Jasen Kohli ("Kohli") and Blake Frostad ("Frostad"), both competitive body builders.

11. Kohli and Frostad employed Respondent Thomas to work as a liaison between practitioners, patients, and pharmacies. Respondent Thomas did not work in a pharmacy, nor did she work under the supervision of a pharmacist or dispensing practitioner.

12. While employed at Helix, Respondent Thomas was engaged in the "practice of pharmacy" as that term is defined at NRS 639.0124. More specifically, she interpreted and evaluated prescriptions or orders for medicine, *see* NRS 639.0124(1)(b), she interpreted clinical data contained in a person's record of medication, *see* NRS 639.0124(1)(g), and/or she generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e)

13. Neither Kohli nor Frostad, nor anyone else working on site at Helix, held medical credentials or a medical license authorizing them to prescribe dangerous drugs or controlled substances.

14. In 2024, Helix did not employ or contract with any practitioners who worked from the Helix business location on North Green Valley Parkway in Henderson.

15. In 2024, while working for Helix, Respondent Practitioners evaluated patients using "telehealth" technology. This means that they worked from home, or from some facility other than the Helix location at 2625 North Green Valley Pkwy. #275, in Henderson, Nevada.

16. Using telehealth technology to evaluate their patients, Respondent Practitioners routinely authorized dangerous drugs and/or controlled substances for their patients. The controlled substances included ketamine, testosterone cypionate, and/or nandrolone decanoate. All three drugs are listed in Schedule III of the regulations promulgated pursuant to the federal and state Controlled Substances Acts. *See* 21 C.F.R. §1308.13; NAC 453.530.

17. Testosterone cypionate, and/or nandrolone decanoate are commonly used by body builders to increase muscle mass. Ketamine is also used by body builders prior to workouts.

18. Respondent Practitioners did not transmit their own prescriptions; instead, they authorized Kohli, Frostad and/or Helix to transmit written prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

19. The above forms were preprinted with the address and telephone number for Helix. The forms did not contain an address or telephone number for any of Respondent Practitioners.

20. Respondent Practitioners were generally unfamiliar with the process used by Helix to transmit prescriptions to pharmacies for dispensing.

21. During all of 2024, Respondent Antonie had access to the database established pursuant to NRS 453.162. This database is known as the Nevada Prescription Monitoring Program or "PMP" database.

22. During all of 2024, Respondent Hubbard had access to the PMP database.

23. During all of 2024, Respondent Miller-Wilson had access to the PMP database.

24. The PMP database has two functions that must be used by prescribers of controlled substances. The first function (known as the "MyRx" function) enables the prescriber to review his or her own prescribing activity to make sure that someone is not issuing fraudulent prescriptions under his or her name and medical credentials.

25. The second function on the PMP database (known as the "Patient History Report") enables the prescriber to evaluate the patient's history of using controlled substances. This enables the

prescriber to determine whether a patient is doctor shopping or potentially abusing controlled substances or using them for recreational purposes.

26. Respondent Antonie did not use the MyRx function between August 16, 2022, and October 10, 2024. Additionally, he did not run a Patient History Report at any time between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Antonie authorized approximately 1,080 prescriptions for controlled substances, most or all transmitted by Helix.

27. Respondent Hubbard had never used the MyRx function until requested to do so on October 16, 2024. Additionally, she did not run a Patient History Report at any time between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Hubbard authorized approximately 1,800 prescriptions for controlled substances, most or all transmitted by Helix.

28. Respondent Miller-Wilson did not use the MyRx function between October 19, 2023, and October 7, 2024. Additionally, she ran Patient History Reports for only five patients between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Miller-Wilson authorized approximately 750 prescriptions for controlled substances, most or all transmitted by Helix.

29. In 2024, using the fill-in-the-blanks forms described above, Kohli, Frostad and/or Helix completed and transmitted approximately 7,000 prescriptions for dangerous drugs and controlled substances. Most or all of these prescriptions were transmitted by Helix to either Meta Pharmacy or Partell Specialty Pharmacy, where they were filled.

30. When transmitting prescriptions to Meta Pharmacy or Partell Specialty Pharmacy, as applicable, Kohli, Frostad and/or Helix were not supervised by a prescribing practitioner.

31. Some of the above prescriptions, including prescriptions for ketamine, testosterone cypionate and/or nandrolone decanoate, were not accompanied by medical notes, charts, or other records indicating that corresponding patient evaluations had taken place.

32. When questioned regarding prescriptions without supporting medical records, Respondent Antonie and Respondent Hubbard denied having authorized the prescriptions.

33. Prescriptions for controlled substances were not transmitted electronically in the manner required by NRS 639.23535 and NAC 639.7105, and they did not contain a valid address and telephone number for the prescriber, or a unique prescriber-affixed signature or authenticating notation as required by NRS 639.2353(2).

34. Prescriptions for dangerous drugs did not contain a valid address and telephone number for the prescriber, or a prescriber-affixed signature or other unique identifier for the prescriber, as required by NRS 639.2353 and NRS 454.223.

35. Prescriptions for controlled substances were never approved by the Board to be transmitted in any manner other than via electronic transmission in accordance with NRS 639.23535 and NAC 639.7105.

36. Prescriptions for controlled substances did not meet applicable criteria for an exemption from electronic transmission requirements, as stated in NRS 639.23535(1)(a)-(i).

37. The above prescriptions for controlled substances were not "legal" prescriptions within the meaning of NRS 453.377 and NRS 454

CONCLUSIONS OF LAW

38. Every practitioner who prescribes controlled substances in Nevada must secure and maintain a certificate of registration issued by the Board pursuant to the Nevada Controlled Substances Act (NRS Chapter 453). *See* NRS 453.226(1)(a); NRS 453.231(3).

39. If an advanced practice registered nurse prescribes dangerous drugs in Nevada, he or she must hold a certificate of registration issued by the Board. See NRS 639.1375; NAC 639.850.

40. If an advanced practice registered nurse prescribes controlled substances in Nevada, he or she must hold a certificate of registration issued by the Board. NRS 453.226(1)(a); NRS 453.231(3).

41. The Board may revoke or suspend the registration of any practitioner who has committed an act that renders his or her registration inconsistent with the public interest. NRS 453.236(1)(e).

42. Noncompliance with state and local law, including noncompliance with the Nevada Pharmacy Act and/or the Nevada Controlled Substances Act, renders a practitioner's registration inconsistent with the public interest. NRS 453.236(1)(e); NRS 453.231(1)(b).

43. Pursuant to NRS 639.100, it is unlawful for a practitioner to permit an unsupervised person to transmit prescriptions for dangerous drugs or controlled substances unless that person holds the appropriate license or certificate issued by the Board.

44. A practitioner has a duty to establish and maintain effective controls and procedures to prevent or guard against theft and misuse of controlled substances. *See* NRS 435.231(1)(a); NAC 453.400.

45. Before issuing an initial prescription for a controlled substance, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, a practitioner must run and evaluate a Patient History Report using the PMP. NRS 639.23507.

46. A practitioner registered with the Board to write prescriptions for controlled substances must use the MyRx function in the PMP database at least once every 6 months to review prescriptions issued by the practitioner and to verify that he or she continues to have access to the PMP. NRS 453.164(7).

47. The Board may revoke or suspend the registration of any practitioner who commits, or who assists or abets in a violation of the Nevada Pharmacy Act or the Nevada Controlled Substances Act. NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

48. A prescription must contain the telephone number and address of the prescriber and the prescriber's original signature, or if the prescription is transmitted electronically, a unique identifier affixed by the prescriber. NRS 639.2353; NRS 639.23535; NRS 454.223(2).

49. Generally, a prescription for a controlled substance must be electronically transmitted by a practitioner to a pharmacy using a computer system approved by the Board. NRS 639.23535; NAC 639.7102; NAC 639.7105.

50. When transmission by a facsimile machine is permitted, the practitioner, or the practitioner's designated agent, must transmit the prescription directly to the pharmacy. NAC 639.711. The pharmacist must not dispense such a prescription unless it is signed by the practitioner and transmitted to the pharmacy by the practitioner or the designated agent of the practitioner. NAC 639.711(4).

51. The holder of a certificate of registration issued by the Board pursuant to the Nevada Pharmacy Act (NRS Chapter 639), including a pharmaceutical technician, may be disciplined by the Board for engaging in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 639.255.

52. When engaged in the practice of pharmacy, a pharmaceutical technician must work under the direct supervision of a pharmacist and must not work outside of a pharmacy. NRS 639.1371; NRS 639.0113; NAC 639.245; NAC 639.247; NAC 639.250; NAC 639.252; NAC 639.401.

53. Unprofessional conduct by a pharmaceutical technician includes aiding or abetting a person not licensed to practice pharmacy in Nevada, *see* NAC 639.945(1)(j), performing or in any way being a party to any fraudulent or deceitful practice or transaction, *see* NAC 639.945(1)(h), and performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration, *see* NAC 639.945(1)(k).

FINDINGS OF CULPABILITY

As to Count Two of the Accusation

54. Respondent Practitioners authorized Helix and its non-practitioner owners, operators, and/or employees to transmit prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

55. Prescriptions for controlled substances were not transmitted by Respondent Practitioners in the manner required by NRS 639.23535 and NAC 639.7105.

56. Prescriptions did not contain a valid address or telephone number for the prescriber, or a prescriber-affixed signature as required by NRS 639.2353(2).

57. Respondent Practitioners knew or should have known that prescriptions transmitted by Helix did not comply with NRS 639.23535, NRS 639.2353, and NAC 639.7105.

58. By causing or permitting non-compliant prescriptions to be transmitted by Helix and its non-practitioner owners, managers, and/or employees, Respondent Practitioners assisted or abetted in recurring violations of the Nevada Pharmacy Act regarding the form and content of prescriptions and their manner of transmission. *See* NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

59. By causing or permitting prescriptions to be issued by Helix and its non-practitioner owners, managers and/or employees, and/or by failing to exercise control over their process for issuing prescriptions, Respondent Practitioners permitted Helix and its non-practitioner owners, managers, and/or employees to engage in unregistered prescribing in violation of NRS 639.100(1).

60. Respondents are subject to discipline for having failed to comply with the Nevada Pharmacy Act. *See* NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

As to Count Three of the Accusation

61. Respondent Practitioners authorized Helix and its non-practitioner owners, operators, and/or employees to issue prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

62. Respondent Practitioners were generally unfamiliar with the process used by Helix to transmit prescriptions to pharmacies for dispensing.

63. Respondent Practitioners failed to monitor and/or supervise the activities of Helix and its non-practitioner owners, operators, and/or employees in regard to their issuance of prescriptions.

64. Respondent Practitioners knew or should have known that Helix and its non-practitioner owners, operators, and/or employees were issuing unauthorized prescriptions and/or prescriptions that did not comply with NRS 639.2353, NRS 639.23535 and NAC 639.7105.

65. Through their acts and omissions as alleged above, Respondent Practitioners failed to establish and maintain effective controls against the diversion of controlled substances.

66. Respondent Practitioners are subject to discipline for having failed to establish and maintain effective controls against the diversion of controlled substances.

As to Count Four of the Accusation

67. Respondent Practitioners failed to query the PMP database in the manner required by NRS 639.23507 and NRS 453.164(7).

68. Respondents Practitioners' failure to query the PMP demonstrates an inability to establish and maintain effective controls against diversion of controlled substances into other than legitimate medical, scientific, research or industrial channels.

69. Respondents' failure to query the PMP database demonstrates a failure to comply with the Nevada Pharmacy Act and the Nevada Controlled Substances Act.

70. Respondents are subject to discipline for having failed to query the PMP database in the manner required by NRS 639.23507 and NRS 453.164(7). *See* NRS 453.236(1)(e); NRS 453.231(1)(a); NRS 453.231(1)(b); NRS 639.210(12); NRS 639.255.

As to Count Five of the Accusation

71. Respondent Thomas was employed by Helix to act as a liaison between practitioners, patients, and pharmacies. Respondent Thomas did not work in a pharmacy, nor did she work under the supervision of a pharmacist or dispensing practitioner.

72. While employed by Helix, Respondent Thomas engaged in the unauthorized practice of pharmacy. More specifically, she interpreted and evaluated prescriptions or orders for medicine, *see* NRS 639.0124(1)(b), she interpreted clinical data contained in a person's record of medication, *see* NRS 639.0124(1)(g), and she generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e).

73. As the owners and/or operators of Helix, Kohli and Frostad engaged in the unlicensed practice of pharmacy. More specifically, they interpreted and evaluated prescriptions or orders for

medicine, *see* NRS 639.0124(1)(b), they interpreted clinical data contained in a person's record of medication, *see* NRS 639.0124(1)(g), and/or they generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e).

74. As the owners and/or operators of Helix, Kohli and Frostad issued prescriptions that had not been authorized by a practitioner, thus engaging in the unregistered prescribing of dangerous drugs and controlled substances.

75. Respondent Thomas issued prescriptions that had not been authorized by a practitioner, thus engaging in the unregistered prescribing of dangerous drugs and controlled substances.

76. By acting as a liaison between practitioners, patients, and pharmacies, Respondent Thomas assisted or abetted the unlicensed prescribing of dangerous drugs and controlled substances by Helix, Kohli and/or Frostad.

77. By engaging in the practice of pharmacy in a non-pharmacy location where she was not supervised by a pharmacist, Respondent Thomas performed tasks that she was not licensed to perform.

78. By issuing prescriptions that she was not authorized to issue, or by causing or permitting such prescriptions to be issued, Respondent Thomas was a party to fraudulent or deceitful practices or transactions.

79. Respondent Thomas is subject to discipline for her unprofessional conduct as described above. *See* NRS 639.210(4); NAC 639.945(1)(h), (j) and (k).

ORDER

Based upon the above Findings of Fact and Conclusions of Law, the Board imposes upon **Respondent Chad Antonie**, APRN, Certificate of Registration No. CS33041, the following professional discipline, effective immediately:

1. Respondent Antonie's Certificate of Registration No. CS33041 is hereby **REVOKED.** Respondent Antonie shall not be eligible to petition for the reinstatement of his privileges to prescribe dangerous drugs and controlled substances for a period of one (1) year from the date of entry set forth below.
2. Respondent Antonie shall pay an administrative fine of $5,000, due in full on or before July 31, 2026.
3. Respondent Antonie shall reimburse the Board for its costs of investigation and prosecution in the amount of $1,000, due in full on or before July 31, 2026. The Board finds that these costs were reasonable, necessary and actually incurred.

Based upon the above Findings of Fact and Conclusions of Law, the Board imposes upon **Respondent Tiana Hubbard**, APRN, Certificate of Registration No. CS25791, the following professional discipline, effectively immediately:

1. Respondent Hubbard's Certificate of Registration No. CS25791 is hereby **REVOKED.** Respondent Hubbard shall not be eligible to petition for the reinstatement of her privileges to prescribe dangerous drugs and controlled substances for a period of one (1) year from the date of entry set forth below.
2. Respondent Hubbard shall pay an administrative fine of $5,000, due in full on or before July 31, 2026.
3. Respondent Hubbard shall reimburse the Board for its costs of investigation and prosecution in the amount of $1,000, due in full on or before July 31, 2026. The Board finds that these costs were reasonable, necessary and actually incurred.

Based upon the above Findings of Fact and Conclusions of Law, the Board imposes upon **Respondent Mary Miller-Wilson**, APRN, Certificate of Registration No. CS33703, the following professional discipline, effective immediately:

1. Respondent Miller-Wilson's Certificate of Registration No. CS33701 is hereby **REVOKED.** Respondent Mille-Wilson shall not be eligible to petition for the

reinstatement of her privileges to prescribe dangerous drugs and controlled substances for a period of one (1) year from the date of entry set forth below.

2. Respondent Miller-Wilson shall pay an administrative fine of $5,000, due in full on or before July 31, 2026.
3. Respondent Miller-Wilson shall reimburse the Board for its costs of investigation and prosecution in the amount of $1,000, due in full on or before July 31, 2026. The Board finds that these costs were reasonable, necessary and actually incurred.

Based upon the above Findings of Fact and Conclusions of Law, the Board imposes upon **Respondent Ashley Thomas**, Certificate of Registration No. PT17873, the following professional discipline, effective immediately:

1. Respondent Thomas' Certificate of Registration No. PT17873 is hereby **REVOKED.** Respondent Thomas shall not be eligible to petition for the reinstatement of her privileges to prescribe dangerous drugs and controlled substances for a period of one (1) year from the date of entry set forth below.
2. Respondent Thomas shall reimburse the Board for its costs of investigation and prosecution in the amount of $1,000, due in full on or before July 31, 2026. The Board finds that these costs were reasonable, necessary and actually incurred.

DRAFT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of May 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Chad Antonie, APRN
c/o Helix HRT
2650 N Green Valley Parkway #275
Henderson, NV 89014

Chad Antonie, APRN
[redacted]
North Las Vegas, NV [redacted]

And also, via email to: [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

5M

FILED
APR 0 6 2026
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ELISE CACCIO, RPH,
Certificate of Registration No. 22906,
TOMMY DINH, RPH,
Certificate of Registration No. 20256,
JOSE ESCOBEDO, RPH,
Certificate of Registration No. 20782,
TAMARA ANGELES, RPH,
Certificate of Registration No. 19070,
MARIE BARAGA, RPH,
Certificate of Registration No. 16851,
MARC BARBOSE, RPH,
Certificate of Registration No. 14251,
MAGDALENA CYBULSKA, RPH,
Certificate of Registration No. 22437,
SOYOUNG EOM, RPH,
Certificate of Registration No. 18126,
ARTIN FAKHOR, RPH,
Certificate of Registration No. 16225,
CHRISTOPHER GOODMAN, RPH,
Certificate of Registration No. 16422,
KENNY LI, RPH,
Certificate of Registration No. 19870,
PAULINA NGO, RPH,
Certificate of Registration No. 18970,
JAYMIE PADERO, RPH,
Certificate of Registration No. 23846,
CHRIS PETERS, RPH,
Certificate of Registration No. 16325,
CHAD ANTONIE, APRN,
Certificate of Registration No. CS33041,
TIANA HUBBARD, APRN,
Certificate of Registration No. CS25791,
MARY MILLER-WILSON, APRN,
Certificate of Registration No. CS33703, and
ASHLEY THOMAS, PT,
Certificate of Registration No. PT17873

Respondents.

Case Nos. 24-424-RPH-A-S
24-424-RPH-B-S
24-424-RPH-C-S
24-424-RPH-D-S
24-424-RPH-E-S
24-424-RPH-G-S
24-424-RPH-H-S
24-424-RPH-I-S
24-424-RPH-J-S
24-424-RPH-K-S
24-424-RPH-L-S
24-424-RPH-M-S
24-424-RPH-N-S
24-424-RPH-O-S
24-424-CS-A-S
24-424-CS-B-S
24-424-CS-C-S
24-424-PT-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 (the "Board") has jurisdiction over Respondent Respondent Elise Caccio ("Respondent Caccio"), Respondent Tommy Dinh ("Respondent Dinh"), Respondent Jose Escobedo ("Respondent Escobedo"), Respondent Tamara Angeles ("Respondent Angeles"), Respondent Marie Baraga ("Respondent Baraga"), Respondent Marc Barbose ("Respondent Barbose"), Respondent Magdalena Cybulska ("Respondent Cybulska"), Respondent Soyoung Eom ("Respondent Eom"), Respondent Artin Fakhor ("Respondent Fakhor"), Respondent Chris Goodman ("Respondent Goodman"), Respondent Kenny Li ("Respondent Li"), Respondent Paulina Ngo ("Respondent Ngo"), Respondent Jaymie Padero ("Respondent Padero"), and Respondent Chris Peters ("Respondent Peters"), because said pharmacists (collectively "Respondent Pharmacists"), at the time of the events alleged herein, held certificates of registration issued by the Board authorizing them to engage in the practice of pharmacy in Nevada.

2. The Board has jurisdiction over Respondent Chad Antonie ("Respondent Antonie"), Respondent Tiana Hubbard ("Respondent Hubbard"), and Respondent Mary Miller-Wilson ("Respondent Miller-Wilson"), because said practitioners (collectively "Respondent Practitioners"), at the time of the events alleged herein, held certificates of registration issued by the Board authorizing them to prescribe dangerous drugs and controlled substances in Nevada.

3. The Board has jurisdiction over Respondent Ashley Thomas ("Respondent Thomas"), because Respondent Thomas, at the time of the events alleged herein, held a certificate of registration issued by the Board authorizing her to work as a pharmaceutical technician in Nevada.

4. The above respondents are referred to collectively herein as "Respondents." Their respective certificates of registration are referenced in the caption above.

5. The Board has jurisdiction over the subject matter of this Accusation because it involves the distribution and sale of dangerous drugs and controlled substances.

FACTUAL ALLEGATIONS

6. In 2024, Respondent Caccio, Respondent Dinh, and Respondent Escobedo were employed by Meta Pharmacy, located at 8352 W. Warm Springs Road in Las Vegas, Nevada.

7. In 2024, Respondent Angeles, Respondent Baraga, Respondent Barbose, Respondent Cybulska, Respondent Eom, Respondent Fakhor, Respondent Goodman, Respondent Li, Respondent Ngo, Respondent Padero, and Respondent Peters were employed by Partell Specialty Pharmacy, located at 5835 South Eastern Avenue in Las Vegas, Nevada.

8. In 2024, Respondent Antonie was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. As noted above, Respondent Antonie held a certificate of registration issued by the Board authorizing him to prescribe dangerous drugs and controlled substances.

9. In 2024, Respondent Hubbard was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. As noted above, Respondent Hubbard held a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs and controlled substances.

10. In 2024, Respondent Miller-Wilson was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. As noted above, Respondent Miller-Wilson held a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs and controlled substances.

11. In 2024, Respondent Practitioners were employed by or otherwise working in the service of Helix RHT ("Helix"), a business located at 2625 North Green Valley Parkway, #275, in Henderson, Nevada.

12. In 2024, Helix was owned and/or operated by Jasen Kohli ("Kohli") and Blake Frostad ("Frostad"), both competitive body builders.

13. Neither Kohli nor Frostad, nor anyone else working on site at Helix, held medical credentials or a medical license authorizing them to prescribe dangerous drugs or controlled substances.

14. On information and belief, in 2024, Helix did not employ or contract with any practitioners who worked from the Helix business location on North Green Valley Parkway in Henderson.

15. In 2024, while working for Helix, Respondent Practitioners evaluated patients using "telehealth" technology. This means that they worked from home, or from some facility other than the Helix location at 2625 North Green Valley Pkwy. #275, in Henderson, Nevada.

16. Using telehealth technology to evaluate their patients, Respondent Practitioners routinely authorized dangerous drugs and/or controlled substances for their patients. The controlled substances included ketamine, testosterone cypionate, and/or nandrolone decanoate. All three drugs are listed in Schedule III of the regulations promulgated pursuant to the federal and state Controlled Substances Acts. *See* 21 C.F.R. §1308.13; NAC 453.530.

17. Testosterone cypionate, and/or nandrolone decanoate are commonly used by body builders to increase muscle mass. Ketamine is also used by body builders prior to workouts.

18. Respondent Practitioners did not transmit their own prescriptions; instead, they authorized Kohli, Frostad and/or Helix to transmit written prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

19. The above forms were preprinted with the address and telephone number for Helix. The forms did not contain an address or telephone number for any of Respondent Practitioners.

20. Kohli and Frostad employed Respondent Thomas to work as a liaison between practitioners, patients, and pharmacies. Respondent Thomas did not work in a pharmacy, nor did she work under the supervision of a pharmacist or dispensing practitioner.

21. While employed at Helix, Respondent Thomas was engaged in the "practice of pharmacy" as that term is defined at NRS 639.0124. More specifically, she interpreted and evaluated

prescriptions or orders for medicine, *see* NRS 639.0124(1)(b), she interpreted clinical data contained in a person's record of medication, *see* NRS 639.0124(1)(g), and/or she generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e).

22. Respondent Practitioners were generally unfamiliar with the process used by Helix to transmit prescriptions to pharmacies for dispensing.

23. During all of 2024, Respondent Antonie had access to the database established pursuant to NRS 453.162. This database is known as the Nevada Prescription Monitoring Program or "PMP" database.

24. During all of 2024, Respondent Hubbard had access to the PMP database.

25. During all of 2024, Respondent Miller-Wilson had access to the PMP database.

26. The PMP database has two functions that must be used by prescribers of controlled substances. The first function (known as the "MyRx" function) enables the prescriber to review his or her own prescribing activity to make sure that someone is not issuing fraudulent prescriptions under his or her name and medical credentials.

27. The second function on the PMP database (known as the "Patient History Report") enables the prescriber to evaluate the patient's history of using controlled substances. This enables the prescriber to determine whether a patient is doctor shopping or potentially abusing controlled substances or using them for recreational purposes.

28. Respondent Antonie did not use the MyRx function between August 16, 2022, and October 10, 2024. Additionally, he did not run a Patient History Report at any time between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Antonie authorized approximately 1,080 prescriptions for controlled substances, most or all transmitted by Helix.

29. Respondent Hubbard had never used the MyRx function until requested to do so on October 16, 2024. Additionally, she did not run a Patient History Report at any time between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Hubbard authorized approximately 1,800 prescriptions for controlled substances, most or all transmitted by Helix.

30. Respondent Miller-Wilson did not use the MyRx function between October 19, 2023, and October 7, 2024. Additionally, she ran Patient History Reports for only five patients between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Miller-Wilson authorized approximately 750 prescriptions for controlled substances, most or all transmitted by Helix.

31. In 2024, using the fill-in-the-blanks forms described above, Kohli, Frostad and/or Helix completed and transmitted approximately 7,000 prescriptions for dangerous drugs and controlled substances. Most or all of these prescriptions were transmitted by Helix to either Meta Pharmacy or Partell Specialty Pharmacy, where they were filled by Respondent Pharmacists.

32. When transmitting prescriptions to Meta Pharmacy or Partell Specialty Pharmacy, as applicable, Kohli, Frostad and/or Helix were not supervised by a prescribing practitioner.

33. Most or all of the above prescriptions were dispensed by either Meta Pharmacy or Partell Specialty Pharmacy after having been verified by Respondent Pharmacists.

34. Some of the above prescriptions, including prescriptions for ketamine, testosterone cypionate and/or nandrolone decanoate, were not accompanied by medical notes, charts, or other records indicating that corresponding patient evaluations had taken place.

35. When questioned regarding prescriptions without supporting medical records, Respondent Antonie and Respondent Hubbard denied having authorized the prescriptions.

36. Prescriptions for controlled substances were not transmitted electronically in the manner required by NRS 639.23535 and NAC 639.7105, and they did not contain a valid address and telephone number for the prescriber, or a unique prescriber-affixed signature or authenticating notation as required by NRS 639.2353(2).

37. Prescriptions for dangerous drugs did not contain a valid address and telephone number for the prescriber, or a prescriber-affixed signature or other unique identifier for the prescriber, as required by NRS 639.2353 and NRS 454.223.

38. Prescriptions for controlled substances were never approved by the Board to be transmitted in any manner other than via electronic transmission in accordance with NRS 639.23535 and NAC 639.7105.

39. Prescriptions for controlled substances did not meet applicable criteria for an exemption from electronic transmission requirements, as stated in NRS 639.23535(1)(a)-(i).

40. The above prescriptions for controlled substances were not "legal" prescriptions within the meaning of NRS 453.377 and NRS 454.316.

41. In 2024, Respondent Caccio, while working at Meta Pharmacy, verified approximately 9 of the above prescriptions, including 3 prescriptions for nandrolone decanoate. As a direct result of Respondent Caccio's's conduct, Meta Pharmacy dispensed dangerous drugs and controlled substances to consumers who did not possess a valid prescription.

42. In 2024, Respondent Dinh, while working at Meta Pharmacy, verified approximately 10 of the above prescriptions, including 2 prescriptions for nandrolone decanoate. As a direct result of Respondent Dinh's conduct, Meta Pharmacy dispensed dangerous drugs and controlled substances to consumers who did not possess a valid prescription

43. In 2024, Respondent Escobedo, while working at Meta Pharmacy, verified approximately 900 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Escobedo's conduct, Meta Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

44. In 2024, Respondent Angeles, while working at Partell Specialty Pharmacy, verified approximately 13 of the above prescriptions, including at least 2 prescriptions for testosterone cypionate. As a direct result of Respondent Angeles' conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to consumers who did not possess a valid prescription.

45. In 2024, Respondent Baraga, while working at Partell Specialty Pharmacy, verified approximately 16 of the above prescriptions, including at least 6 prescriptions for testosterone

cypionate. As a direct result of Respondent Baraga's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to consumers who did not possess a valid prescription

46. In 2024, Respondent Barbose, while working at Partell Specialty Pharmacy, verified approximately 1,000 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Barbose's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

47. In 2024, Respondent Cybulska, while working at Partell Specialty Pharmacy, verified approximately 40 of the above prescriptions, including prescriptions for controlled substances. As a direct result of Respondent Cybulska's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to consumers who did not possess a valid prescription.

48. In 2024, Respondent Eom, while working at Partell Specialty Pharmacy, verified approximately 500 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Eom's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

49. In 2024, Respondent Fakhor, while working at Partell Specialty Pharmacy, verified approximately 200 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Fakhor's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

50. In 2024, Respondent Goodman, while working at Partell Specialty Pharmacy, verified approximately 2,300 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Goodman's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

51. In 2024, Respondent Li, while working at Partell Specialty Pharmacy, verified approximately 150 of the above prescriptions, including many prescriptions for controlled substances.

As a direct result of Respondent Li's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

52. In 2024, Respondent Ngo, while working at Partell Specialty Pharmacy, verified approximately 500 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Ngo's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

53. In 2024, Respondent Padero, while working at Partell Specialty Pharmacy, verified approximately 125 of the above prescriptions, including prescriptions for controlled substances. As a direct result of Respondent Padero's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

54. In 2024, Respondent Peters, while working at Partell Specialty Pharmacy, verified approximately 1,600 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Peters' conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

APPLICABLE LAW

55. Every practitioner who prescribes controlled substances in Nevada must secure and maintain a certificate of registration issued by the Board pursuant to the Nevada Controlled Substances Act (NRS Chapter 453). *See* NRS 453.226(1)(a); NRS 453.231(3).

56. If an advanced practice registered nurse prescribes dangerous drugs in Nevada, he or she must hold a certificate of registration issued by the Board. See NRS 639.1375; NAC 639.850.

57. If an advanced practice registered nurse prescribes controlled substances in Nevada, he or she must hold a certificate of registration issued by the Board. NRS 453.226(1)(a); NRS 453.231(3).

58. The Board may revoke or suspend the registration of any practitioner who has committed an act that renders his or her registration inconsistent with the public interest. NRS 453.236(1)(e).

59. Noncompliance with state and local law, including noncompliance with the Nevada Pharmacy Act and/or the Nevada Controlled Substances Act, renders a practitioner's registration inconsistent with the public interest. NRS 453.236(1)(e); NRS 453.231(1)(b).

60. Pursuant to NRS 639.100, it is unlawful for a practitioner to permit an unsupervised person to transmit prescriptions for dangerous drugs or controlled substances unless that person holds the appropriate license or certificate issued by the Board.

61. Pursuant to NRS 639.100, it is unlawful for a pharmaceutical technician to permit another person to engage in the practice of pharmacy unless that person holds the appropriate license or certificate issued by the Board.

62. A practitioner has a duty to establish and maintain effective controls and procedures to prevent or guard against theft and misuse of controlled substances. *See* NRS 435.231(1)(a); NAC 453.400.

63. Before issuing an initial prescription for a controlled substance, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, a practitioner must run and evaluate a Patient History Report using the PMP. NRS 639.23507.

64. A practitioner registered with the Board to write prescriptions for controlled substances must use the MyRx function in the PMP database at least once every 6 months to review prescriptions issued by the practitioner and to verify that he or she continues to have access to the PMP. NRS 453.164(7).

65. The Board may revoke or suspend the registration of any practitioner who commits, or who assists or abets in a violation of the Nevada Pharmacy Act or the Nevada Controlled Substances Act. NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

66. The holder of a certificate of registration issued by the Board pursuant to the Nevada Pharmacy Act (NRS Chapter 639), including a pharmaceutical technician, may be disciplined by the Board for engaging in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 639.255.

67. When engaged in the practice of pharmacy, a pharmaceutical technician must work under the direct supervision of a pharmacist and must not work outside of a pharmacy. NRS 639.1371; NRS 639.0113; NAC 639.245; NAC 639.247; NAC 639.250; NAC 639.252; NAC 639.401.

68. Unprofessional conduct by a pharmaceutical technician includes aiding or abetting a person not licensed to practice pharmacy in Nevada, *see* NAC 639.945(1)(j), performing or in any way being a party to any fraudulent or deceitful practice or transaction, *see* NAC 639.945(1)(h), and performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration, *see* NAC 639.945(1)(k).

69. A pharmacist may dispense a dangerous drug or controlled substances upon receipt of a legal prescription written by a practitioner. NRS 453.128; NRS 453.377; NRS 454.00961; NRS 454.215.

70. A pharmacist has a duty to exercise reasonable care to ensure that a prescription filled by the pharmacist is legal. NRS 453.381(4); NRS 454.215; NRS 454.223; NAC 454.060; NAC 639.711(4).

71. A pharmacist shall not fill an order which purports to be a prescription for a controlled substance if the pharmacist has reason to believe that it was not issued in the usual course of the professional practice of a practitioner. NRS 453.381(4).

72. A prescription must contain the telephone number and address of the prescriber and the prescriber's original signature, or if the prescription is transmitted electronically, a unique identifier affixed by the prescriber. NRS 639.2353; NRS 639.23535; NRS 454.223(2).

73. Generally, a prescription for a controlled substance must be electronically transmitted by a practitioner to a pharmacy using a computer system approved by the Board. NRS 639.23535; NAC 639.7102; NAC 639.7105.

74. When transmission by a facsimile machine is permitted, the practitioner, or the practitioner's designated agent, must transmit the prescription directly to the pharmacy. NAC 639.711. The pharmacist must not dispense such a prescription unless it is signed by the practitioner and

transmitted to the pharmacy by the practitioner or the designated agent of the practitioner. NAC 639.711(4).

75. A pharmacist may be disciplined by the Board for engaging in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 639.255.

76. Unprofessional conduct by a pharmacist includes performing one's duties as a pharmacist in an incompetent, unskillful or negligent manner. NRS 639.210(4); NAC 639.945(1)(i).

COUNT ONE
Unprofessional Conduct by a Pharmacist
(Respondent Pharmacists)

77. As alleged above, Respondent Pharmacists verified numerous prescriptions that were illegal and/or issued outside the usual course of the professional practice of a practitioner. Their conduct caused dangerous drugs and controlled substances to be dispensed to consumers who were not in possession of valid prescriptions.

78. The above prescriptions were illegal and/or invalid because they were not signed or otherwise properly authenticated by the prescribing practitioners, they did not contain valid telephone numbers or addresses for the prescribing practitioners, and in many cases, they were not transmitted electronically or via facsimile by the practitioners, or by the practitioners' designated agents, in the manner required by Nevada law.

79. Given the large number of prescriptions that were deficient on their face, and/or transmitted in an unauthorized manner, Respondent Pharmacists knew or should have known that the prescriptions were illegal, invalid, and/or issued outside the usual course of the professional practice of a practitioner.

80. Under the circumstances, Respondents had a duty to make further inquiry to determine whether the prescriptions were legal, invalid and/or issued in the usual course of the professional practice of a practitioner.

81. By verifying the prescriptions and causing them to be dispensed, Respondents performed their duties as pharmacists in an incompetent, unskillful, or negligent manner.

82. Respondents are subject to discipline for their unprofessional conduct as described herein. NRS 639.210(4); NAC 639.945(1)(i).

COUNT TWO
Noncompliance with the Nevada Pharmacy Act
(Respondent Practitioners)

83. As alleged above, Respondent Practitioners authorized Helix and its non-practitioner owners, operators, and/or employees to transmit prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

84. Prescriptions for controlled substances were not transmitted by Respondent Practitioners in the manner required by NRS 639.23535 and NAC 639.7105.

85. Prescriptions did not contain a valid address or telephone number for the prescriber, or a prescriber-affixed signature as required by NRS 639.2353(2).

86. Respondent Practitioners knew or should have known that prescriptions transmitted by Helix did not comply with NRS 639.23535, NRS 639.2353, and NAC 639.7105.

87. By causing or permitting non-compliant prescriptions to be transmitted by Helix and its non-practitioner owners, managers, and/or employees, Respondent Practitioners assisted or abetted in recurring violations of the Nevada Pharmacy Act regarding the form and content of prescriptions and their manner of transmission. *See* NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

88. By causing or permitting prescriptions to be issued by Helix and its non-practitioner owners, managers and/or employees, and/or by failing to exercise control over their process for issuing prescriptions, Respondent Practitioners permitted Helix and its non-practitioner owners, managers, and/or employees to engage in unregistered prescribing in violation of NRS 639.100(1).

89. Respondents are subject to discipline for having failed to comply with the Nevada Pharmacy Act. *See* NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

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COUNT THREE
Failure to Maintain Effective Controls Against Diversion
(Respondent Practitioners)

90. As alleged above, Respondent Practitioners authorized Helix and its non-practitioner owners, operators, and/or employees to issue prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

91. As alleged above, Respondent Practitioners were generally unfamiliar with the process used by Helix to transmit prescriptions to pharmacies for dispensing.

92. As alleged above, Respondent Practitioners failed to monitor and/or supervise the activities of Helix and its non-practitioner owners, operators, and/or employees in regard to their issuance of prescriptions.

93. Respondent Practitioners knew or should have known that Helix and its non-practitioner owners, operators, and/or employees were issuing unauthorized prescriptions and/or prescriptions that did not comply with NRS 639.2353, NRS 639.23535 and NAC 639.7105.

94. Through their acts and omissions as alleged above, Respondent Practitioners failed to establish and maintain effective controls against the diversion of controlled substances.

95. Respondent Practitioners are subject to discipline for having failed to establish and maintain effective controls against the diversion of controlled substances.

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COUNT FOUR
Failure to Query the PMP Database
(Respondent Practitioners)

96. As alleged above, Respondent Practitioners failed to query the PMP database in the manner required by NRS 639.23507 and NRS 453.164(7).

97. Respondents Practitioners' failure to query the PMP demonstrates an inability to establish and maintain effective controls against diversion of controlled substances into other than legitimate medical, scientific, research or industrial channels.

98. Respondents' failure to query the PMP database demonstrates a failure to comply with the Nevada Pharmacy Act and the Nevada Controlled Substances Act.

99. Respondents are subject to discipline for having failed to query the PMP database in the manner required by NRS 639.23507 and NRS 453.164(7). *See* NRS 453.236(1)(e); NRS 453.231(1)(a); NRS 453.231(1)(b); NRS 639.210(12); NRS 639.255.

COUNT FIVE
Unprofessional Conduct by a Pharmaceutical Technician
(Respondent Thomas)

100. As alleged above, Respondent Thomas was employed by Helix to act as a liaison between practitioners, patients, and pharmacies. Respondent Thomas did not work in a pharmacy, nor did she work under the supervision of a pharmacist or dispensing practitioner.

101. While employed by Helix, Respondent Thomas engaged in the unauthorized practice of pharmacy. More specifically, she interpreted and evaluated prescriptions or orders for medicine, *see* NRS 639.0124(1)(b), she interpreted clinical data contained in a person's record of medication, *see* NRS 639.0124(1)(g), and she generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e).

102. As the owners and/or operators of Helix, Kohli and Frostad engaged in the unlicensed practice of pharmacy. More specifically, they interpreted and evaluated prescriptions or orders for medicine, *see* NRS 639.0124(1)(b), they interpreted clinical data contained in a person's record of

medication, *see* NRS 639.0124(1)(g), and/or they generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e).

103. As the owners and/or operators of Helix, Kohli and Frostad issued prescriptions that had not been authorized by a practitioner, thus engaging in the unregistered prescribing of dangerous drugs and controlled substances.

104. On information and belief, Respondent Thomas issued prescriptions that had not been authorized by a practitioner, thus engaging in the unregistered prescribing of dangerous drugs and controlled substances.

105. By acting as a liaison between practitioners, patients, and pharmacies, Respondent Thomas assisted or abetted the unlicensed prescribing of dangerous drugs and controlled substances by Helix, Kohli and/or Frostad.

106. By engaging in the practice of pharmacy in a non-pharmacy location where she was not supervised by a pharmacist, Respondent Thomas performed tasks that she was not licensed to perform.

107. By issuing prescriptions that she was not authorized to issue, or by causing or permitting such prescriptions to be issued, Respondent Thomas was a party to fraudulent or deceitful practices or transactions.

108. Respondent Thomas is subject to discipline for her unprofessional conduct as described above. *See* NRS 639.210(4); NAC 639.945(1)(h), (j) and (k).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to Respondents' certificates of registration as identified above.

DATED this 6th day of APRIL 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 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.** **TIANA HUBBARD, APRN,** **Certificate of Registration No. CS25791,** **Respondent.**	**Case No. 24-424-CS-C-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, June 3, 2026, 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, Gregory Zunino at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of APRIL 2026.

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.** **TIANA HUBBARD, APRN,** **Certificate of Registration No. CS25791,** **Respondent.**	**Case No. 24-424-CS-C-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 _____ 2026.

_____

Tiana Hubbard, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of April 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Tiana Hubbard, APRN
c/o Kalologie Medspa
3730 S Las Vegas Blvd
Las Vegas, NV 89158

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
MAY 14 2026
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CHAD ANTONIE, APRN,
Certificate of Registration No. CS33041,

TIANA HUBBARD, APRN,
Certificate of Registration No. CS25791,

MARY MILLER-WILSON, APRN,
Certificate of Registration No. CS33703,

ASHLEY THOMAS, PT,
Certificate of Registration No. PT17873,

Respondents.

Case Nos. 24-424-CS-A-S
24-424-CS-B-S
24-424-CS-C-S
24-424-PT-S

NOTICE OF INTENT TO TAKE DECISION BY DEFAULT

TO: CHAD ANTONIE, TIANA HUBBARD, MARY MILLER-WILSON and ASHLEY THOMAS

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 continues the hearing in this case, the application will be made at the time of said hearing, as currently scheduled for **Wednesday, June 3, 2026, 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 (including Exhibits 1.1 to 1.8, attached thereto). Further, the undersigned will request that the Board adopt the Proposed Findings of Fact, Conclusions of Law and

Decision attached hereto as Exhibit 2.

DATED: May 14, 2026.

/s/ Gregory Zunino
Gregory Zunino, Senior General Counsel
Nevada State Board of Pharmacy
(775) 850-1440, ext. 124
Email: zunino@pharmacy.nv.gov

EXHIBIT 1

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CHAD ANTONIE, APRN,** **Certificate of Registration No. CS33041,** **TIANA HUBBARD, APRN,** **Certificate of Registration No. CS25791, and** **MARY MILLER-WILSON, APRN,** **Certificate of Registration No. CS33703, and** **ASHLEY THOMAS, PT,** **Certificate of Registration No. PT17873,** **Respondents.**	**Case Nos. 24-424-CS-A-S** **24-424-CS-B-S** **24-424-CS-C-S** **24-424-PT-S** **DECLARATION OF JESSETTE PHAYNARIKONE**

I, Jessette Phaynarikone, hereby state the following:

INTRODUCTION

1. I am an employee of the Nevada State Board of Pharmacy ("Board"). I have made this declaration at the request of Gregory L. Zunino, Senior General Counsel, for his use in the above-entitled administrative action.

2. I am responsible for filing and mailing pleadings and other correspondence related to disciplinary matters pending before the Before. 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 Exhibits I.1 through 1.8, attached hereto, and I attest that these are true and correct copies of records maintained by the Board in the ordinary course of business.

. . .

CHAD ANTONIE

4. On April 6, 2026, I served upon Respondent Chad Antonie a copy of the Notice of Intended Action and Accusation on file herein ("Accusation"), together with the Statement to the Respondent and Notice of Hearing on file herein ("Notice of Hearing").

5. I personally served the Accusation and Notice of Hearing upon Respondent Antonie by mailing copies via regular and certified mail to Respondent Antonie's last-known addresses on file with the Board.

6. Exhibit 1.1 is a record of the mailings to Respondent Antonie as described in paragraph 5 above. I have searched the Board's records management system, and to the best of my knowledge and belief, the addresses listed on Exhibit 1.1 are the most current addresses on file for Respondent Antonie.

7. U.S. Postal System ("USPS") tracking records indicate that the Accusation and Notice of Hearing were delivered to Respondent Antonie on April 10, 2026, at Respondent Antonie's last-known address on 2650 N Green Valley Parkway #275 in Henderson, Nevada. Exhibit 1.2 is a true and correct copy of the USPS tracking record for the mailings identified in Exhibit 1.1.

8. To the best of my knowledge and belief, the Board has not received an Answer and Notice of Defense from Respondent Antonie.

9. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received any correspondence from Respondent Antonie requesting that the Board change or update his last-known addresses as shown on Exhibit 1.1.

TIANA HUBBARD

10. On April 6, 2026, I served upon Respondent Tiana Hubbard a copy of the Accusation and Notice of Hearing.

11. I personally served the Accusation and Notice of Hearing upon Respondent Hubbard by mailing copies via regular and certified mail to Respondent Hubbard's last-known address on file with the Board.

12. Exhibit 1.3 is a record of the mailings to Respondent Hubbard as described in paragraph 11 above. I have searched the Board's records management system, and to the best of my knowledge and belief, the address listed on Exhibit 1.3 is the most current addresses on file for Respondent Hubbard.

13. USPS tracking records indicate that on April 13, 2026, a mail carrier delivered the Accusation and Notice of Hearing to a post office box associated with Respondent Hubbard's last-known address at 3730 S. Las Vegas Boulevard in Las Vegas, Nevada. Exhibit 1.4 is a true and correct copy of the USPS tracking record for the mailing identified in Exhibit 1.3.

14. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received an Answer and Notice of Defense from Respondent Hubbard.

15. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received any correspondence from Respondent Hubbard requesting that the Board change or update her last-known address as shown on Exhibit 1.3.

MARY MILLER-WILSON

16. On April 6, 2026, I served upon Respondent Mary Miller-Wilson a copy of the Accusation and Notice of Hearing.

17. I personally served the Accusation and Notice of Hearing upon Respondent Miller-Wilson by mailing copies via regular and certified mail to Respondent Miller-Wilson's last-known addresses on file with the Board.

18. Exhibit 1.5 is a record of the mailings to Respondent Miller-Wilson as described in paragraph 17 above. I have searched the Board's records management system, and to the best of my knowledge and belief, the addresses listed on Exhibit 1.5 are the most current addresses on file for Respondent Miller-Wilson.

19. USPS tracking records indicate that on April 10, 2026, a mail carrier delivered the Accusation and Notice of Hearing to Respondent Miller-Wilson's last-known address in Denver,

Colorado. Exhibit 1.6 is a true and correct copy of the USPS tracking record for the mailing identified in Exhibit 1.5.

20. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received an Answer and Notice of Defense from Respondent Miller-Wilson.

21. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received any correspondence from Respondent Miller-Wilson requesting that the Board change or update her last-known addresses as shown on Exhibit 1.5.

ASHLEY THOMAS

22. On April 6, 2026, I personally served upon Respondent Ashley Thomas a copy of the Accusation and Notice of Hearing.

23. I personally served the Accusation and Notice of Hearing upon Respondent Thomas by mailing copies via regular and certified mail to Respondent Thomas's last-known addresses on file with the Board.

24. Exhibit 1.7 is a record of the mailings to Respondent Thomas as described in paragraph 23 above. I have searched the Board's records management system, and to the best of my knowledge and belief, the address listed on Exhibit 1.7 is the most current addresses on file for Respondent Thomas.

25. The U.S. Postal System returned the parcel that was addressed and mailed to Respondent Thomas, indicating unclaimed parcel. It should be noted that an additional parcel was mailed to Respondent Thomas via regular mail. Exhibit 1.8 is a true and correct copy of the envelope that was returned by the USPS as unclaimed.

26. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received an Answer and Notice of Defense from Respondent Thomas.

27. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received any correspondence from Respondent Thomas requesting that the Board change or update her last-known addresses as shown on Exhibit 1.7.

I, Jessette Phaynarikone, hereby declare under penalty of perjury that the foregoing is true and correct.

Executed this 15th day of May 2026.

Jessette Phaynarikone,
Administrative Assistant, Board Coordinator I
Nevada State Board of Pharmacy

FILED
APR 0 6 2026
NEVADA STATE BOARD OF PHARMACY

Chad Antonie, APRN
c/o Helix HRT
2650 N Green Valley Parkway #275
Henderson, NV 89014
24-424-CS-B-S. NIAA

9489 0178 9820 3042 2647 94

MAILED
4-6-26
certified - $10.56
standard - $2.92

Chad Antonie, APRN
[redacted]
North Las Vegas, NV [redacted]
24-424-CS-B-S. NIAA

9489 0178 9820 3042 2648 00

MAILED
4-6-26
certified - $10.56
standard - $2.92

ALERT: IMPACTS FROM SEVERE WEATHER IN THE MIDWEST U.S. MAY DELAY FINAL DELIVE...

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Tracking Number:

9489017898203042264794

Copy Add to Informed Delivery (https://informeddelivery.usps.com/)

Latest Update

Your item was delivered to the front desk, reception area, or mail room at 10:05 am on April 10, 2026 in HENDERSON, NV 89014.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered
Delivered, Front Desk/Reception/Mail Room
HENDERSON, NV 89014
April 10, 2026, 10:05 am

Departed USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 10, 2026, 8:32 am

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 9, 2026, 10:09 am

In Transit to Next Facility
April 8, 2026

Arrived at USPS Regional Origin Facility
SACRAMENTO CA DISTRIBUTION CENTER
April 7, 2026, 7:27 pm

Exhibit 1.2 Chad Antonie_001
2549

Accepted at USPS Origin Facility
RENO, NV 89521
April 7, 2026, 6:12 pm

Pre-Shipment, USPS Awaiting Item
April 7, 2026

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Text & Email Updates

Return Receipt Electronic

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Product Information

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Tracking Number:

9489017898203042264800

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Latest Update

Your item has been delivered to the original sender at 1:08 pm on April 20, 2026 in RENO, NV 89521.

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USPS Tracking Plus®

Delivered
Delivered, To Original Sender
RENO, NV 89521
April 20, 2026, 1:08 pm

In Transit to Next Facility

Exhibit 1.2 Chad Antonie_002
2550

April 19, 2026

Arrived at USPS Facility
PASADENA, CA 91109
April 15, 2026, 5:49 am

Insufficient Address
NORTH LAS VEGAS, NV 89030
April 10, 2026, 7:50 am

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 9, 2026, 10:18 am

Arrived at USPS Regional Origin Facility
SACRAMENTO CA DISTRIBUTION CENTER
April 7, 2026, 10:16 pm

Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER
April 7, 2026, 2:49 pm

Accepted at USPS Origin Facility
RENO, NV 89521
April 7, 2026, 1:34 pm

Pre-Shipment, USPS Awaiting Item
April 7, 2026

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What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

See More

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

Exhibit 1.2 Chad Antonie_003

2551

FILED
APR 0 6 2026
NEVADA STATE BOARD OF PHARMACY

Tiana Hubbard, APRN
c/o Kalologie Medspa
3730 S Las Vegas Blvd
Las Vegas, NV 89158
24-424-CS-C-S. NIAA

MAILED
4.6.26

certified - $10.56
standard - $2.72

9489 0178 9820 3042 2648 17

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Tracking Number:

9489017898203042264817

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Latest Update

Your item has been delivered and is available at a PO Box at 8:48 am on April 13, 2026 in LAS VEGAS, NV 89199.

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Feedback

Delivered

Delivered, PO Box

LAS VEGAS, NV 89199
April 13, 2026, 8:48 am

Available for Pickup

JAMES C BROWN JR
1001 E SUNSET RD UNIT 1001
LAS VEGAS NV 89199-9712
M-F 0500-2000; SAT 0600-1200
April 10, 2026, 11:47 am

Departed USPS Regional Facility

LAS VEGAS NV DISTRIBUTION CENTER
April 10, 2026, 8:32 am

Arrived at USPS Regional Facility

LAS VEGAS NV DISTRIBUTION CENTER
April 9, 2026, 11:12 am

In Transit to Next Facility

April 8, 2026

Arrived at USPS Regional Origin Facility
SACRAMENTO CA DISTRIBUTION CENTER
April 7, 2026, 10:16 pm

Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER
April 7, 2026, 2:49 pm

Accepted at USPS Origin Facility
RENO, NV 89521
April 7, 2026, 1:34 pm

Pre-Shipment, USPS Awaiting Item
April 7, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates

Return Receipt Electronic

USPS Tracking Plus®

Product Information

See Less

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

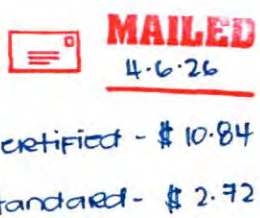
Exhibit 1.4 Tiana Hubbard_002
_2554

Mary Miller-Wilson, APRN
10120 S Eastern Ave, Suite #245
Las Vegas, NV 89052
24-424-CS-A-S. NIAA

9489 0178 9820 3042 2647 63

Mary Miller-Wilson, APRN
8540 S Eastern Ave, Suite #160
Las Vegas, NV 89123
24-424-CS-A-S. NIAA

9489 0178 9820 3042 2647 70



Mary Miller-Wilson, APRN
1045 Lincoln St, Suite #302
Denver, CO 80203
24-424-CS-A-S. NIAA

9489 0178 9820 3042 2647 87

ALERT: IMPACTS FROM SEVERE WEATHER IN THE MIDWEST U.S. MAY DELAY FINAL DELIVE...

USPS Tracking®

FAQs >

Remove ×

Tracking Number:

9489017898203042264763

Copy Add to Informed Delivery (https://informeddelivery.usps.com/)

Latest Update

Your item was refused by the addressee at 11:33 am on April 24, 2026 in HENDERSON, NV 89052 and is being returned to the sender.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Alert
Refused
HENDERSON, NV 89052
April 24, 2026, 11:33 am

Departed USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 24, 2026, 8:16 am

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 23, 2026, 11:53 am

Arrived at USPS Regional Facility
SAN DIEGO CA DISTRIBUTION CENTER
April 22, 2026, 1:23 am

Out for Delivery
HENDERSON, NV 89052

April 10, 2026, 6:54 am

Arrived at Post Office
HENDERSON, NV 89052
April 10, 2026, 6:43 am

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 9, 2026, 10:14 am

In Transit to Next Facility
April 8, 2026

Arrived at USPS Regional Origin Facility
SACRAMENTO CA DISTRIBUTION CENTER
April 7, 2026, 10:13 pm

Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER
April 7, 2026, 1:38 pm

Accepted at USPS Origin Facility
RENO, NV 89521
April 7, 2026, 12:23 pm

Pre-Shipment, USPS Awaiting Item
April 7, 2026

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What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates

Return Receipt Electronic

USPS Tracking Plus®

Product Information

See Less Exhibit 1.6 Mary Miller-Wilson_002

Remove ×

Tracking Number:

9489017898203042264770

Copy **Add to Informed Delivery (https://informeddelivery.usps.com/)**

Latest Update

Your item has been delivered to the original sender at 12:37 pm on April 25, 2026 in RENO, NV 89521.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Delivered, To Original Sender
RENO, NV 89521
April 25, 2026, 12:37 pm

In Transit to Next Facility
April 24, 2026

Arrived at USPS Regional Facility
SAN DIEGO CA DISTRIBUTION CENTER
April 22, 2026, 6:49 pm

Arrived at USPS Facility
PASADENA, CA 91109
April 13, 2026, 12:58 pm

Vacant
LAS VEGAS, NV 89123
April 10, 2026, 11:22 am

Departed USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 10, 2026, 8:32 am

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 9, 2026, 10:14 am

Arrived at USPS Regional Origin Facility
SACRAMENTO CA DISTRIBUTION CENTER
April 7, 2026, 10:13 pm

Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER
April 7, 2026, 1:38 pm

Accepted at USPS Origin Facility
RENO, NV 89521
April 7, 2026, 12:23 pm

Pre-Shipment, USPS Awaiting Item
April 7, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

See More ⌄

Remove ✕

Tracking Number:

9489017898203042264787

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Latest Update

Your item was delivered to an individual at the address at 12:49 pm on April 10, 2026 in DENVER, CO 80203.

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USPS Tracking Plus®

Delivered

Delivered, Left with Individual
DENVER, CO 80203
April 10, 2026, 12:49 pm

Departed USPS Regional Facility
DENVER CO DISTRIBUTION CENTER

April 9, 2026, 9:55 am

Arrived at USPS Regional Destination Facility
DENVER CO DISTRIBUTION CENTER
April 9, 2026, 9:04 am

In Transit to Next Facility
April 8, 2026

Arrived at USPS Regional Origin Facility
SACRAMENTO CA DISTRIBUTION CENTER
April 7, 2026, 10:13 pm

Arrived at USPS Regional Origin Facility
RENO NV DISTRIBUTION CENTER
April 7, 2026, 1:38 pm

Accepted at USPS Origin Facility
RENO, NV 89521
April 7, 2026, 12:23 pm

Pre-Shipment, USPS Awaiting Item
April 7, 2026

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FAQs

FILED
APR 0 6 2026
NEVADA STATE BOARD OF PHARMACY

Ashley Thomas, PT
[redacted]
Henderson, NV [redacted]
24-424-PT-S. NIAA

MAILED
4·6·26

9489 0178 9820 3042 2648 24

Certified - $10.56
Standard - $2.92

985 Damonte Ranch Parkway
Reno, Nevada 89521

Return Service Requested

9489 0178 9820 3042 2648 24

Ashley Thomas, PT
[redacted]
Henderson, NV [redacted]

NIXIE 910 DE 18CU 7205/03/26
RETURN TO SENDER
UNDELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 895211911199 2347N124012-00307

NL
4/1/26

Exhibit 1.8 Ashley Thomas

EXHIBIT 2

PROPOSED FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

Case No. 24-424-CS-A-S, Case No. 24-424-CS-B-S,

Case No. 24-424-CS-C-S, and Case No. 24-424-PT-S

JURISDICTION AND SERVICE

1. The Nevada State Board of Pharmacy (the "Board") has jurisdiction over Respondent Chad Antonie ("Respondent Antonie"), Respondent Tiana Hubbard ("Respondent Hubbard"), and Respondent Mary Miller-Wilson ("Respondent Miller-Wilson"), because said practitioners (collectively "Respondent Practitioners"), at the time of the events alleged herein, held certificates of registration issued by the Board authorizing them to prescribe dangerous drugs and controlled substances in Nevada.

2. The Board has jurisdiction over Respondent Ashley Thomas ("Respondent Thomas"), because Respondent Thomas, at the time of the events alleged herein, held a certificate of registration issued by the Board authorizing her to work as a pharmaceutical technician in Nevada.

3. The Board has jurisdiction over the subject matter of this Accusation because it involves the distribution and sale of dangerous drugs and controlled substances.

4. Respondent Practitioners were properly served with the Notice of Intended Action and Accusation and the Statement to Respondent and Notice of Hearing.

5. Respondent Thomas was properly served with the Notice of Intended Action and Accusation and the Statement to Respondent and Notice of Hearing.

FINDINGS OF FACT

6. In 2024, Respondent Antonie was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. Respondent Antonie held a certificate of registration issued by the Board authorizing him to prescribe dangerous drugs and controlled substances.

7. In 2024, Respondent Hubbard was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. Respondent Hubbard held

a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs and controlled substances.

8. In 2024, Respondent Miller-Wilson was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. Respondent Miller-Wilson held a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs and controlled substances.

9. In 2024, Respondent Practitioners were employed by or otherwise working in the service of Helix RHT ("Helix"), a business located at 2625 North Green Valley Parkway, #275, in Henderson, Nevada.

10. In 2024, Helix was owned and/or operated by Jasen Kohli ("Kohli") and Blake Frostad ("Frostad"), both competitive body builders.

11. Kohli and Frostad employed Respondent Thomas to work as a liaison between practitioners, patients, and pharmacies. Respondent Thomas did not work in a pharmacy, nor did she work under the supervision of a pharmacist or dispensing practitioner.

12. While employed at Helix, Respondent Thomas was engaged in the "practice of pharmacy" as that term is defined at NRS 639.0124. More specifically, she interpreted and evaluated prescriptions or orders for medicine, *see* NRS 639.0124(1)(b), she interpreted clinical data contained in a person's record of medication, *see* NRS 639.0124(1)(g), and/or she generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e)

13. Neither Kohli nor Frostad, nor anyone else working on site at Helix, held medical credentials or a medical license authorizing them to prescribe dangerous drugs or controlled substances.

14. In 2024, Helix did not employ or contract with any practitioners who worked from the Helix business location on North Green Valley Parkway in Henderson.

15. In 2024, while working for Helix, Respondent Practitioners evaluated patients using "telehealth" technology. This means that they worked from home, or from some facility other than the Helix location at 2625 North Green Valley Pkwy. #275, in Henderson, Nevada.

16. Using telehealth technology to evaluate their patients, Respondent Practitioners routinely authorized dangerous drugs and/or controlled substances for their patients. The controlled substances included ketamine, testosterone cypionate, and/or nandrolone decanoate. All three drugs are listed in Schedule III of the regulations promulgated pursuant to the federal and state Controlled Substances Acts. *See* 21 C.F.R. §1308.13; NAC 453.530.

17. Testosterone cypionate, and/or nandrolone decanoate are commonly used by body builders to increase muscle mass. Ketamine is also used by body builders prior to workouts.

18. Respondent Practitioners did not transmit their own prescriptions; instead, they authorized Kohli, Frostad and/or Helix to transmit written prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

19. The above forms were preprinted with the address and telephone number for Helix. The forms did not contain an address or telephone number for any of Respondent Practitioners.

20. Respondent Practitioners were generally unfamiliar with the process used by Helix to transmit prescriptions to pharmacies for dispensing.

21. During all of 2024, Respondent Antonie had access to the database established pursuant to NRS 453.162. This database is known as the Nevada Prescription Monitoring Program or "PMP" database.

22. During all of 2024, Respondent Hubbard had access to the PMP database.

23. During all of 2024, Respondent Miller-Wilson had access to the PMP database.

24. The PMP database has two functions that must be used by prescribers of controlled substances. The first function (known as the "MyRx" function) enables the prescriber to review his or her own prescribing activity to make sure that someone is not issuing fraudulent prescriptions under his or her name and medical credentials.

25. The second function on the PMP database (known as the "Patient History Report") enables the prescriber to evaluate the patient's history of using controlled substances. This enables the

prescriber to determine whether a patient is doctor shopping or potentially abusing controlled substances or using them for recreational purposes.

26. Respondent Antonie did not use the MyRx function between August 16, 2022, and October 10, 2024. Additionally, he did not run a Patient History Report at any time between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Antonie authorized approximately 1,080 prescriptions for controlled substances, most or all transmitted by Helix.

27. Respondent Hubbard had never used the MyRx function until requested to do so on October 16, 2024. Additionally, she did not run a Patient History Report at any time between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Hubbard authorized approximately 1,800 prescriptions for controlled substances, most or all transmitted by Helix.

28. Respondent Miller-Wilson did not use the MyRx function between October 19, 2023, and October 7, 2024. Additionally, she ran Patient History Reports for only five patients between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Miller-Wilson authorized approximately 750 prescriptions for controlled substances, most or all transmitted by Helix.

29. In 2024, using the fill-in-the-blanks forms described above, Kohli, Frostad and/or Helix completed and transmitted approximately 7,000 prescriptions for dangerous drugs and controlled substances. Most or all of these prescriptions were transmitted by Helix to either Meta Pharmacy or Partell Specialty Pharmacy, where they were filled.

30. When transmitting prescriptions to Meta Pharmacy or Partell Specialty Pharmacy, as applicable, Kohli, Frostad and/or Helix were not supervised by a prescribing practitioner.

31. Some of the above prescriptions, including prescriptions for ketamine, testosterone cypionate and/or nandrolone decanoate, were not accompanied by medical notes, charts, or other records indicating that corresponding patient evaluations had taken place.

32. When questioned regarding prescriptions without supporting medical records, Respondent Antonie and Respondent Hubbard denied having authorized the prescriptions.

33. Prescriptions for controlled substances were not transmitted electronically in the manner required by NRS 639.23535 and NAC 639.7105, and they did not contain a valid address and telephone number for the prescriber, or a unique prescriber-affixed signature or authenticating notation as required by NRS 639.2353(2).

34. Prescriptions for dangerous drugs did not contain a valid address and telephone number for the prescriber, or a prescriber-affixed signature or other unique identifier for the prescriber, as required by NRS 639.2353 and NRS 454.223.

35. Prescriptions for controlled substances were never approved by the Board to be transmitted in any manner other than via electronic transmission in accordance with NRS 639.23535 and NAC 639.7105.

36. Prescriptions for controlled substances did not meet applicable criteria for an exemption from electronic transmission requirements, as stated in NRS 639.23535(1)(a)-(i).

37. The above prescriptions for controlled substances were not "legal" prescriptions within the meaning of NRS 453.377 and NRS 454

CONCLUSIONS OF LAW

38. Every practitioner who prescribes controlled substances in Nevada must secure and maintain a certificate of registration issued by the Board pursuant to the Nevada Controlled Substances Act (NRS Chapter 453). *See* NRS 453.226(1)(a); NRS 453.231(3).

39. If an advanced practice registered nurse prescribes dangerous drugs in Nevada, he or she must hold a certificate of registration issued by the Board. See NRS 639.1375; NAC 639.850.

40. If an advanced practice registered nurse prescribes controlled substances in Nevada, he or she must hold a certificate of registration issued by the Board. NRS 453.226(1)(a); NRS 453.231(3).

41. The Board may revoke or suspend the registration of any practitioner who has committed an act that renders his or her registration inconsistent with the public interest. NRS 453.236(1)(e).

42. Noncompliance with state and local law, including noncompliance with the Nevada Pharmacy Act and/or the Nevada Controlled Substances Act, renders a practitioner's registration inconsistent with the public interest. NRS 453.236(1)(e); NRS 453.231(1)(b).

43. Pursuant to NRS 639.100, it is unlawful for a practitioner to permit an unsupervised person to transmit prescriptions for dangerous drugs or controlled substances unless that person holds the appropriate license or certificate issued by the Board.

44. A practitioner has a duty to establish and maintain effective controls and procedures to prevent or guard against theft and misuse of controlled substances. *See* NRS 435.231(1)(a); NAC 453.400.

45. Before issuing an initial prescription for a controlled substance, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, a practitioner must run and evaluate a Patient History Report using the PMP. NRS 639.23507.

46. A practitioner registered with the Board to write prescriptions for controlled substances must use the MyRx function in the PMP database at least once every 6 months to review prescriptions issued by the practitioner and to verify that he or she continues to have access to the PMP. NRS 453.164(7).

47. The Board may revoke or suspend the registration of any practitioner who commits, or who assists or abets in a violation of the Nevada Pharmacy Act or the Nevada Controlled Substances Act. NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

48. A prescription must contain the telephone number and address of the prescriber and the prescriber's original signature, or if the prescription is transmitted electronically, a unique identifier affixed by the prescriber. NRS 639.2353; NRS 639.23535; NRS 454.223(2).

49. Generally, a prescription for a controlled substance must be electronically transmitted by a practitioner to a pharmacy using a computer system approved by the Board. NRS 639.23535; NAC 639.7102; NAC 639.7105.

50. When transmission by a facsimile machine is permitted, the practitioner, or the practitioner's designated agent, must transmit the prescription directly to the pharmacy. NAC 639.711. The pharmacist must not dispense such a prescription unless it is signed by the practitioner and transmitted to the pharmacy by the practitioner or the designated agent of the practitioner. NAC 639.711(4).

51. The holder of a certificate of registration issued by the Board pursuant to the Nevada Pharmacy Act (NRS Chapter 639), including a pharmaceutical technician, may be disciplined by the Board for engaging in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 639.255.

52. When engaged in the practice of pharmacy, a pharmaceutical technician must work under the direct supervision of a pharmacist and must not work outside of a pharmacy. NRS 639.1371; NRS 639.0113; NAC 639.245; NAC 639.247; NAC 639.250; NAC 639.252; NAC 639.401.

53. Unprofessional conduct by a pharmaceutical technician includes aiding or abetting a person not licensed to practice pharmacy in Nevada, *see* NAC 639.945(1)(j), performing or in any way being a party to any fraudulent or deceitful practice or transaction, *see* NAC 639.945(1)(h), and performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration, *see* NAC 639.945(1)(k).

FINDINGS OF CULPABILITY

As to Count Two of the Accusation

54. Respondent Practitioners authorized Helix and its non-practitioner owners, operators, and/or employees to transmit prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

55. Prescriptions for controlled substances were not transmitted by Respondent Practitioners in the manner required by NRS 639.23535 and NAC 639.7105.

56. Prescriptions did not contain a valid address or telephone number for the prescriber, or a prescriber-affixed signature as required by NRS 639.2353(2).

57. Respondent Practitioners knew or should have known that prescriptions transmitted by Helix did not comply with NRS 639.23535, NRS 639.2353, and NAC 639.7105.

58. By causing or permitting non-compliant prescriptions to be transmitted by Helix and its non-practitioner owners, managers, and/or employees, Respondent Practitioners assisted or abetted in recurring violations of the Nevada Pharmacy Act regarding the form and content of prescriptions and their manner of transmission. *See* NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

59. By causing or permitting prescriptions to be issued by Helix and its non-practitioner owners, managers and/or employees, and/or by failing to exercise control over their process for issuing prescriptions, Respondent Practitioners permitted Helix and its non-practitioner owners, managers, and/or employees to engage in unregistered prescribing in violation of NRS 639.100(1).

60. Respondents are subject to discipline for having failed to comply with the Nevada Pharmacy Act. *See* NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

As to Count Three of the Accusation

61. Respondent Practitioners authorized Helix and its non-practitioner owners, operators, and/or employees to issue prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

62. Respondent Practitioners were generally unfamiliar with the process used by Helix to transmit prescriptions to pharmacies for dispensing.

63. Respondent Practitioners failed to monitor and/or supervise the activities of Helix and its non-practitioner owners, operators, and/or employees in regard to their issuance of prescriptions.

64. Respondent Practitioners knew or should have known that Helix and its non-practitioner owners, operators, and/or employees were issuing unauthorized prescriptions and/or prescriptions that did not comply with NRS 639.2353, NRS 639.23535 and NAC 639.7105.

65. Through their acts and omissions as alleged above, Respondent Practitioners failed to establish and maintain effective controls against the diversion of controlled substances.

66. Respondent Practitioners are subject to discipline for having failed to establish and maintain effective controls against the diversion of controlled substances.

As to Count Four of the Accusation

67. Respondent Practitioners failed to query the PMP database in the manner required by NRS 639.23507 and NRS 453.164(7).

68. Respondents Practitioners' failure to query the PMP demonstrates an inability to establish and maintain effective controls against diversion of controlled substances into other than legitimate medical, scientific, research or industrial channels.

69. Respondents' failure to query the PMP database demonstrates a failure to comply with the Nevada Pharmacy Act and the Nevada Controlled Substances Act.

70. Respondents are subject to discipline for having failed to query the PMP database in the manner required by NRS 639.23507 and NRS 453.164(7). *See* NRS 453.236(1)(e); NRS 453.231(1)(a); NRS 453.231(1)(b); NRS 639.210(12); NRS 639.255.

As to Count Five of the Accusation

71. Respondent Thomas was employed by Helix to act as a liaison between practitioners, patients, and pharmacies. Respondent Thomas did not work in a pharmacy, nor did she work under the supervision of a pharmacist or dispensing practitioner.

72. While employed by Helix, Respondent Thomas engaged in the unauthorized practice of pharmacy. More specifically, she interpreted and evaluated prescriptions or orders for medicine, *see* NRS 639.0124(1)(b), she interpreted clinical data contained in a person's record of medication, *see* NRS 639.0124(1)(g), and she generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e).

73. As the owners and/or operators of Helix, Kohli and Frostad engaged in the unlicensed practice of pharmacy. More specifically, they interpreted and evaluated prescriptions or orders for

medicine, *see* NRS 639.0124(1)(b), they interpreted clinical data contained in a person's record of medication, *see* NRS 639.0124(1)(g), and/or they generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e).

74. As the owners and/or operators of Helix, Kohli and Frostad issued prescriptions that had not been authorized by a practitioner, thus engaging in the unregistered prescribing of dangerous drugs and controlled substances.

75. Respondent Thomas issued prescriptions that had not been authorized by a practitioner, thus engaging in the unregistered prescribing of dangerous drugs and controlled substances.

76. By acting as a liaison between practitioners, patients, and pharmacies, Respondent Thomas assisted or abetted the unlicensed prescribing of dangerous drugs and controlled substances by Helix, Kohli and/or Frostad.

77. By engaging in the practice of pharmacy in a non-pharmacy location where she was not supervised by a pharmacist, Respondent Thomas performed tasks that she was not licensed to perform.

78. By issuing prescriptions that she was not authorized to issue, or by causing or permitting such prescriptions to be issued, Respondent Thomas was a party to fraudulent or deceitful practices or transactions.

79. Respondent Thomas is subject to discipline for her unprofessional conduct as described above. *See* NRS 639.210(4); NAC 639.945(1)(h), (j) and (k).

ORDER

Based upon the above Findings of Fact and Conclusions of Law, the Board imposes upon **Respondent Chad Antonie**, APRN, Certificate of Registration No. CS33041, the following professional discipline, effective immediately:

1. Respondent Antonie's Certificate of Registration No. CS33041 is hereby **REVOKED.** Respondent Antonie shall not be eligible to petition for the reinstatement of his privileges to prescribe dangerous drugs and controlled substances for a period of one (1) year from the date of entry set forth below.
2. Respondent Antonie shall pay an administrative fine of $5,000, due in full on or before July 31, 2026.
3. Respondent Antonie shall reimburse the Board for its costs of investigation and prosecution in the amount of $1,000, due in full on or before July 31, 2026. The Board finds that these costs were reasonable, necessary and actually incurred.

Based upon the above Findings of Fact and Conclusions of Law, the Board imposes upon **Respondent Tiana Hubbard**, APRN, Certificate of Registration No. CS25791, the following professional discipline, effectively immediately:

1. Respondent Hubbard's Certificate of Registration No. CS25791 is hereby **REVOKED.** Respondent Hubbard shall not be eligible to petition for the reinstatement of her privileges to prescribe dangerous drugs and controlled substances for a period of one (1) year from the date of entry set forth below.
2. Respondent Hubbard shall pay an administrative fine of $5,000, due in full on or before July 31, 2026.
3. Respondent Hubbard shall reimburse the Board for its costs of investigation and prosecution in the amount of $1,000, due in full on or before July 31, 2026. The Board finds that these costs were reasonable, necessary and actually incurred.

Based upon the above Findings of Fact and Conclusions of Law, the Board imposes upon **Respondent Mary Miller-Wilson**, APRN, Certificate of Registration No. CS33703, the following professional discipline, effective immediately:

1. Respondent Miller-Wilson's Certificate of Registration No. CS33701 is hereby **REVOKED.** Respondent Mille-Wilson shall not be eligible to petition for the

reinstatement of her privileges to prescribe dangerous drugs and controlled substances for a period of one (1) year from the date of entry set forth below.

2. Respondent Miller-Wilson shall pay an administrative fine of $5,000, due in full on or before July 31, 2026.
3. Respondent Miller-Wilson shall reimburse the Board for its costs of investigation and prosecution in the amount of $1,000, due in full on or before July 31, 2026. The Board finds that these costs were reasonable, necessary and actually incurred.

Based upon the above Findings of Fact and Conclusions of Law, the Board imposes upon **Respondent Ashley Thomas**, Certificate of Registration No. PT17873, the following professional discipline, effective immediately:

1. Respondent Thomas' Certificate of Registration No. PT17873 is hereby **REVOKED.** Respondent Thomas shall not be eligible to petition for the reinstatement of her privileges to prescribe dangerous drugs and controlled substances for a period of one (1) year from the date of entry set forth below.
2. Respondent Thomas shall reimburse the Board for its costs of investigation and prosecution in the amount of $1,000, due in full on or before July 31, 2026. The Board finds that these costs were reasonable, necessary and actually incurred.

DRAFT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of May 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Tiana Hubbard, APRN
c/o Kalologie Medspa
3730 S Las Vegas Blvd
Las Vegas, NV 89158

And also, via email to: [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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FILED
APR 0 6 2026
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ELISE CACCIO, RPH,
Certificate of Registration No. 22906,
TOMMY DINH, RPH,
Certificate of Registration No. 20256,
JOSE ESCOBEDO, RPH,
Certificate of Registration No. 20782,
TAMARA ANGELES, RPH,
Certificate of Registration No. 19070,
MARIE BARAGA, RPH,
Certificate of Registration No. 16851,
MARC BARBOSE, RPH,
Certificate of Registration No. 14251,
MAGDALENA CYBULSKA, RPH,
Certificate of Registration No. 22437,
SOYOUNG EOM, RPH,
Certificate of Registration No. 18126,
ARTIN FAKHOR, RPH,
Certificate of Registration No. 16225,
CHRISTOPHER GOODMAN, RPH,
Certificate of Registration No. 16422,
KENNY LI, RPH,
Certificate of Registration No. 19870,
PAULINA NGO, RPH,
Certificate of Registration No. 18970,
JAYMIE PADERO, RPH,
Certificate of Registration No. 23846,
CHRIS PETERS, RPH,
Certificate of Registration No. 16325,
CHAD ANTONIE, APRN,
Certificate of Registration No. CS33041,
TIANA HUBBARD, APRN,
Certificate of Registration No. CS25791,
MARY MILLER-WILSON, APRN,
Certificate of Registration No. CS33703, and
ASHLEY THOMAS, PT,
Certificate of Registration No. PT17873

Respondents.

Case Nos. 24-424-RPH-A-S
24-424-RPH-B-S
24-424-RPH-C-S
24-424-RPH-D-S
24-424-RPH-E-S
24-424-RPH-G-S
24-424-RPH-H-S
24-424-RPH-I-S
24-424-RPH-J-S
24-424-RPH-K-S
24-424-RPH-L-S
24-424-RPH-M-S
24-424-RPH-N-S
24-424-RPH-O-S
24-424-CS-A-S
24-424-CS-B-S
24-424-CS-C-S
24-424-PT-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 (the "Board") has jurisdiction over Respondent Respondent Elise Caccio ("Respondent Caccio"), Respondent Tommy Dinh ("Respondent Dinh"), Respondent Jose Escobedo ("Respondent Escobedo"), Respondent Tamara Angeles ("Respondent Angeles"), Respondent Marie Baraga ("Respondent Baraga"), Respondent Marc Barbose ("Respondent Barbose"), Respondent Magdalena Cybulska ("Respondent Cybulska"), Respondent Soyoung Eom ("Respondent Eom"), Respondent Artin Fakhor ("Respondent Fakhor"), Respondent Chris Goodman ("Respondent Goodman"), Respondent Kenny Li ("Respondent Li"), Respondent Paulina Ngo ("Respondent Ngo"), Respondent Jaymie Padero ("Respondent Padero"), and Respondent Chris Peters ("Respondent Peters"), because said pharmacists (collectively "Respondent Pharmacists"), at the time of the events alleged herein, held certificates of registration issued by the Board authorizing them to engage in the practice of pharmacy in Nevada.

2. The Board has jurisdiction over Respondent Chad Antonie ("Respondent Antonie"), Respondent Tiana Hubbard ("Respondent Hubbard"), and Respondent Mary Miller-Wilson ("Respondent Miller-Wilson"), because said practitioners (collectively "Respondent Practitioners"), at the time of the events alleged herein, held certificates of registration issued by the Board authorizing them to prescribe dangerous drugs and controlled substances in Nevada.

3. The Board has jurisdiction over Respondent Ashley Thomas ("Respondent Thomas"), because Respondent Thomas, at the time of the events alleged herein, held a certificate of registration issued by the Board authorizing her to work as a pharmaceutical technician in Nevada.

4. The above respondents are referred to collectively herein as "Respondents." Their respective certificates of registration are referenced in the caption above.

5. The Board has jurisdiction over the subject matter of this Accusation because it involves the distribution and sale of dangerous drugs and controlled substances.

FACTUAL ALLEGATIONS

6. In 2024, Respondent Caccio, Respondent Dinh, and Respondent Escobedo were employed by Meta Pharmacy, located at 8352 W. Warm Springs Road in Las Vegas, Nevada.

7. In 2024, Respondent Angeles, Respondent Baraga, Respondent Barbose, Respondent Cybulska, Respondent Eom, Respondent Fakhor, Respondent Goodman, Respondent Li, Respondent Ngo, Respondent Padero, and Respondent Peters were employed by Partell Specialty Pharmacy, located at 5835 South Eastern Avenue in Las Vegas, Nevada.

8. In 2024, Respondent Antonie was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. As noted above, Respondent Antonie held a certificate of registration issued by the Board authorizing him to prescribe dangerous drugs and controlled substances.

9. In 2024, Respondent Hubbard was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. As noted above, Respondent Hubbard held a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs and controlled substances.

10. In 2024, Respondent Miller-Wilson was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. As noted above, Respondent Miller-Wilson held a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs and controlled substances.

11. In 2024, Respondent Practitioners were employed by or otherwise working in the service of Helix RHT ("Helix"), a business located at 2625 North Green Valley Parkway, #275, in Henderson, Nevada.

12. In 2024, Helix was owned and/or operated by Jasen Kohli ("Kohli") and Blake Frostad ("Frostad"), both competitive body builders.

13. Neither Kohli nor Frostad, nor anyone else working on site at Helix, held medical credentials or a medical license authorizing them to prescribe dangerous drugs or controlled substances.

14. On information and belief, in 2024, Helix did not employ or contract with any practitioners who worked from the Helix business location on North Green Valley Parkway in Henderson.

15. In 2024, while working for Helix, Respondent Practitioners evaluated patients using "telehealth" technology. This means that they worked from home, or from some facility other than the Helix location at 2625 North Green Valley Pkwy. #275, in Henderson, Nevada.

16. Using telehealth technology to evaluate their patients, Respondent Practitioners routinely authorized dangerous drugs and/or controlled substances for their patients. The controlled substances included ketamine, testosterone cypionate, and/or nandrolone decanoate. All three drugs are listed in Schedule III of the regulations promulgated pursuant to the federal and state Controlled Substances Acts. *See* 21 C.F.R. §1308.13; NAC 453.530.

17. Testosterone cypionate, and/or nandrolone decanoate are commonly used by body builders to increase muscle mass. Ketamine is also used by body builders prior to workouts.

18. Respondent Practitioners did not transmit their own prescriptions; instead, they authorized Kohli, Frostad and/or Helix to transmit written prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

19. The above forms were preprinted with the address and telephone number for Helix. The forms did not contain an address or telephone number for any of Respondent Practitioners.

20. Kohli and Frostad employed Respondent Thomas to work as a liaison between practitioners, patients, and pharmacies. Respondent Thomas did not work in a pharmacy, nor did she work under the supervision of a pharmacist or dispensing practitioner.

21. While employed at Helix, Respondent Thomas was engaged in the "practice of pharmacy" as that term is defined at NRS 639.0124. More specifically, she interpreted and evaluated

prescriptions or orders for medicine, *see* NRS 639.0124(1)(b), she interpreted clinical data contained in a person's record of medication, *see* NRS 639.0124(1)(g), and/or she generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e).

22. Respondent Practitioners were generally unfamiliar with the process used by Helix to transmit prescriptions to pharmacies for dispensing.

23. During all of 2024, Respondent Antonie had access to the database established pursuant to NRS 453.162. This database is known as the Nevada Prescription Monitoring Program or "PMP" database.

24. During all of 2024, Respondent Hubbard had access to the PMP database.

25. During all of 2024, Respondent Miller-Wilson had access to the PMP database.

26. The PMP database has two functions that must be used by prescribers of controlled substances. The first function (known as the "MyRx" function) enables the prescriber to review his or her own prescribing activity to make sure that someone is not issuing fraudulent prescriptions under his or her name and medical credentials.

27. The second function on the PMP database (known as the "Patient History Report") enables the prescriber to evaluate the patient's history of using controlled substances. This enables the prescriber to determine whether a patient is doctor shopping or potentially abusing controlled substances or using them for recreational purposes.

28. Respondent Antonie did not use the MyRx function between August 16, 2022, and October 10, 2024. Additionally, he did not run a Patient History Report at any time between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Antonie authorized approximately 1,080 prescriptions for controlled substances, most or all transmitted by Helix.

29. Respondent Hubbard had never used the MyRx function until requested to do so on October 16, 2024. Additionally, she did not run a Patient History Report at any time between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Hubbard authorized approximately 1,800 prescriptions for controlled substances, most or all transmitted by Helix.

30. Respondent Miller-Wilson did not use the MyRx function between October 19, 2023, and October 7, 2024. Additionally, she ran Patient History Reports for only five patients between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Miller-Wilson authorized approximately 750 prescriptions for controlled substances, most or all transmitted by Helix.

31. In 2024, using the fill-in-the-blanks forms described above, Kohli, Frostad and/or Helix completed and transmitted approximately 7,000 prescriptions for dangerous drugs and controlled substances. Most or all of these prescriptions were transmitted by Helix to either Meta Pharmacy or Partell Specialty Pharmacy, where they were filled by Respondent Pharmacists.

32. When transmitting prescriptions to Meta Pharmacy or Partell Specialty Pharmacy, as applicable, Kohli, Frostad and/or Helix were not supervised by a prescribing practitioner.

33. Most or all of the above prescriptions were dispensed by either Meta Pharmacy or Partell Specialty Pharmacy after having been verified by Respondent Pharmacists.

34. Some of the above prescriptions, including prescriptions for ketamine, testosterone cypionate and/or nandrolone decanoate, were not accompanied by medical notes, charts, or other records indicating that corresponding patient evaluations had taken place.

35. When questioned regarding prescriptions without supporting medical records, Respondent Antonie and Respondent Hubbard denied having authorized the prescriptions.

36. Prescriptions for controlled substances were not transmitted electronically in the manner required by NRS 639.23535 and NAC 639.7105, and they did not contain a valid address and telephone number for the prescriber, or a unique prescriber-affixed signature or authenticating notation as required by NRS 639.2353(2).

37. Prescriptions for dangerous drugs did not contain a valid address and telephone number for the prescriber, or a prescriber-affixed signature or other unique identifier for the prescriber, as required by NRS 639.2353 and NRS 454.223.

38. Prescriptions for controlled substances were never approved by the Board to be transmitted in any manner other than via electronic transmission in accordance with NRS 639.23535 and NAC 639.7105.

39. Prescriptions for controlled substances did not meet applicable criteria for an exemption from electronic transmission requirements, as stated in NRS 639.23535(1)(a)-(i).

40. The above prescriptions for controlled substances were not "legal" prescriptions within the meaning of NRS 453.377 and NRS 454.316.

41. In 2024, Respondent Caccio, while working at Meta Pharmacy, verified approximately 9 of the above prescriptions, including 3 prescriptions for nandrolone decanoate. As a direct result of Respondent Caccio's's conduct, Meta Pharmacy dispensed dangerous drugs and controlled substances to consumers who did not possess a valid prescription.

42. In 2024, Respondent Dinh, while working at Meta Pharmacy, verified approximately 10 of the above prescriptions, including 2 prescriptions for nandrolone decanoate. As a direct result of Respondent Dinh's conduct, Meta Pharmacy dispensed dangerous drugs and controlled substances to consumers who did not possess a valid prescription

43. In 2024, Respondent Escobedo, while working at Meta Pharmacy, verified approximately 900 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Escobedo's conduct, Meta Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

44. In 2024, Respondent Angeles, while working at Partell Specialty Pharmacy, verified approximately 13 of the above prescriptions, including at least 2 prescriptions for testosterone cypionate. As a direct result of Respondent Angeles' conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to consumers who did not possess a valid prescription.

45. In 2024, Respondent Baraga, while working at Partell Specialty Pharmacy, verified approximately 16 of the above prescriptions, including at least 6 prescriptions for testosterone

cypionate. As a direct result of Respondent Baraga's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to consumers who did not possess a valid prescription

46. In 2024, Respondent Barbose, while working at Partell Specialty Pharmacy, verified approximately 1,000 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Barbose's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

47. In 2024, Respondent Cybulska, while working at Partell Specialty Pharmacy, verified approximately 40 of the above prescriptions, including prescriptions for controlled substances. As a direct result of Respondent Cybulska's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to consumers who did not possess a valid prescription.

48. In 2024, Respondent Eom, while working at Partell Specialty Pharmacy, verified approximately 500 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Eom's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

49. In 2024, Respondent Fakhor, while working at Partell Specialty Pharmacy, verified approximately 200 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Fakhor's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

50. In 2024, Respondent Goodman, while working at Partell Specialty Pharmacy, verified approximately 2,300 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Goodman's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

51. In 2024, Respondent Li, while working at Partell Specialty Pharmacy, verified approximately 150 of the above prescriptions, including many prescriptions for controlled substances.

As a direct result of Respondent Li's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

52. In 2024, Respondent Ngo, while working at Partell Specialty Pharmacy, verified approximately 500 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Ngo's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

53. In 2024, Respondent Padero, while working at Partell Specialty Pharmacy, verified approximately 125 of the above prescriptions, including prescriptions for controlled substances. As a direct result of Respondent Padero's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

54. In 2024, Respondent Peters, while working at Partell Specialty Pharmacy, verified approximately 1,600 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Peters' conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

APPLICABLE LAW

55. Every practitioner who prescribes controlled substances in Nevada must secure and maintain a certificate of registration issued by the Board pursuant to the Nevada Controlled Substances Act (NRS Chapter 453). *See* NRS 453.226(1)(a); NRS 453.231(3).

56. If an advanced practice registered nurse prescribes dangerous drugs in Nevada, he or she must hold a certificate of registration issued by the Board. See NRS 639.1375; NAC 639.850.

57. If an advanced practice registered nurse prescribes controlled substances in Nevada, he or she must hold a certificate of registration issued by the Board. NRS 453.226(1)(a); NRS 453.231(3).

58. The Board may revoke or suspend the registration of any practitioner who has committed an act that renders his or her registration inconsistent with the public interest. NRS 453.236(1)(e).

59. Noncompliance with state and local law, including noncompliance with the Nevada Pharmacy Act and/or the Nevada Controlled Substances Act, renders a practitioner's registration inconsistent with the public interest. NRS 453.236(1)(e); NRS 453.231(1)(b).

60. Pursuant to NRS 639.100, it is unlawful for a practitioner to permit an unsupervised person to transmit prescriptions for dangerous drugs or controlled substances unless that person holds the appropriate license or certificate issued by the Board.

61. Pursuant to NRS 639.100, it is unlawful for a pharmaceutical technician to permit another person to engage in the practice of pharmacy unless that person holds the appropriate license or certificate issued by the Board.

62. A practitioner has a duty to establish and maintain effective controls and procedures to prevent or guard against theft and misuse of controlled substances. *See* NRS 435.231(1)(a); NAC 453.400.

63. Before issuing an initial prescription for a controlled substance, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, a practitioner must run and evaluate a Patient History Report using the PMP. NRS 639.23507.

64. A practitioner registered with the Board to write prescriptions for controlled substances must use the MyRx function in the PMP database at least once every 6 months to review prescriptions issued by the practitioner and to verify that he or she continues to have access to the PMP. NRS 453.164(7).

65. The Board may revoke or suspend the registration of any practitioner who commits, or who assists or abets in a violation of the Nevada Pharmacy Act or the Nevada Controlled Substances Act. NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

66. The holder of a certificate of registration issued by the Board pursuant to the Nevada Pharmacy Act (NRS Chapter 639), including a pharmaceutical technician, may be disciplined by the Board for engaging in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 639.255.

67. When engaged in the practice of pharmacy, a pharmaceutical technician must work under the direct supervision of a pharmacist and must not work outside of a pharmacy. NRS 639.1371; NRS 639.0113; NAC 639.245; NAC 639.247; NAC 639.250; NAC 639.252; NAC 639.401.

68. Unprofessional conduct by a pharmaceutical technician includes aiding or abetting a person not licensed to practice pharmacy in Nevada, *see* NAC 639.945(1)(j), performing or in any way being a party to any fraudulent or deceitful practice or transaction, *see* NAC 639.945(1)(h), and performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration, *see* NAC 639.945(1)(k).

69. A pharmacist may dispense a dangerous drug or controlled substances upon receipt of a legal prescription written by a practitioner. NRS 453.128; NRS 453.377; NRS 454.00961; NRS 454.215.

70. A pharmacist has a duty to exercise reasonable care to ensure that a prescription filled by the pharmacist is legal. NRS 453.381(4); NRS 454.215; NRS 454.223; NAC 454.060; NAC 639.711(4).

71. A pharmacist shall not fill an order which purports to be a prescription for a controlled substance if the pharmacist has reason to believe that it was not issued in the usual course of the professional practice of a practitioner. NRS 453.381(4).

72. A prescription must contain the telephone number and address of the prescriber and the prescriber's original signature, or if the prescription is transmitted electronically, a unique identifier affixed by the prescriber. NRS 639.2353; NRS 639.23535; NRS 454.223(2).

73. Generally, a prescription for a controlled substance must be electronically transmitted by a practitioner to a pharmacy using a computer system approved by the Board. NRS 639.23535; NAC 639.7102; NAC 639.7105.

74. When transmission by a facsimile machine is permitted, the practitioner, or the practitioner's designated agent, must transmit the prescription directly to the pharmacy. NAC 639.711. The pharmacist must not dispense such a prescription unless it is signed by the practitioner and

transmitted to the pharmacy by the practitioner or the designated agent of the practitioner. NAC 639.711(4).

75. A pharmacist may be disciplined by the Board for engaging in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 639.255.

76. Unprofessional conduct by a pharmacist includes performing one's duties as a pharmacist in an incompetent, unskillful or negligent manner. NRS 639.210(4); NAC 639.945(1)(i).

COUNT ONE
Unprofessional Conduct by a Pharmacist
(Respondent Pharmacists)

77. As alleged above, Respondent Pharmacists verified numerous prescriptions that were illegal and/or issued outside the usual course of the professional practice of a practitioner. Their conduct caused dangerous drugs and controlled substances to be dispensed to consumers who were not in possession of valid prescriptions.

78. The above prescriptions were illegal and/or invalid because they were not signed or otherwise properly authenticated by the prescribing practitioners, they did not contain valid telephone numbers or addresses for the prescribing practitioners, and in many cases, they were not transmitted electronically or via facsimile by the practitioners, or by the practitioners' designated agents, in the manner required by Nevada law.

79. Given the large number of prescriptions that were deficient on their face, and/or transmitted in an unauthorized manner, Respondent Pharmacists knew or should have known that the prescriptions were illegal, invalid, and/or issued outside the usual course of the professional practice of a practitioner.

80. Under the circumstances, Respondents had a duty to make further inquiry to determine whether the prescriptions were legal, invalid and/or issued in the usual course of the professional practice of a practitioner.

81. By verifying the prescriptions and causing them to be dispensed, Respondents performed their duties as pharmacists in an incompetent, unskillful, or negligent manner.

82. Respondents are subject to discipline for their unprofessional conduct as described herein. NRS 639.210(4); NAC 639.945(1)(i).

COUNT TWO
Noncompliance with the Nevada Pharmacy Act
(Respondent Practitioners)

83. As alleged above, Respondent Practitioners authorized Helix and its non-practitioner owners, operators, and/or employees to transmit prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

84. Prescriptions for controlled substances were not transmitted by Respondent Practitioners in the manner required by NRS 639.23535 and NAC 639.7105.

85. Prescriptions did not contain a valid address or telephone number for the prescriber, or a prescriber-affixed signature as required by NRS 639.2353(2).

86. Respondent Practitioners knew or should have known that prescriptions transmitted by Helix did not comply with NRS 639.23535, NRS 639.2353, and NAC 639.7105.

87. By causing or permitting non-compliant prescriptions to be transmitted by Helix and its non-practitioner owners, managers, and/or employees, Respondent Practitioners assisted or abetted in recurring violations of the Nevada Pharmacy Act regarding the form and content of prescriptions and their manner of transmission. *See* NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

88. By causing or permitting prescriptions to be issued by Helix and its non-practitioner owners, managers and/or employees, and/or by failing to exercise control over their process for issuing prescriptions, Respondent Practitioners permitted Helix and its non-practitioner owners, managers, and/or employees to engage in unregistered prescribing in violation of NRS 639.100(1).

89. Respondents are subject to discipline for having failed to comply with the Nevada Pharmacy Act. *See* NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

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COUNT THREE
Failure to Maintain Effective Controls Against Diversion
(Respondent Practitioners)

90. As alleged above, Respondent Practitioners authorized Helix and its non-practitioner owners, operators, and/or employees to issue prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

91. As alleged above, Respondent Practitioners were generally unfamiliar with the process used by Helix to transmit prescriptions to pharmacies for dispensing.

92. As alleged above, Respondent Practitioners failed to monitor and/or supervise the activities of Helix and its non-practitioner owners, operators, and/or employees in regard to their issuance of prescriptions.

93. Respondent Practitioners knew or should have known that Helix and its non-practitioner owners, operators, and/or employees were issuing unauthorized prescriptions and/or prescriptions that did not comply with NRS 639.2353, NRS 639.23535 and NAC 639.7105.

94. Through their acts and omissions as alleged above, Respondent Practitioners failed to establish and maintain effective controls against the diversion of controlled substances.

95. Respondent Practitioners are subject to discipline for having failed to establish and maintain effective controls against the diversion of controlled substances.

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COUNT FOUR
Failure to Query the PMP Database
(Respondent Practitioners)

96. As alleged above, Respondent Practitioners failed to query the PMP database in the manner required by NRS 639.23507 and NRS 453.164(7).

97. Respondents Practitioners' failure to query the PMP demonstrates an inability to establish and maintain effective controls against diversion of controlled substances into other than legitimate medical, scientific, research or industrial channels.

98. Respondents' failure to query the PMP database demonstrates a failure to comply with the Nevada Pharmacy Act and the Nevada Controlled Substances Act.

99. Respondents are subject to discipline for having failed to query the PMP database in the manner required by NRS 639.23507 and NRS 453.164(7). *See* NRS 453.236(1)(e); NRS 453.231(1)(a); NRS 453.231(1)(b); NRS 639.210(12); NRS 639.255.

COUNT FIVE
Unprofessional Conduct by a Pharmaceutical Technician
(Respondent Thomas)

100. As alleged above, Respondent Thomas was employed by Helix to act as a liaison between practitioners, patients, and pharmacies. Respondent Thomas did not work in a pharmacy, nor did she work under the supervision of a pharmacist or dispensing practitioner.

101. While employed by Helix, Respondent Thomas engaged in the unauthorized practice of pharmacy. More specifically, she interpreted and evaluated prescriptions or orders for medicine, *see* NRS 639.0124(1)(b), she interpreted clinical data contained in a person's record of medication, *see* NRS 639.0124(1)(g), and she generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e).

102. As the owners and/or operators of Helix, Kohli and Frostad engaged in the unlicensed practice of pharmacy. More specifically, they interpreted and evaluated prescriptions or orders for medicine, *see* NRS 639.0124(1)(b), they interpreted clinical data contained in a person's record of

medication, *see* NRS 639.0124(1)(g), and/or they generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e).

103. As the owners and/or operators of Helix, Kohli and Frostad issued prescriptions that had not been authorized by a practitioner, thus engaging in the unregistered prescribing of dangerous drugs and controlled substances.

104. On information and belief, Respondent Thomas issued prescriptions that had not been authorized by a practitioner, thus engaging in the unregistered prescribing of dangerous drugs and controlled substances.

105. By acting as a liaison between practitioners, patients, and pharmacies, Respondent Thomas assisted or abetted the unlicensed prescribing of dangerous drugs and controlled substances by Helix, Kohli and/or Frostad.

106. By engaging in the practice of pharmacy in a non-pharmacy location where she was not supervised by a pharmacist, Respondent Thomas performed tasks that she was not licensed to perform.

107. By issuing prescriptions that she was not authorized to issue, or by causing or permitting such prescriptions to be issued, Respondent Thomas was a party to fraudulent or deceitful practices or transactions.

108. Respondent Thomas is subject to discipline for her unprofessional conduct as described above. *See* NRS 639.210(4); NAC 639.945(1)(h), (j) and (k).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to Respondents' certificates of registration as identified above.

DATED this 6th day of April 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 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).

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.** **MARY MILLER-WILSON, APRN,** **Certificate of Registration No. CS33703,** **Respondent.**	**Case No. 24-424-CS-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, June 3, 2026, 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, Gregory Zunino at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of APRIL 2026.

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.** **MARY MILLER-WILSON, APRN,** **Certificate of Registration No. CS33703,** **Respondent.**	**Case No. 24-424-CS-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 _____ 2026.

_____

Mary Miller-Wilson, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of April 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Mary Miller-Wilson, APRN
10120 S Eastern Ave, Suite #245
Las Vegas, NV 89052

Mary Miller-Wilson, APRN
8540 S Eastern Ave, Suite #160
Las Vegas, NV 89123

Mary Miller-Wilson, APRN
1045 Lincoln St, Suite #302
Denver, CO 80203

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
MAY 14 2026
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CHAD ANTONIE, APRN,
Certificate of Registration No. CS33041,

TIANA HUBBARD, APRN,
Certificate of Registration No. CS25791,

MARY MILLER-WILSON, APRN,
Certificate of Registration No. CS33703,

ASHLEY THOMAS, PT,
Certificate of Registration No. PT17873,

Respondents.

Case Nos. 24-424-CS-A-S
24-424-CS-B-S
24-424-CS-C-S
24-424-PT-S

NOTICE OF INTENT TO TAKE DECISION BY DEFAULT

TO: CHAD ANTONIE, TIANA HUBBARD, MARY MILLER-WILSON and ASHLEY THOMAS

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 continues the hearing in this case, the application will be made at the time of said hearing, as currently scheduled for **Wednesday, June 3, 2026, 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 (including Exhibits 1.1 to 1.8, attached thereto). Further, the undersigned will request that the Board adopt the Proposed Findings of Fact, Conclusions of Law and

Decision attached hereto as Exhibit 2.

DATED: May 14, 2026.

/s/ Gregory Zunino
Gregory Zunino, Senior General Counsel
Nevada State Board of Pharmacy
(775) 850-1440, ext. 124
Email: zunino@pharmacy.nv.gov

EXHIBIT 1

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CHAD ANTONIE, APRN,** **Certificate of Registration No. CS33041,** **TIANA HUBBARD, APRN,** **Certificate of Registration No. CS25791, and** **MARY MILLER-WILSON, APRN,** **Certificate of Registration No. CS33703, and** **ASHLEY THOMAS, PT,** **Certificate of Registration No. PT17873,** **Respondents.**	**Case Nos. 24-424-CS-A-S** **24-424-CS-B-S** **24-424-CS-C-S** **24-424-PT-S** **DECLARATION OF JESSETTE PHAYNARIKONE**

I, Jessette Phaynarikone, hereby state the following:

INTRODUCTION

1. I am an employee of the Nevada State Board of Pharmacy ("Board"). I have made this declaration at the request of Gregory L. Zunino, Senior General Counsel, for his use in the above-entitled administrative action.

2. I am responsible for filing and mailing pleadings and other correspondence related to disciplinary matters pending before the Before. 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 Exhibits I.1 through 1.8, attached hereto, and I attest that these are true and correct copies of records maintained by the Board in the ordinary course of business.

. . .

CHAD ANTONIE

4. On April 6, 2026, I served upon Respondent Chad Antonie a copy of the Notice of Intended Action and Accusation on file herein ("Accusation"), together with the Statement to the Respondent and Notice of Hearing on file herein ("Notice of Hearing").

5. I personally served the Accusation and Notice of Hearing upon Respondent Antonie by mailing copies via regular and certified mail to Respondent Antonie's last-known addresses on file with the Board.

6. Exhibit 1.1 is a record of the mailings to Respondent Antonie as described in paragraph 5 above. I have searched the Board's records management system, and to the best of my knowledge and belief, the addresses listed on Exhibit 1.1 are the most current addresses on file for Respondent Antonie.

7. U.S. Postal System ("USPS") tracking records indicate that the Accusation and Notice of Hearing were delivered to Respondent Antonie on April 10, 2026, at Respondent Antonie's last-known address on 2650 N Green Valley Parkway #275 in Henderson, Nevada. Exhibit 1.2 is a true and correct copy of the USPS tracking record for the mailings identified in Exhibit 1.1.

8. To the best of my knowledge and belief, the Board has not received an Answer and Notice of Defense from Respondent Antonie.

9. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received any correspondence from Respondent Antonie requesting that the Board change or update his last-known addresses as shown on Exhibit 1.1.

TIANA HUBBARD

10. On April 6, 2026, I served upon Respondent Tiana Hubbard a copy of the Accusation and Notice of Hearing.

11. I personally served the Accusation and Notice of Hearing upon Respondent Hubbard by mailing copies via regular and certified mail to Respondent Hubbard's last-known address on file with the Board.

12. Exhibit 1.3 is a record of the mailings to Respondent Hubbard as described in paragraph 11 above. I have searched the Board's records management system, and to the best of my knowledge and belief, the address listed on Exhibit 1.3 is the most current addresses on file for Respondent Hubbard.

13. USPS tracking records indicate that on April 13, 2026, a mail carrier delivered the Accusation and Notice of Hearing to a post office box associated with Respondent Hubbard's last-known address at 3730 S. Las Vegas Boulevard in Las Vegas, Nevada. Exhibit 1.4 is a true and correct copy of the USPS tracking record for the mailing identified in Exhibit 1.3.

14. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received an Answer and Notice of Defense from Respondent Hubbard.

15. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received any correspondence from Respondent Hubbard requesting that the Board change or update her last-known address as shown on Exhibit 1.3.

MARY MILLER-WILSON

16. On April 6, 2026, I served upon Respondent Mary Miller-Wilson a copy of the Accusation and Notice of Hearing.

17. I personally served the Accusation and Notice of Hearing upon Respondent Miller-Wilson by mailing copies via regular and certified mail to Respondent Miller-Wilson's last-known addresses on file with the Board.

18. Exhibit 1.5 is a record of the mailings to Respondent Miller-Wilson as described in paragraph 17 above. I have searched the Board's records management system, and to the best of my knowledge and belief, the addresses listed on Exhibit 1.5 are the most current addresses on file for Respondent Miller-Wilson.

19. USPS tracking records indicate that on April 10, 2026, a mail carrier delivered the Accusation and Notice of Hearing to Respondent Miller-Wilson's last-known address in Denver,

Colorado. Exhibit 1.6 is a true and correct copy of the USPS tracking record for the mailing identified in Exhibit 1.5.

20. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received an Answer and Notice of Defense from Respondent Miller-Wilson.

21. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received any correspondence from Respondent Miller-Wilson requesting that the Board change or update her last-known addresses as shown on Exhibit 1.5.

ASHLEY THOMAS

22. On April 6, 2026, I personally served upon Respondent Ashley Thomas a copy of the Accusation and Notice of Hearing.

23. I personally served the Accusation and Notice of Hearing upon Respondent Thomas by mailing copies via regular and certified mail to Respondent Thomas's last-known addresses on file with the Board.

24. Exhibit 1.7 is a record of the mailings to Respondent Thomas as described in paragraph 23 above. I have searched the Board's records management system, and to the best of my knowledge and belief, the address listed on Exhibit 1.7 is the most current addresses on file for Respondent Thomas.

25. The U.S. Postal System returned the parcel that was addressed and mailed to Respondent Thomas, indicating unclaimed parcel. It should be noted that an additional parcel was mailed to Respondent Thomas via regular mail. Exhibit 1.8 is a true and correct copy of the envelope that was returned by the USPS as unclaimed.

26. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received an Answer and Notice of Defense from Respondent Thomas.

27. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received any correspondence from Respondent Thomas requesting that the Board change or update her last-known addresses as shown on Exhibit 1.7.

I, Jessette Phaynarikone, hereby declare under penalty of perjury that the foregoing is true and correct.

Executed this 15th day of May 2026.

Jessette Phaynarikone,
Administrative Assistant, Board Coordinator I
Nevada State Board of Pharmacy

FILED
APR 0 6 2026
NEVADA STATE BOARD OF PHARMACY

Chad Antonie, APRN
c/o Helix HRT
2650 N Green Valley Parkway #275
Henderson, NV 89014
24-424-CS-B-S. NIAA

9489 0178 9820 3042 2647 94

MAILED
4·6·26
certified - $10.56
standard - $2.92

Chad Antonie, APRN
[redacted]
North Las Vegas, NV[redacted]
24-424-CS-B-S. NIAA

9489 0178 9820 3042 2648 00

MAILED
4·6·26
certified - $10.56
standard - $2.92

ALERT: IMPACTS FROM SEVERE WEATHER IN THE MIDWEST U.S. MAY DELAY FINAL DELIVE...

USPS Tracking®

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Remove ×

Tracking Number:

9489017898203042264794

Copy Add to Informed Delivery (https://informeddelivery.usps.com/)

Latest Update

Your item was delivered to the front desk, reception area, or mail room at 10:05 am on April 10, 2026 in HENDERSON, NV 89014.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered
Delivered, Front Desk/Reception/Mail Room
HENDERSON, NV 89014
April 10, 2026, 10:05 am

Departed USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 10, 2026, 8:32 am

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 9, 2026, 10:09 am

In Transit to Next Facility
April 8, 2026

Arrived at USPS Regional Origin Facility
SACRAMENTO CA DISTRIBUTION CENTER
April 7, 2026, 7:27 pm

Exhibit 1.2 Chad Antonie_001
2610

Accepted at USPS Origin Facility
RENO, NV 89521
April 7, 2026, 6:12 pm

Pre-Shipment, USPS Awaiting Item
April 7, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates

Return Receipt Electronic

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Product Information

See Less

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Tracking Number:

9489017898203042264800

Copy **Add to Informed Delivery (https://informeddelivery.usps.com/)**

Latest Update

Your item has been delivered to the original sender at 1:08 pm on April 20, 2026 in RENO, NV 89521.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Delivered, To Original Sender
RENO, NV 89521
April 20, 2026, 1:08 pm

In Transit to Next Facility

Exhibit 1.2 Chad Antonie_002
2611

April 19, 2026

Arrived at USPS Facility
PASADENA, CA 91109
April 15, 2026, 5:49 am

Insufficient Address
NORTH LAS VEGAS, NV 89030
April 10, 2026, 7:50 am

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 9, 2026, 10:18 am

Arrived at USPS Regional Origin Facility
SACRAMENTO CA DISTRIBUTION CENTER
April 7, 2026, 10:16 pm

Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER
April 7, 2026, 2:49 pm

Accepted at USPS Origin Facility
RENO, NV 89521
April 7, 2026, 1:34 pm

Pre-Shipment, USPS Awaiting Item
April 7, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

See More

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Exhibit 1.2 Chad Antonie_003

Contact USPS Tracking support for further assistance.

2612

FILED
APR 0 6 2026
NEVADA STATE BOARD OF PHARMACY

Tiana Hubbard, APRN
c/o Kalologie Medspa
3730 S Las Vegas Blvd
Las Vegas, NV 89158
24-424-CS-C-S. NIAA

MAILED
4.6.26

certified - $10.56
standard - $2.72

9489 0178 9820 3042 2648 17

ALERT: IMPACTS FROM SEVERE WEATHER IN THE MIDWEST U.S. MAY DELAY FINAL DELIVE...

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Tracking Number:

9489017898203042264817

Copy Add to Informed Delivery (https://informeddelivery.usps.com/)

Latest Update

Your item has been delivered and is available at a PO Box at 8:48 am on April 13, 2026 in LAS VEGAS, NV 89199.

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Feedback

Delivered

Delivered, PO Box

LAS VEGAS, NV 89199
April 13, 2026, 8:48 am

Available for Pickup

JAMES C BROWN JR
1001 E SUNSET RD UNIT 1001
LAS VEGAS NV 89199-9712
M-F 0500-2000; SAT 0600-1200
April 10, 2026, 11:47 am

Departed USPS Regional Facility

LAS VEGAS NV DISTRIBUTION CENTER
April 10, 2026, 8:32 am

Arrived at USPS Regional Facility

LAS VEGAS NV DISTRIBUTION CENTER
April 9, 2026, 11:12 am

In Transit to Next Facility

April 8, 2026

Arrived at USPS Regional Origin Facility
SACRAMENTO CA DISTRIBUTION CENTER
April 7, 2026, 10:16 pm

Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER
April 7, 2026, 2:49 pm

Accepted at USPS Origin Facility
RENO, NV 89521
April 7, 2026, 1:34 pm

Pre-Shipment, USPS Awaiting Item
April 7, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates

Return Receipt Electronic

USPS Tracking Plus®

Product Information

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Track Another Package

Enter tracking or barcode numbers

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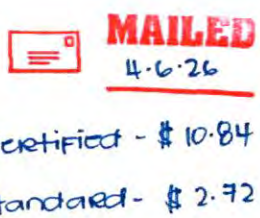
Exhibit 1.4 Tiana Hubbard_002
2615

Mary Miller-Wilson, APRN
10120 S Eastern Ave, Suite #245
Las Vegas, NV 89052
24-424-CS-A-S. NIAA

9489 0178 9820 3042 2647 63

Mary Miller-Wilson, APRN
8540 S Eastern Ave, Suite #160
Las Vegas, NV 89123
24-424-CS-A-S. NIAA

9489 0178 9820 3042 2647 70



Mary Miller-Wilson, APRN
1045 Lincoln St, Suite #302
Denver, CO 80203
24-424-CS-A-S. NIAA

9489 0178 9820 3042 2647 87

ALERT: IMPACTS FROM SEVERE WEATHER IN THE MIDWEST U.S. MAY DELAY FINAL DELIVE...

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Remove ×

Tracking Number:

9489017898203042264763

Copy Add to Informed Delivery (https://informeddelivery.usps.com/)

Latest Update

Your item was refused by the addressee at 11:33 am on April 24, 2026 in HENDERSON, NV 89052 and is being returned to the sender.

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USPS Tracking Plus®

Feedback

Alert
Refused
HENDERSON, NV 89052
April 24, 2026, 11:33 am

Departed USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 24, 2026, 8:16 am

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 23, 2026, 11:53 am

Arrived at USPS Regional Facility
SAN DIEGO CA DISTRIBUTION CENTER
April 22, 2026, 1:23 am

Out for Delivery
HENDERSON, NV 89052

April 10, 2026, 6:54 am

Arrived at Post Office
HENDERSON, NV 89052
April 10, 2026, 6:43 am

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 9, 2026, 10:14 am

In Transit to Next Facility
April 8, 2026

Arrived at USPS Regional Origin Facility
SACRAMENTO CA DISTRIBUTION CENTER
April 7, 2026, 10:13 pm

Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER
April 7, 2026, 1:38 pm

Accepted at USPS Origin Facility
RENO, NV 89521
April 7, 2026, 12:23 pm

Pre-Shipment, USPS Awaiting Item
April 7, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates

Return Receipt Electronic

USPS Tracking Plus®

Product Information

See Less Exhibit 1.6 Mary Miller-Wilson_002_2618

Remove ✕

Tracking Number:

9489017898203042264770

Copy **Add to Informed Delivery (https://informeddelivery.usps.com/)**

Latest Update

Your item has been delivered to the original sender at 12:37 pm on April 25, 2026 in RENO, NV 89521.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Delivered, To Original Sender
RENO, NV 89521
April 25, 2026, 12:37 pm

In Transit to Next Facility
April 24, 2026

Arrived at USPS Regional Facility
SAN DIEGO CA DISTRIBUTION CENTER
April 22, 2026, 6:49 pm

Arrived at USPS Facility
PASADENA, CA 91109
April 13, 2026, 12:58 pm

Vacant
LAS VEGAS, NV 89123
April 10, 2026, 11:22 am

Departed USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 10, 2026, 8:32 am

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 9, 2026, 10:14 am

Arrived at USPS Regional Origin Facility
SACRAMENTO CA DISTRIBUTION CENTER
April 7, 2026, 10:13 pm

Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER
April 7, 2026, 1:38 pm

Accepted at USPS Origin Facility
RENO, NV 89521
April 7, 2026, 12:23 pm

Pre-Shipment, USPS Awaiting Item
April 7, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

See More

Remove ✕

Tracking Number:

9489017898203042264787

Copy **Add to Informed Delivery (https://informeddelivery.usps.com/)**

Latest Update

Your item was delivered to an individual at the address at 12:49 pm on April 10, 2026 in DENVER, CO 80203.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Delivered, Left with Individual
DENVER, CO 80203
April 10, 2026, 12:49 pm

Departed USPS Regional Facility
DENVER CO DISTRIBUTION CENTER

April 9, 2026, 9:55 am

Arrived at USPS Regional Destination Facility
DENVER CO DISTRIBUTION CENTER
April 9, 2026, 9:04 am

In Transit to Next Facility
April 8, 2026

Arrived at USPS Regional Origin Facility
SACRAMENTO CA DISTRIBUTION CENTER
April 7, 2026, 10:13 pm

Arrived at USPS Regional Origin Facility
RENO NV DISTRIBUTION CENTER
April 7, 2026, 1:38 pm

Accepted at USPS Origin Facility
RENO, NV 89521
April 7, 2026, 12:23 pm

Pre-Shipment, USPS Awaiting Item
April 7, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

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Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

FILED
APR 0 6 2026
NEVADA STATE BOARD OF PHARMACY

Ashley Thomas, PT
[redacted]
Henderson, NV [redacted]
24-424-PT-S. NIAA

MAILED
4·6·26

9489 0178 9820 3042 2648 24

Certified - $10.56
Standard - $2.92

985 Damonte Ranch Parkway
Reno, Nevada 89521

Return Service Requested

9489 0178 9820 3042 2648 24

Ashley Thomas, PT
[redacted]
Henderson, NV [redacted]

NIXIE 910 DE 18CU 7205/03/26
RETURN TO SENDER
UNDELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 895211911199 2347N124012-00307

NL
4/1/26

Exhibit 1.8 Ashley Thomas

EXHIBIT 2

PROPOSED FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

Case No. 24-424-CS-A-S, Case No. 24-424-CS-B-S,

Case No. 24-424-CS-C-S, and Case No. 24-424-PT-S

JURISDICTION AND SERVICE

1. The Nevada State Board of Pharmacy (the "Board") has jurisdiction over Respondent Chad Antonie ("Respondent Antonie"), Respondent Tiana Hubbard ("Respondent Hubbard"), and Respondent Mary Miller-Wilson ("Respondent Miller-Wilson"), because said practitioners (collectively "Respondent Practitioners"), at the time of the events alleged herein, held certificates of registration issued by the Board authorizing them to prescribe dangerous drugs and controlled substances in Nevada.

2. The Board has jurisdiction over Respondent Ashley Thomas ("Respondent Thomas"), because Respondent Thomas, at the time of the events alleged herein, held a certificate of registration issued by the Board authorizing her to work as a pharmaceutical technician in Nevada.

3. The Board has jurisdiction over the subject matter of this Accusation because it involves the distribution and sale of dangerous drugs and controlled substances.

4. Respondent Practitioners were properly served with the Notice of Intended Action and Accusation and the Statement to Respondent and Notice of Hearing.

5. Respondent Thomas was properly served with the Notice of Intended Action and Accusation and the Statement to Respondent and Notice of Hearing.

FINDINGS OF FACT

6. In 2024, Respondent Antonie was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. Respondent Antonie held a certificate of registration issued by the Board authorizing him to prescribe dangerous drugs and controlled substances.

7. In 2024, Respondent Hubbard was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. Respondent Hubbard held

a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs and controlled substances.

8. In 2024, Respondent Miller-Wilson was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. Respondent Miller-Wilson held a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs and controlled substances.

9. In 2024, Respondent Practitioners were employed by or otherwise working in the service of Helix RHT ("Helix"), a business located at 2625 North Green Valley Parkway, #275, in Henderson, Nevada.

10. In 2024, Helix was owned and/or operated by Jasen Kohli ("Kohli") and Blake Frostad ("Frostad"), both competitive body builders.

11. Kohli and Frostad employed Respondent Thomas to work as a liaison between practitioners, patients, and pharmacies. Respondent Thomas did not work in a pharmacy, nor did she work under the supervision of a pharmacist or dispensing practitioner.

12. While employed at Helix, Respondent Thomas was engaged in the "practice of pharmacy" as that term is defined at NRS 639.0124. More specifically, she interpreted and evaluated prescriptions or orders for medicine, *see* NRS 639.0124(1)(b), she interpreted clinical data contained in a person's record of medication, *see* NRS 639.0124(1)(g), and/or she generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e)

13. Neither Kohli nor Frostad, nor anyone else working on site at Helix, held medical credentials or a medical license authorizing them to prescribe dangerous drugs or controlled substances.

14. In 2024, Helix did not employ or contract with any practitioners who worked from the Helix business location on North Green Valley Parkway in Henderson.

15. In 2024, while working for Helix, Respondent Practitioners evaluated patients using "telehealth" technology. This means that they worked from home, or from some facility other than the Helix location at 2625 North Green Valley Pkwy. #275, in Henderson, Nevada.

FILED

16. Using telehealth technology to evaluate their patients, Respondent Practitioners routinely authorized dangerous drugs and/or controlled substances for their patients. The controlled substances included ketamine, testosterone cypionate, and/or nandrolone decanoate. All three drugs are listed in Schedule III of the regulations promulgated pursuant to the federal and state Controlled Substances Acts. *See* 21 C.F.R. §1308.13; NAC 453.530.

17. Testosterone cypionate, and/or nandrolone decanoate are commonly used by body builders to increase muscle mass. Ketamine is also used by body builders prior to workouts.

18. Respondent Practitioners did not transmit their own prescriptions; instead, they authorized Kohli, Frostad and/or Helix to transmit written prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

19. The above forms were preprinted with the address and telephone number for Helix. The forms did not contain an address or telephone number for any of Respondent Practitioners.

20. Respondent Practitioners were generally unfamiliar with the process used by Helix to transmit prescriptions to pharmacies for dispensing.

21. During all of 2024, Respondent Antonie had access to the database established pursuant to NRS 453.162. This database is known as the Nevada Prescription Monitoring Program or "PMP" database.

22. During all of 2024, Respondent Hubbard had access to the PMP database.

23. During all of 2024, Respondent Miller-Wilson had access to the PMP database.

24. The PMP database has two functions that must be used by prescribers of controlled substances. The first function (known as the "MyRx" function) enables the prescriber to review his or her own prescribing activity to make sure that someone is not issuing fraudulent prescriptions under his or her name and medical credentials.

25. The second function on the PMP database (known as the "Patient History Report") enables the prescriber to evaluate the patient's history of using controlled substances. This enables the

prescriber to determine whether a patient is doctor shopping or potentially abusing controlled substances or using them for recreational purposes.

26. Respondent Antonie did not use the MyRx function between August 16, 2022, and October 10, 2024. Additionally, he did not run a Patient History Report at any time between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Antonie authorized approximately 1,080 prescriptions for controlled substances, most or all transmitted by Helix.

27. Respondent Hubbard had never used the MyRx function until requested to do so on October 16, 2024. Additionally, she did not run a Patient History Report at any time between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Hubbard authorized approximately 1,800 prescriptions for controlled substances, most or all transmitted by Helix.

28. Respondent Miller-Wilson did not use the MyRx function between October 19, 2023, and October 7, 2024. Additionally, she ran Patient History Reports for only five patients between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Miller-Wilson authorized approximately 750 prescriptions for controlled substances, most or all transmitted by Helix.

29. In 2024, using the fill-in-the-blanks forms described above, Kohli, Frostad and/or Helix completed and transmitted approximately 7,000 prescriptions for dangerous drugs and controlled substances. Most or all of these prescriptions were transmitted by Helix to either Meta Pharmacy or Partell Specialty Pharmacy, where they were filled.

30. When transmitting prescriptions to Meta Pharmacy or Partell Specialty Pharmacy, as applicable, Kohli, Frostad and/or Helix were not supervised by a prescribing practitioner.

31. Some of the above prescriptions, including prescriptions for ketamine, testosterone cypionate and/or nandrolone decanoate, were not accompanied by medical notes, charts, or other records indicating that corresponding patient evaluations had taken place.

32. When questioned regarding prescriptions without supporting medical records, Respondent Antonie and Respondent Hubbard denied having authorized the prescriptions.

33. Prescriptions for controlled substances were not transmitted electronically in the manner required by NRS 639.23535 and NAC 639.7105, and they did not contain a valid address and telephone number for the prescriber, or a unique prescriber-affixed signature or authenticating notation as required by NRS 639.2353(2).

34. Prescriptions for dangerous drugs did not contain a valid address and telephone number for the prescriber, or a prescriber-affixed signature or other unique identifier for the prescriber, as required by NRS 639.2353 and NRS 454.223.

35. Prescriptions for controlled substances were never approved by the Board to be transmitted in any manner other than via electronic transmission in accordance with NRS 639.23535 and NAC 639.7105.

36. Prescriptions for controlled substances did not meet applicable criteria for an exemption from electronic transmission requirements, as stated in NRS 639.23535(1)(a)-(i).

37. The above prescriptions for controlled substances were not "legal" prescriptions within the meaning of NRS 453.377 and NRS 454

CONCLUSIONS OF LAW

38. Every practitioner who prescribes controlled substances in Nevada must secure and maintain a certificate of registration issued by the Board pursuant to the Nevada Controlled Substances Act (NRS Chapter 453). *See* NRS 453.226(1)(a); NRS 453.231(3).

39. If an advanced practice registered nurse prescribes dangerous drugs in Nevada, he or she must hold a certificate of registration issued by the Board. See NRS 639.1375; NAC 639.850.

40. If an advanced practice registered nurse prescribes controlled substances in Nevada, he or she must hold a certificate of registration issued by the Board. NRS 453.226(1)(a); NRS 453.231(3).

41. The Board may revoke or suspend the registration of any practitioner who has committed an act that renders his or her registration inconsistent with the public interest. NRS 453.236(1)(e).

42. Noncompliance with state and local law, including noncompliance with the Nevada Pharmacy Act and/or the Nevada Controlled Substances Act, renders a practitioner's registration inconsistent with the public interest. NRS 453.236(1)(e); NRS 453.231(1)(b).

43. Pursuant to NRS 639.100, it is unlawful for a practitioner to permit an unsupervised person to transmit prescriptions for dangerous drugs or controlled substances unless that person holds the appropriate license or certificate issued by the Board.

44. A practitioner has a duty to establish and maintain effective controls and procedures to prevent or guard against theft and misuse of controlled substances. *See* NRS 435.231(1)(a); NAC 453.400.

45. Before issuing an initial prescription for a controlled substance, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, a practitioner must run and evaluate a Patient History Report using the PMP. NRS 639.23507.

46. A practitioner registered with the Board to write prescriptions for controlled substances must use the MyRx function in the PMP database at least once every 6 months to review prescriptions issued by the practitioner and to verify that he or she continues to have access to the PMP. NRS 453.164(7).

47. The Board may revoke or suspend the registration of any practitioner who commits, or who assists or abets in a violation of the Nevada Pharmacy Act or the Nevada Controlled Substances Act. NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

48. A prescription must contain the telephone number and address of the prescriber and the prescriber's original signature, or if the prescription is transmitted electronically, a unique identifier affixed by the prescriber. NRS 639.2353; NRS 639.23535; NRS 454.223(2).

49. Generally, a prescription for a controlled substance must be electronically transmitted by a practitioner to a pharmacy using a computer system approved by the Board. NRS 639.23535; NAC 639.7102; NAC 639.7105.

50. When transmission by a facsimile machine is permitted, the practitioner, or the practitioner's designated agent, must transmit the prescription directly to the pharmacy. NAC 639.711. The pharmacist must not dispense such a prescription unless it is signed by the practitioner and transmitted to the pharmacy by the practitioner or the designated agent of the practitioner. NAC 639.711(4).

51. The holder of a certificate of registration issued by the Board pursuant to the Nevada Pharmacy Act (NRS Chapter 639), including a pharmaceutical technician, may be disciplined by the Board for engaging in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 639.255.

52. When engaged in the practice of pharmacy, a pharmaceutical technician must work under the direct supervision of a pharmacist and must not work outside of a pharmacy. NRS 639.1371; NRS 639.0113; NAC 639.245; NAC 639.247; NAC 639.250; NAC 639.252; NAC 639.401.

53. Unprofessional conduct by a pharmaceutical technician includes aiding or abetting a person not licensed to practice pharmacy in Nevada, *see* NAC 639.945(1)(j), performing or in any way being a party to any fraudulent or deceitful practice or transaction, *see* NAC 639.945(1)(h), and performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration, *see* NAC 639.945(1)(k).

FINDINGS OF CULPABILITY

As to Count Two of the Accusation

54. Respondent Practitioners authorized Helix and its non-practitioner owners, operators, and/or employees to transmit prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

55. Prescriptions for controlled substances were not transmitted by Respondent Practitioners in the manner required by NRS 639.23535 and NAC 639.7105.

56. Prescriptions did not contain a valid address or telephone number for the prescriber, or a prescriber-affixed signature as required by NRS 639.2353(2).

57. Respondent Practitioners knew or should have known that prescriptions transmitted by Helix did not comply with NRS 639.23535, NRS 639.2353, and NAC 639.7105.

58. By causing or permitting non-compliant prescriptions to be transmitted by Helix and its non-practitioner owners, managers, and/or employees, Respondent Practitioners assisted or abetted in recurring violations of the Nevada Pharmacy Act regarding the form and content of prescriptions and their manner of transmission. *See* NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

59. By causing or permitting prescriptions to be issued by Helix and its non-practitioner owners, managers and/or employees, and/or by failing to exercise control over their process for issuing prescriptions, Respondent Practitioners permitted Helix and its non-practitioner owners, managers, and/or employees to engage in unregistered prescribing in violation of NRS 639.100(1).

60. Respondents are subject to discipline for having failed to comply with the Nevada Pharmacy Act. *See* NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

As to Count Three of the Accusation

61. Respondent Practitioners authorized Helix and its non-practitioner owners, operators, and/or employees to issue prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

62. Respondent Practitioners were generally unfamiliar with the process used by Helix to transmit prescriptions to pharmacies for dispensing.

63. Respondent Practitioners failed to monitor and/or supervise the activities of Helix and its non-practitioner owners, operators, and/or employees in regard to their issuance of prescriptions.

64. Respondent Practitioners knew or should have known that Helix and its non-practitioner owners, operators, and/or employees were issuing unauthorized prescriptions and/or prescriptions that did not comply with NRS 639.2353, NRS 639.23535 and NAC 639.7105.

65. Through their acts and omissions as alleged above, Respondent Practitioners failed to establish and maintain effective controls against the diversion of controlled substances.

66. Respondent Practitioners are subject to discipline for having failed to establish and maintain effective controls against the diversion of controlled substances.

As to Count Four of the Accusation

67. Respondent Practitioners failed to query the PMP database in the manner required by NRS 639.23507 and NRS 453.164(7).

68. Respondents Practitioners' failure to query the PMP demonstrates an inability to establish and maintain effective controls against diversion of controlled substances into other than legitimate medical, scientific, research or industrial channels.

69. Respondents' failure to query the PMP database demonstrates a failure to comply with the Nevada Pharmacy Act and the Nevada Controlled Substances Act.

70. Respondents are subject to discipline for having failed to query the PMP database in the manner required by NRS 639.23507 and NRS 453.164(7). *See* NRS 453.236(1)(e); NRS 453.231(1)(a); NRS 453.231(1)(b); NRS 639.210(12); NRS 639.255.

As to Count Five of the Accusation

71. Respondent Thomas was employed by Helix to act as a liaison between practitioners, patients, and pharmacies. Respondent Thomas did not work in a pharmacy, nor did she work under the supervision of a pharmacist or dispensing practitioner.

72. While employed by Helix, Respondent Thomas engaged in the unauthorized practice of pharmacy. More specifically, she interpreted and evaluated prescriptions or orders for medicine, *see* NRS 639.0124(1)(b), she interpreted clinical data contained in a person's record of medication, *see* NRS 639.0124(1)(g), and she generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e).

73. As the owners and/or operators of Helix, Kohli and Frostad engaged in the unlicensed practice of pharmacy. More specifically, they interpreted and evaluated prescriptions or orders for

medicine, *see* NRS 639.0124(1)(b), they interpreted clinical data contained in a person's record of medication, *see* NRS 639.0124(1)(g), and/or they generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e).

74. As the owners and/or operators of Helix, Kohli and Frostad issued prescriptions that had not been authorized by a practitioner, thus engaging in the unregistered prescribing of dangerous drugs and controlled substances.

75. Respondent Thomas issued prescriptions that had not been authorized by a practitioner, thus engaging in the unregistered prescribing of dangerous drugs and controlled substances.

76. By acting as a liaison between practitioners, patients, and pharmacies, Respondent Thomas assisted or abetted the unlicensed prescribing of dangerous drugs and controlled substances by Helix, Kohli and/or Frostad.

77. By engaging in the practice of pharmacy in a non-pharmacy location where she was not supervised by a pharmacist, Respondent Thomas performed tasks that she was not licensed to perform.

78. By issuing prescriptions that she was not authorized to issue, or by causing or permitting such prescriptions to be issued, Respondent Thomas was a party to fraudulent or deceitful practices or transactions.

79. Respondent Thomas is subject to discipline for her unprofessional conduct as described above. *See* NRS 639.210(4); NAC 639.945(1)(h), (j) and (k).

ORDER

Based upon the above Findings of Fact and Conclusions of Law, the Board imposes upon **Respondent Chad Antonie**, APRN, Certificate of Registration No. CS33041, the following professional discipline, effective immediately:

1. Respondent Antonie's Certificate of Registration No. CS33041 is hereby **REVOKED.** Respondent Antonie shall not be eligible to petition for the reinstatement of his privileges to prescribe dangerous drugs and controlled substances for a period of one (1) year from the date of entry set forth below.
2. Respondent Antonie shall pay an administrative fine of $5,000, due in full on or before July 31, 2026.
3. Respondent Antonie shall reimburse the Board for its costs of investigation and prosecution in the amount of $1,000, due in full on or before July 31, 2026. The Board finds that these costs were reasonable, necessary and actually incurred.

Based upon the above Findings of Fact and Conclusions of Law, the Board imposes upon **Respondent Tiana Hubbard**, APRN, Certificate of Registration No. CS25791, the following professional discipline, effectively immediately:

1. Respondent Hubbard's Certificate of Registration No. CS25791 is hereby **REVOKED.** Respondent Hubbard shall not be eligible to petition for the reinstatement of her privileges to prescribe dangerous drugs and controlled substances for a period of one (1) year from the date of entry set forth below.
2. Respondent Hubbard shall pay an administrative fine of $5,000, due in full on or before July 31, 2026.
3. Respondent Hubbard shall reimburse the Board for its costs of investigation and prosecution in the amount of $1,000, due in full on or before July 31, 2026. The Board finds that these costs were reasonable, necessary and actually incurred.

Based upon the above Findings of Fact and Conclusions of Law, the Board imposes upon **Respondent Mary Miller-Wilson**, APRN, Certificate of Registration No. CS33703, the following professional discipline, effective immediately:

1. Respondent Miller-Wilson's Certificate of Registration No. CS33701 is hereby **REVOKED.** Respondent Mille-Wilson shall not be eligible to petition for the

reinstatement of her privileges to prescribe dangerous drugs and controlled substances for a period of one (1) year from the date of entry set forth below.

2. Respondent Miller-Wilson shall pay an administrative fine of $5,000, due in full on or before July 31, 2026.
3. Respondent Miller-Wilson shall reimburse the Board for its costs of investigation and prosecution in the amount of $1,000, due in full on or before July 31, 2026. The Board finds that these costs were reasonable, necessary and actually incurred.

Based upon the above Findings of Fact and Conclusions of Law, the Board imposes upon **Respondent Ashley Thomas**, Certificate of Registration No. PT17873, the following professional discipline, effective immediately:

1. Respondent Thomas' Certificate of Registration No. PT17873 is hereby **REVOKED.** Respondent Thomas shall not be eligible to petition for the reinstatement of her privileges to prescribe dangerous drugs and controlled substances for a period of one (1) year from the date of entry set forth below.
2. Respondent Thomas shall reimburse the Board for its costs of investigation and prosecution in the amount of $1,000, due in full on or before July 31, 2026. The Board finds that these costs were reasonable, necessary and actually incurred.

DRAFT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of May 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Mary Miller-Wilson, APRN
10120 S Eastern Ave, Suite #245
Las Vegas, NV 89052

Mary Miller-Wilson, APRN
8540 S Eastern Ave, Suite #160
Las Vegas, NV 89123

Mary Miller-Wilson, APRN
1045 Lincoln St, Suite #302
Denver, CO 80203

And also, via email to: [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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FILED
APR 06 2026
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ELISE CACCIO, RPH,
Certificate of Registration No. 22906,
TOMMY DINH, RPH,
Certificate of Registration No. 20256,
JOSE ESCOBEDO, RPH,
Certificate of Registration No. 20782,
TAMARA ANGELES, RPH,
Certificate of Registration No. 19070,
MARIE BARAGA, RPH,
Certificate of Registration No. 16851,
MARC BARBOSE, RPH,
Certificate of Registration No. 14251,
MAGDALENA CYBULSKA, RPH,
Certificate of Registration No. 22437,
SOYOUNG EOM, RPH,
Certificate of Registration No. 18126,
ARTIN FAKHOR, RPH,
Certificate of Registration No. 16225,
CHRISTOPHER GOODMAN, RPH,
Certificate of Registration No. 16422,
KENNY LI, RPH,
Certificate of Registration No. 19870,
PAULINA NGO, RPH,
Certificate of Registration No. 18970,
JAYMIE PADERO, RPH,
Certificate of Registration No. 23846,
CHRIS PETERS, RPH,
Certificate of Registration No. 16325,
CHAD ANTONIE, APRN,
Certificate of Registration No. CS33041,
TIANA HUBBARD, APRN,
Certificate of Registration No. CS25791,
MARY MILLER-WILSON, APRN,
Certificate of Registration No. CS33703, and
ASHLEY THOMAS, PT,
Certificate of Registration No. PT17873

Respondents.

Case Nos. 24-424-RPH-A-S
24-424-RPH-B-S
24-424-RPH-C-S
24-424-RPH-D-S
24-424-RPH-E-S
24-424-RPH-G-S
24-424-RPH-H-S
24-424-RPH-I-S
24-424-RPH-J-S
24-424-RPH-K-S
24-424-RPH-L-S
24-424-RPH-M-S
24-424-RPH-N-S
24-424-RPH-O-S
24-424-CS-A-S
24-424-CS-B-S
24-424-CS-C-S
24-424-PT-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 (the "Board") has jurisdiction over Respondent Respondent Elise Caccio ("Respondent Caccio"), Respondent Tommy Dinh ("Respondent Dinh"), Respondent Jose Escobedo ("Respondent Escobedo"), Respondent Tamara Angeles ("Respondent Angeles"), Respondent Marie Baraga ("Respondent Baraga"), Respondent Marc Barbose ("Respondent Barbose"), Respondent Magdalena Cybulska ("Respondent Cybulska"), Respondent Soyoung Eom ("Respondent Eom"), Respondent Artin Fakhor ("Respondent Fakhor"), Respondent Chris Goodman ("Respondent Goodman"), Respondent Kenny Li ("Respondent Li"), Respondent Paulina Ngo ("Respondent Ngo"), Respondent Jaymie Padero ("Respondent Padero"), and Respondent Chris Peters ("Respondent Peters"), because said pharmacists (collectively "Respondent Pharmacists"), at the time of the events alleged herein, held certificates of registration issued by the Board authorizing them to engage in the practice of pharmacy in Nevada.

2. The Board has jurisdiction over Respondent Chad Antonie ("Respondent Antonie"), Respondent Tiana Hubbard ("Respondent Hubbard"), and Respondent Mary Miller-Wilson ("Respondent Miller-Wilson"), because said practitioners (collectively "Respondent Practitioners"), at the time of the events alleged herein, held certificates of registration issued by the Board authorizing them to prescribe dangerous drugs and controlled substances in Nevada.

3. The Board has jurisdiction over Respondent Ashley Thomas ("Respondent Thomas"), because Respondent Thomas, at the time of the events alleged herein, held a certificate of registration issued by the Board authorizing her to work as a pharmaceutical technician in Nevada.

4. The above respondents are referred to collectively herein as "Respondents." Their respective certificates of registration are referenced in the caption above.

5. The Board has jurisdiction over the subject matter of this Accusation because it involves the distribution and sale of dangerous drugs and controlled substances.

FACTUAL ALLEGATIONS

6. In 2024, Respondent Caccio, Respondent Dinh, and Respondent Escobedo were employed by Meta Pharmacy, located at 8352 W. Warm Springs Road in Las Vegas, Nevada.

7. In 2024, Respondent Angeles, Respondent Baraga, Respondent Barbose, Respondent Cybulska, Respondent Eom, Respondent Fakhor, Respondent Goodman, Respondent Li, Respondent Ngo, Respondent Padero, and Respondent Peters were employed by Partell Specialty Pharmacy, located at 5835 South Eastern Avenue in Las Vegas, Nevada.

8. In 2024, Respondent Antonie was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. As noted above, Respondent Antonie held a certificate of registration issued by the Board authorizing him to prescribe dangerous drugs and controlled substances.

9. In 2024, Respondent Hubbard was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. As noted above, Respondent Hubbard held a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs and controlled substances.

10. In 2024, Respondent Miller-Wilson was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. As noted above, Respondent Miller-Wilson held a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs and controlled substances.

11. In 2024, Respondent Practitioners were employed by or otherwise working in the service of Helix RHT ("Helix"), a business located at 2625 North Green Valley Parkway, #275, in Henderson, Nevada.

12. In 2024, Helix was owned and/or operated by Jasen Kohli ("Kohli") and Blake Frostad ("Frostad"), both competitive body builders.

13. Neither Kohli nor Frostad, nor anyone else working on site at Helix, held medical credentials or a medical license authorizing them to prescribe dangerous drugs or controlled substances.

14. On information and belief, in 2024, Helix did not employ or contract with any practitioners who worked from the Helix business location on North Green Valley Parkway in Henderson.

15. In 2024, while working for Helix, Respondent Practitioners evaluated patients using "telehealth" technology. This means that they worked from home, or from some facility other than the Helix location at 2625 North Green Valley Pkwy. #275, in Henderson, Nevada.

16. Using telehealth technology to evaluate their patients, Respondent Practitioners routinely authorized dangerous drugs and/or controlled substances for their patients. The controlled substances included ketamine, testosterone cypionate, and/or nandrolone decanoate. All three drugs are listed in Schedule III of the regulations promulgated pursuant to the federal and state Controlled Substances Acts. *See* 21 C.F.R. §1308.13; NAC 453.530.

17. Testosterone cypionate, and/or nandrolone decanoate are commonly used by body builders to increase muscle mass. Ketamine is also used by body builders prior to workouts.

18. Respondent Practitioners did not transmit their own prescriptions; instead, they authorized Kohli, Frostad and/or Helix to transmit written prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

19. The above forms were preprinted with the address and telephone number for Helix. The forms did not contain an address or telephone number for any of Respondent Practitioners.

20. Kohli and Frostad employed Respondent Thomas to work as a liaison between practitioners, patients, and pharmacies. Respondent Thomas did not work in a pharmacy, nor did she work under the supervision of a pharmacist or dispensing practitioner.

21. While employed at Helix, Respondent Thomas was engaged in the "practice of pharmacy" as that term is defined at NRS 639.0124. More specifically, she interpreted and evaluated

prescriptions or orders for medicine, *see* NRS 639.0124(1)(b), she interpreted clinical data contained in a person's record of medication, *see* NRS 639.0124(1)(g), and/or she generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e).

22. Respondent Practitioners were generally unfamiliar with the process used by Helix to transmit prescriptions to pharmacies for dispensing.

23. During all of 2024, Respondent Antonie had access to the database established pursuant to NRS 453.162. This database is known as the Nevada Prescription Monitoring Program or "PMP" database.

24. During all of 2024, Respondent Hubbard had access to the PMP database.

25. During all of 2024, Respondent Miller-Wilson had access to the PMP database.

26. The PMP database has two functions that must be used by prescribers of controlled substances. The first function (known as the "MyRx" function) enables the prescriber to review his or her own prescribing activity to make sure that someone is not issuing fraudulent prescriptions under his or her name and medical credentials.

27. The second function on the PMP database (known as the "Patient History Report") enables the prescriber to evaluate the patient's history of using controlled substances. This enables the prescriber to determine whether a patient is doctor shopping or potentially abusing controlled substances or using them for recreational purposes.

28. Respondent Antonie did not use the MyRx function between August 16, 2022, and October 10, 2024. Additionally, he did not run a Patient History Report at any time between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Antonie authorized approximately 1,080 prescriptions for controlled substances, most or all transmitted by Helix.

29. Respondent Hubbard had never used the MyRx function until requested to do so on October 16, 2024. Additionally, she did not run a Patient History Report at any time between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Hubbard authorized approximately 1,800 prescriptions for controlled substances, most or all transmitted by Helix.

30. Respondent Miller-Wilson did not use the MyRx function between October 19, 2023, and October 7, 2024. Additionally, she ran Patient History Reports for only five patients between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Miller-Wilson authorized approximately 750 prescriptions for controlled substances, most or all transmitted by Helix.

31. In 2024, using the fill-in-the-blanks forms described above, Kohli, Frostad and/or Helix completed and transmitted approximately 7,000 prescriptions for dangerous drugs and controlled substances. Most or all of these prescriptions were transmitted by Helix to either Meta Pharmacy or Partell Specialty Pharmacy, where they were filled by Respondent Pharmacists.

32. When transmitting prescriptions to Meta Pharmacy or Partell Specialty Pharmacy, as applicable, Kohli, Frostad and/or Helix were not supervised by a prescribing practitioner.

33. Most or all of the above prescriptions were dispensed by either Meta Pharmacy or Partell Specialty Pharmacy after having been verified by Respondent Pharmacists.

34. Some of the above prescriptions, including prescriptions for ketamine, testosterone cypionate and/or nandrolone decanoate, were not accompanied by medical notes, charts, or other records indicating that corresponding patient evaluations had taken place.

35. When questioned regarding prescriptions without supporting medical records, Respondent Antonie and Respondent Hubbard denied having authorized the prescriptions.

36. Prescriptions for controlled substances were not transmitted electronically in the manner required by NRS 639.23535 and NAC 639.7105, and they did not contain a valid address and telephone number for the prescriber, or a unique prescriber-affixed signature or authenticating notation as required by NRS 639.2353(2).

37. Prescriptions for dangerous drugs did not contain a valid address and telephone number for the prescriber, or a prescriber-affixed signature or other unique identifier for the prescriber, as required by NRS 639.2353 and NRS 454.223.

38. Prescriptions for controlled substances were never approved by the Board to be transmitted in any manner other than via electronic transmission in accordance with NRS 639.23535 and NAC 639.7105.

39. Prescriptions for controlled substances did not meet applicable criteria for an exemption from electronic transmission requirements, as stated in NRS 639.23535(1)(a)-(i).

40. The above prescriptions for controlled substances were not "legal" prescriptions within the meaning of NRS 453.377 and NRS 454.316.

41. In 2024, Respondent Caccio, while working at Meta Pharmacy, verified approximately 9 of the above prescriptions, including 3 prescriptions for nandrolone decanoate. As a direct result of Respondent Caccio's's conduct, Meta Pharmacy dispensed dangerous drugs and controlled substances to consumers who did not possess a valid prescription.

42. In 2024, Respondent Dinh, while working at Meta Pharmacy, verified approximately 10 of the above prescriptions, including 2 prescriptions for nandrolone decanoate. As a direct result of Respondent Dinh's conduct, Meta Pharmacy dispensed dangerous drugs and controlled substances to consumers who did not possess a valid prescription

43. In 2024, Respondent Escobedo, while working at Meta Pharmacy, verified approximately 900 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Escobedo's conduct, Meta Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

44. In 2024, Respondent Angeles, while working at Partell Specialty Pharmacy, verified approximately 13 of the above prescriptions, including at least 2 prescriptions for testosterone cypionate. As a direct result of Respondent Angeles' conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to consumers who did not possess a valid prescription.

45. In 2024, Respondent Baraga, while working at Partell Specialty Pharmacy, verified approximately 16 of the above prescriptions, including at least 6 prescriptions for testosterone

cypionate. As a direct result of Respondent Baraga's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to consumers who did not possess a valid prescription

46. In 2024, Respondent Barbose, while working at Partell Specialty Pharmacy, verified approximately 1,000 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Barbose's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

47. In 2024, Respondent Cybulska, while working at Partell Specialty Pharmacy, verified approximately 40 of the above prescriptions, including prescriptions for controlled substances. As a direct result of Respondent Cybulska's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to consumers who did not possess a valid prescription.

48. In 2024, Respondent Eom, while working at Partell Specialty Pharmacy, verified approximately 500 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Eom's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

49. In 2024, Respondent Fakhor, while working at Partell Specialty Pharmacy, verified approximately 200 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Fakhor's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

50. In 2024, Respondent Goodman, while working at Partell Specialty Pharmacy, verified approximately 2,300 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Goodman's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

51. In 2024, Respondent Li, while working at Partell Specialty Pharmacy, verified approximately 150 of the above prescriptions, including many prescriptions for controlled substances.

As a direct result of Respondent Li's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

52. In 2024, Respondent Ngo, while working at Partell Specialty Pharmacy, verified approximately 500 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Ngo's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

53. In 2024, Respondent Padero, while working at Partell Specialty Pharmacy, verified approximately 125 of the above prescriptions, including prescriptions for controlled substances. As a direct result of Respondent Padero's conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

54. In 2024, Respondent Peters, while working at Partell Specialty Pharmacy, verified approximately 1,600 of the above prescriptions, including many prescriptions for controlled substances. As a direct result of Respondent Peters' conduct, Partell Specialty Pharmacy dispensed dangerous drugs and controlled substances to numerous consumers who did not possess a valid prescription.

APPLICABLE LAW

55. Every practitioner who prescribes controlled substances in Nevada must secure and maintain a certificate of registration issued by the Board pursuant to the Nevada Controlled Substances Act (NRS Chapter 453). *See* NRS 453.226(1)(a); NRS 453.231(3).

56. If an advanced practice registered nurse prescribes dangerous drugs in Nevada, he or she must hold a certificate of registration issued by the Board. See NRS 639.1375; NAC 639.850.

57. If an advanced practice registered nurse prescribes controlled substances in Nevada, he or she must hold a certificate of registration issued by the Board. NRS 453.226(1)(a); NRS 453.231(3).

58. The Board may revoke or suspend the registration of any practitioner who has committed an act that renders his or her registration inconsistent with the public interest. NRS 453.236(1)(e).

59. Noncompliance with state and local law, including noncompliance with the Nevada Pharmacy Act and/or the Nevada Controlled Substances Act, renders a practitioner's registration inconsistent with the public interest. NRS 453.236(1)(e); NRS 453.231(1)(b).

60. Pursuant to NRS 639.100, it is unlawful for a practitioner to permit an unsupervised person to transmit prescriptions for dangerous drugs or controlled substances unless that person holds the appropriate license or certificate issued by the Board.

61. Pursuant to NRS 639.100, it is unlawful for a pharmaceutical technician to permit another person to engage in the practice of pharmacy unless that person holds the appropriate license or certificate issued by the Board.

62. A practitioner has a duty to establish and maintain effective controls and procedures to prevent or guard against theft and misuse of controlled substances. *See* NRS 435.231(1)(a); NAC 453.400.

63. Before issuing an initial prescription for a controlled substance, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, a practitioner must run and evaluate a Patient History Report using the PMP. NRS 639.23507.

64. A practitioner registered with the Board to write prescriptions for controlled substances must use the MyRx function in the PMP database at least once every 6 months to review prescriptions issued by the practitioner and to verify that he or she continues to have access to the PMP. NRS 453.164(7).

65. The Board may revoke or suspend the registration of any practitioner who commits, or who assists or abets in a violation of the Nevada Pharmacy Act or the Nevada Controlled Substances Act. NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

66. The holder of a certificate of registration issued by the Board pursuant to the Nevada Pharmacy Act (NRS Chapter 639), including a pharmaceutical technician, may be disciplined by the Board for engaging in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 639.255.

67. When engaged in the practice of pharmacy, a pharmaceutical technician must work under the direct supervision of a pharmacist and must not work outside of a pharmacy. NRS 639.1371; NRS 639.0113; NAC 639.245; NAC 639.247; NAC 639.250; NAC 639.252; NAC 639.401.

68. Unprofessional conduct by a pharmaceutical technician includes aiding or abetting a person not licensed to practice pharmacy in Nevada, *see* NAC 639.945(1)(j), performing or in any way being a party to any fraudulent or deceitful practice or transaction, *see* NAC 639.945(1)(h), and performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration, *see* NAC 639.945(1)(k).

69. A pharmacist may dispense a dangerous drug or controlled substances upon receipt of a legal prescription written by a practitioner. NRS 453.128; NRS 453.377; NRS 454.00961; NRS 454.215.

70. A pharmacist has a duty to exercise reasonable care to ensure that a prescription filled by the pharmacist is legal. NRS 453.381(4); NRS 454.215; NRS 454.223; NAC 454.060; NAC 639.711(4).

71. A pharmacist shall not fill an order which purports to be a prescription for a controlled substance if the pharmacist has reason to believe that it was not issued in the usual course of the professional practice of a practitioner. NRS 453.381(4).

72. A prescription must contain the telephone number and address of the prescriber and the prescriber's original signature, or if the prescription is transmitted electronically, a unique identifier affixed by the prescriber. NRS 639.2353; NRS 639.23535; NRS 454.223(2).

73. Generally, a prescription for a controlled substance must be electronically transmitted by a practitioner to a pharmacy using a computer system approved by the Board. NRS 639.23535; NAC 639.7102; NAC 639.7105.

74. When transmission by a facsimile machine is permitted, the practitioner, or the practitioner's designated agent, must transmit the prescription directly to the pharmacy. NAC 639.711. The pharmacist must not dispense such a prescription unless it is signed by the practitioner and

transmitted to the pharmacy by the practitioner or the designated agent of the practitioner. NAC 639.711(4).

75. A pharmacist may be disciplined by the Board for engaging in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 639.255.

76. Unprofessional conduct by a pharmacist includes performing one's duties as a pharmacist in an incompetent, unskillful or negligent manner. NRS 639.210(4); NAC 639.945(1)(i).

COUNT ONE
Unprofessional Conduct by a Pharmacist
(Respondent Pharmacists)

77. As alleged above, Respondent Pharmacists verified numerous prescriptions that were illegal and/or issued outside the usual course of the professional practice of a practitioner. Their conduct caused dangerous drugs and controlled substances to be dispensed to consumers who were not in possession of valid prescriptions.

78. The above prescriptions were illegal and/or invalid because they were not signed or otherwise properly authenticated by the prescribing practitioners, they did not contain valid telephone numbers or addresses for the prescribing practitioners, and in many cases, they were not transmitted electronically or via facsimile by the practitioners, or by the practitioners' designated agents, in the manner required by Nevada law.

79. Given the large number of prescriptions that were deficient on their face, and/or transmitted in an unauthorized manner, Respondent Pharmacists knew or should have known that the prescriptions were illegal, invalid, and/or issued outside the usual course of the professional practice of a practitioner.

80. Under the circumstances, Respondents had a duty to make further inquiry to determine whether the prescriptions were legal, invalid and/or issued in the usual course of the professional practice of a practitioner.

81. By verifying the prescriptions and causing them to be dispensed, Respondents performed their duties as pharmacists in an incompetent, unskillful, or negligent manner.

82. Respondents are subject to discipline for their unprofessional conduct as described herein. NRS 639.210(4); NAC 639.945(1)(i).

COUNT TWO
Noncompliance with the Nevada Pharmacy Act
(Respondent Practitioners)

83. As alleged above, Respondent Practitioners authorized Helix and its non-practitioner owners, operators, and/or employees to transmit prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

84. Prescriptions for controlled substances were not transmitted by Respondent Practitioners in the manner required by NRS 639.23535 and NAC 639.7105.

85. Prescriptions did not contain a valid address or telephone number for the prescriber, or a prescriber-affixed signature as required by NRS 639.2353(2).

86. Respondent Practitioners knew or should have known that prescriptions transmitted by Helix did not comply with NRS 639.23535, NRS 639.2353, and NAC 639.7105.

87. By causing or permitting non-compliant prescriptions to be transmitted by Helix and its non-practitioner owners, managers, and/or employees, Respondent Practitioners assisted or abetted in recurring violations of the Nevada Pharmacy Act regarding the form and content of prescriptions and their manner of transmission. *See* NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

88. By causing or permitting prescriptions to be issued by Helix and its non-practitioner owners, managers and/or employees, and/or by failing to exercise control over their process for issuing prescriptions, Respondent Practitioners permitted Helix and its non-practitioner owners, managers, and/or employees to engage in unregistered prescribing in violation of NRS 639.100(1).

89. Respondents are subject to discipline for having failed to comply with the Nevada Pharmacy Act. *See* NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

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COUNT THREE
Failure to Maintain Effective Controls Against Diversion (Respondent Practitioners)

90. As alleged above, Respondent Practitioners authorized Helix and its non-practitioner owners, operators, and/or employees to issue prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

91. As alleged above, Respondent Practitioners were generally unfamiliar with the process used by Helix to transmit prescriptions to pharmacies for dispensing.

92. As alleged above, Respondent Practitioners failed to monitor and/or supervise the activities of Helix and its non-practitioner owners, operators, and/or employees in regard to their issuance of prescriptions.

93. Respondent Practitioners knew or should have known that Helix and its non-practitioner owners, operators, and/or employees were issuing unauthorized prescriptions and/or prescriptions that did not comply with NRS 639.2353, NRS 639.23535 and NAC 639.7105.

94. Through their acts and omissions as alleged above, Respondent Practitioners failed to establish and maintain effective controls against the diversion of controlled substances.

95. Respondent Practitioners are subject to discipline for having failed to establish and maintain effective controls against the diversion of controlled substances.

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COUNT FOUR
Failure to Query the PMP Database
(Respondent Practitioners)

96. As alleged above, Respondent Practitioners failed to query the PMP database in the manner required by NRS 639.23507 and NRS 453.164(7).

97. Respondents Practitioners' failure to query the PMP demonstrates an inability to establish and maintain effective controls against diversion of controlled substances into other than legitimate medical, scientific, research or industrial channels.

98. Respondents' failure to query the PMP database demonstrates a failure to comply with the Nevada Pharmacy Act and the Nevada Controlled Substances Act.

99. Respondents are subject to discipline for having failed to query the PMP database in the manner required by NRS 639.23507 and NRS 453.164(7). *See* NRS 453.236(1)(e); NRS 453.231(1)(a); NRS 453.231(1)(b); NRS 639.210(12); NRS 639.255.

COUNT FIVE
Unprofessional Conduct by a Pharmaceutical Technician
(Respondent Thomas)

100. As alleged above, Respondent Thomas was employed by Helix to act as a liaison between practitioners, patients, and pharmacies. Respondent Thomas did not work in a pharmacy, nor did she work under the supervision of a pharmacist or dispensing practitioner.

101. While employed by Helix, Respondent Thomas engaged in the unauthorized practice of pharmacy. More specifically, she interpreted and evaluated prescriptions or orders for medicine, *see* NRS 639.0124(1)(b), she interpreted clinical data contained in a person's record of medication, *see* NRS 639.0124(1)(g), and she generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e).

102. As the owners and/or operators of Helix, Kohli and Frostad engaged in the unlicensed practice of pharmacy. More specifically, they interpreted and evaluated prescriptions or orders for medicine, *see* NRS 639.0124(1)(b), they interpreted clinical data contained in a person's record of

medication, *see* NRS 639.0124(1)(g), and/or they generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e).

103. As the owners and/or operators of Helix, Kohli and Frostad issued prescriptions that had not been authorized by a practitioner, thus engaging in the unregistered prescribing of dangerous drugs and controlled substances.

104. On information and belief, Respondent Thomas issued prescriptions that had not been authorized by a practitioner, thus engaging in the unregistered prescribing of dangerous drugs and controlled substances.

105. By acting as a liaison between practitioners, patients, and pharmacies, Respondent Thomas assisted or abetted the unlicensed prescribing of dangerous drugs and controlled substances by Helix, Kohli and/or Frostad.

106. By engaging in the practice of pharmacy in a non-pharmacy location where she was not supervised by a pharmacist, Respondent Thomas performed tasks that she was not licensed to perform.

107. By issuing prescriptions that she was not authorized to issue, or by causing or permitting such prescriptions to be issued, Respondent Thomas was a party to fraudulent or deceitful practices or transactions.

108. Respondent Thomas is subject to discipline for her unprofessional conduct as described above. *See* NRS 639.210(4); NAC 639.945(1)(h), (j) and (k).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to Respondents' certificates of registration as identified above.

DATED this 6th day of APRIL 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 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.** **ASHLEY THOMAS, PT,** **Certificate of Registration No. PT17873,** **Respondent.**	**Case No. 24-424-PT-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, June 3, 2026, 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, Gregory Zunino at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of April 2026.

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.** **ASHLEY THOMAS, PT,** **Certificate of Registration No. PT17873,** **Respondent.**	**Case No. 24-424-PT-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 _____ 2026.

_____

Ashley Thomas, PT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of April 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Ashley Thomas, PT
[redacted]
Henderson, NV[redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
MAY 14 2026
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CHAD ANTONIE, APRN,
Certificate of Registration No. CS33041,

TIANA HUBBARD, APRN,
Certificate of Registration No. CS25791,

MARY MILLER-WILSON, APRN,
Certificate of Registration No. CS33703,

ASHLEY THOMAS, PT,
Certificate of Registration No. PT17873,

Respondents.

Case Nos. 24-424-CS-A-S
24-424-CS-B-S
24-424-CS-C-S
24-424-PT-S

NOTICE OF INTENT TO TAKE DECISION BY DEFAULT

TO: CHAD ANTONIE, TIANA HUBBARD, MARY MILLER-WILSON and ASHLEY THOMAS

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 continues the hearing in this case, the application will be made at the time of said hearing, as currently scheduled for **Wednesday, June 3, 2026, 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 (including Exhibits 1.1 to 1.8, attached thereto). Further, the undersigned will request that the Board adopt the Proposed Findings of Fact, Conclusions of Law and

Decision attached hereto as Exhibit 2.

DATED: May 14, 2026.

/s/ Gregory Zunino
Gregory Zunino, Senior General Counsel
Nevada State Board of Pharmacy
(775) 850-1440, ext. 124
Email: zunino@pharmacy.nv.gov

EXHIBIT 1

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CHAD ANTONIE, APRN,** **Certificate of Registration No. CS33041,** **TIANA HUBBARD, APRN,** **Certificate of Registration No. CS25791, and** **MARY MILLER-WILSON, APRN,** **Certificate of Registration No. CS33703, and** **ASHLEY THOMAS, PT,** **Certificate of Registration No. PT17873,** **Respondents.**	**Case Nos. 24-424-CS-A-S** **24-424-CS-B-S** **24-424-CS-C-S** **24-424-PT-S** **DECLARATION OF JESSETTE PHAYNARIKONE**

I, Jessette Phaynarikone, hereby state the following:

INTRODUCTION

1. I am an employee of the Nevada State Board of Pharmacy ("Board"). I have made this declaration at the request of Gregory L. Zunino, Senior General Counsel, for his use in the above-entitled administrative action.

2. I am responsible for filing and mailing pleadings and other correspondence related to disciplinary matters pending before the Before. 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 Exhibits I.1 through 1.8, attached hereto, and I attest that these are true and correct copies of records maintained by the Board in the ordinary course of business.

. . .

CHAD ANTONIE

4. On April 6, 2026, I served upon Respondent Chad Antonie a copy of the Notice of Intended Action and Accusation on file herein ("Accusation"), together with the Statement to the Respondent and Notice of Hearing on file herein ("Notice of Hearing").

5. I personally served the Accusation and Notice of Hearing upon Respondent Antonie by mailing copies via regular and certified mail to Respondent Antonie's last-known addresses on file with the Board.

6. Exhibit 1.1 is a record of the mailings to Respondent Antonie as described in paragraph 5 above. I have searched the Board's records management system, and to the best of my knowledge and belief, the addresses listed on Exhibit 1.1 are the most current addresses on file for Respondent Antonie.

7. U.S. Postal System ("USPS") tracking records indicate that the Accusation and Notice of Hearing were delivered to Respondent Antonie on April 10, 2026, at Respondent Antonie's last-known address on 2650 N Green Valley Parkway #275 in Henderson, Nevada. Exhibit 1.2 is a true and correct copy of the USPS tracking record for the mailings identified in Exhibit 1.1.

8. To the best of my knowledge and belief, the Board has not received an Answer and Notice of Defense from Respondent Antonie.

9. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received any correspondence from Respondent Antonie requesting that the Board change or update his last-known addresses as shown on Exhibit 1.1.

TIANA HUBBARD

10. On April 6, 2026, I served upon Respondent Tiana Hubbard a copy of the Accusation and Notice of Hearing.

11. I personally served the Accusation and Notice of Hearing upon Respondent Hubbard by mailing copies via regular and certified mail to Respondent Hubbard's last-known address on file with the Board.

12. Exhibit 1.3 is a record of the mailings to Respondent Hubbard as described in paragraph 11 above. I have searched the Board's records management system, and to the best of my knowledge and belief, the address listed on Exhibit 1.3 is the most current addresses on file for Respondent Hubbard.

13. USPS tracking records indicate that on April 13, 2026, a mail carrier delivered the Accusation and Notice of Hearing to a post office box associated with Respondent Hubbard's last-known address at 3730 S. Las Vegas Boulevard in Las Vegas, Nevada. Exhibit 1.4 is a true and correct copy of the USPS tracking record for the mailing identified in Exhibit 1.3.

14. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received an Answer and Notice of Defense from Respondent Hubbard.

15. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received any correspondence from Respondent Hubbard requesting that the Board change or update her last-known address as shown on Exhibit 1.3.

MARY MILLER-WILSON

16. On April 6, 2026, I served upon Respondent Mary Miller-Wilson a copy of the Accusation and Notice of Hearing.

17. I personally served the Accusation and Notice of Hearing upon Respondent Miller-Wilson by mailing copies via regular and certified mail to Respondent Miller-Wilson's last-known addresses on file with the Board.

18. Exhibit 1.5 is a record of the mailings to Respondent Miller-Wilson as described in paragraph 17 above. I have searched the Board's records management system, and to the best of my knowledge and belief, the addresses listed on Exhibit 1.5 are the most current addresses on file for Respondent Miller-Wilson.

19. USPS tracking records indicate that on April 10, 2026, a mail carrier delivered the Accusation and Notice of Hearing to Respondent Miller-Wilson's last-known address in Denver,

Colorado. Exhibit 1.6 is a true and correct copy of the USPS tracking record for the mailing identified in Exhibit 1.5.

20. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received an Answer and Notice of Defense from Respondent Miller-Wilson.

21. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received any correspondence from Respondent Miller-Wilson requesting that the Board change or update her last-known addresses as shown on Exhibit 1.5.

ASHLEY THOMAS

22. On April 6, 2026, I personally served upon Respondent Ashley Thomas a copy of the Accusation and Notice of Hearing.

23. I personally served the Accusation and Notice of Hearing upon Respondent Thomas by mailing copies via regular and certified mail to Respondent Thomas's last-known addresses on file with the Board.

24. Exhibit 1.7 is a record of the mailings to Respondent Thomas as described in paragraph 23 above. I have searched the Board's records management system, and to the best of my knowledge and belief, the address listed on Exhibit 1.7 is the most current addresses on file for Respondent Thomas.

25. The U.S. Postal System returned the parcel that was addressed and mailed to Respondent Thomas, indicating unclaimed parcel. It should be noted that an additional parcel was mailed to Respondent Thomas via regular mail. Exhibit 1.8 is a true and correct copy of the envelope that was returned by the USPS as unclaimed.

26. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received an Answer and Notice of Defense from Respondent Thomas.

27. I have searched the Board's records management system, and to the best of my knowledge and belief, the Board has not received any correspondence from Respondent Thomas requesting that the Board change or update her last-known addresses as shown on Exhibit 1.7.

I, Jessette Phaynarikone, hereby declare under penalty of perjury that the foregoing is true and correct.

Executed this 15th day of May 2026.

Jessette Phaynarikone,
Administrative Assistant, Board Coordinator I
Nevada State Board of Pharmacy

FILED
APR 0 6 2026
NEVADA STATE BOARD OF PHARMACY

Chad Antonie, APRN
c/o Helix HRT
2650 N Green Valley Parkway #275
Henderson, NV 89014
24-424-CS-B-S. NIAA

9489 0178 9820 3042 2647 94

MAILED
4-6-26
certified - $10.56
standard - $2.92

Chad Antonie, APRN
[redacted]
North Las Vegas, NV [redacted]
24-424-CS-B-S. NIAA

9489 0178 9820 3042 2648 00

MAILED
4-6-26
certified - $10.56
standard - $2.92

ALERT: IMPACTS FROM SEVERE WEATHER IN THE MIDWEST U.S. MAY DELAY FINAL DELIVE...

USPS Tracking®

FAQs >

Remove ×

Tracking Number:

9489017898203042264794

Copy Add to Informed Delivery (https://informeddelivery.usps.com/)

Latest Update

Your item was delivered to the front desk, reception area, or mail room at 10:05 am on April 10, 2026 in HENDERSON, NV 89014.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered
Delivered, Front Desk/Reception/Mail Room
HENDERSON, NV 89014
April 10, 2026, 10:05 am

Departed USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 10, 2026, 8:32 am

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 9, 2026, 10:09 am

In Transit to Next Facility
April 8, 2026

Arrived at USPS Regional Origin Facility
SACRAMENTO CA DISTRIBUTION CENTER
April 7, 2026, 7:27 pm

Exhibit 1.2 Chad Antonie_001
2670

Accepted at USPS Origin Facility
RENO, NV 89521
April 7, 2026, 6:12 pm

Pre-Shipment, USPS Awaiting Item
April 7, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates

Return Receipt Electronic

USPS Tracking Plus®

Product Information

See Less

Remove ×

Tracking Number:

9489017898203042264800

Copy **Add to Informed Delivery (https://informeddelivery.usps.com/)**

Latest Update

Your item has been delivered to the original sender at 1:08 pm on April 20, 2026 in RENO, NV 89521.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered
Delivered, To Original Sender
RENO, NV 89521
April 20, 2026, 1:08 pm

In Transit to Next Facility

Exhibit 1.2 Chad Antonie_002
2671

April 19, 2026

Arrived at USPS Facility
PASADENA, CA 91109
April 15, 2026, 5:49 am

Insufficient Address
NORTH LAS VEGAS, NV 89030
April 10, 2026, 7:50 am

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 9, 2026, 10:18 am

Arrived at USPS Regional Origin Facility
SACRAMENTO CA DISTRIBUTION CENTER
April 7, 2026, 10:16 pm

Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER
April 7, 2026, 2:49 pm

Accepted at USPS Origin Facility
RENO, NV 89521
April 7, 2026, 1:34 pm

Pre-Shipment, USPS Awaiting Item
April 7, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

See More

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Exhibit 1.2 Chad Antonie_003

Contact USPS Tracking support for further assistance.

2672

FILED
APR 0 6 2026
NEVADA STATE BOARD OF PHARMACY

Tiana Hubbard, APRN
c/o Kalologie Medspa
3730 S Las Vegas Blvd
Las Vegas, NV 89158
24-424-CS-C-S. NIAA

MAILED
4.6.26

certified - $10.56
standard - $2.72

9489 0178 9820 3042 2648 17

ALERT: IMPACTS FROM SEVERE WEATHER IN THE MIDWEST U.S. MAY DELAY FINAL DELIVE...

USPS Tracking®

FAQs >

Remove ×

Tracking Number:

9489017898203042264817

Copy Add to Informed Delivery (https://informeddelivery.usps.com/)

Latest Update

Your item has been delivered and is available at a PO Box at 8:48 am on April 13, 2026 in LAS VEGAS, NV 89199.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, PO Box

LAS VEGAS, NV 89199
April 13, 2026, 8:48 am

Available for Pickup

JAMES C BROWN JR
1001 E SUNSET RD UNIT 1001
LAS VEGAS NV 89199-9712
M-F 0500-2000; SAT 0600-1200
April 10, 2026, 11:47 am

Departed USPS Regional Facility

LAS VEGAS NV DISTRIBUTION CENTER
April 10, 2026, 8:32 am

Arrived at USPS Regional Facility

LAS VEGAS NV DISTRIBUTION CENTER
April 9, 2026, 11:12 am

In Transit to Next Facility

April 8, 2026

Arrived at USPS Regional Origin Facility
SACRAMENTO CA DISTRIBUTION CENTER
April 7, 2026, 10:16 pm

Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER
April 7, 2026, 2:49 pm

Accepted at USPS Origin Facility
RENO, NV 89521
April 7, 2026, 1:34 pm

Pre-Shipment, USPS Awaiting Item
April 7, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates

Return Receipt Electronic

USPS Tracking Plus®

Product Information

See Less

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

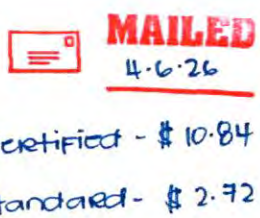
Exhibit 1.4 Tiana Hubbard_002
2675

Mary Miller-Wilson, APRN
10120 S Eastern Ave, Suite #245
Las Vegas, NV 89052
24-424-CS-A-S. NIAA

9489 0178 9820 3042 2647 63

Mary Miller-Wilson, APRN
8540 S Eastern Ave, Suite #160
Las Vegas, NV 89123
24-424-CS-A-S. NIAA

9489 0178 9820 3042 2647 70



Mary Miller-Wilson, APRN
1045 Lincoln St, Suite #302
Denver, CO 80203
24-424-CS-A-S. NIAA

9489 0178 9820 3042 2647 87

ALERT: IMPACTS FROM SEVERE WEATHER IN THE MIDWEST U.S. MAY DELAY FINAL DELIVE...

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9489017898203042264763

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Alert
Refused
HENDERSON, NV 89052
April 24, 2026, 11:33 am

Departed USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 24, 2026, 8:16 am

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 23, 2026, 11:53 am

Arrived at USPS Regional Facility
SAN DIEGO CA DISTRIBUTION CENTER
April 22, 2026, 1:23 am

Out for Delivery
HENDERSON, NV 89052

Exhibit 1.6 Mary Miller-Wilson_001
2077

April 10, 2026, 6:54 am

Arrived at Post Office
HENDERSON, NV 89052
April 10, 2026, 6:43 am

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 9, 2026, 10:14 am

In Transit to Next Facility
April 8, 2026

Arrived at USPS Regional Origin Facility
SACRAMENTO CA DISTRIBUTION CENTER
April 7, 2026, 10:13 pm

Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER
April 7, 2026, 1:38 pm

Accepted at USPS Origin Facility
RENO, NV 89521
April 7, 2026, 12:23 pm

Pre-Shipment, USPS Awaiting Item
April 7, 2026

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Text & Email Updates

Return Receipt Electronic

USPS Tracking Plus®

Product Information

See Less Exhibit 1.6 Mary Miller-Wilson_002_2678

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Tracking Number:

9489017898203042264770

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Latest Update

Your item has been delivered to the original sender at 12:37 pm on April 25, 2026 in RENO, NV 89521.

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USPS Tracking Plus®

Delivered

Delivered, To Original Sender
RENO, NV 89521
April 25, 2026, 12:37 pm

In Transit to Next Facility
April 24, 2026

Arrived at USPS Regional Facility
SAN DIEGO CA DISTRIBUTION CENTER
April 22, 2026, 6:49 pm

Arrived at USPS Facility
PASADENA, CA 91109
April 13, 2026, 12:58 pm

Vacant
LAS VEGAS, NV 89123
April 10, 2026, 11:22 am

Departed USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 10, 2026, 8:32 am

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
April 9, 2026, 10:14 am

Arrived at USPS Regional Origin Facility
SACRAMENTO CA DISTRIBUTION CENTER
April 7, 2026, 10:13 pm

Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER
April 7, 2026, 1:38 pm

Accepted at USPS Origin Facility
RENO, NV 89521
April 7, 2026, 12:23 pm

Pre-Shipment, USPS Awaiting Item
April 7, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

See More

Remove ×

Tracking Number:

9489017898203042264787

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Latest Update

Your item was delivered to an individual at the address at 12:49 pm on April 10, 2026 in DENVER, CO 80203.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Delivered, Left with Individual
DENVER, CO 80203
April 10, 2026, 12:49 pm

Departed USPS Regional Facility
DENVER CO DISTRIBUTION CENTER

April 9, 2026, 9:55 am

Arrived at USPS Regional Destination Facility
DENVER CO DISTRIBUTION CENTER
April 9, 2026, 9:04 am

In Transit to Next Facility
April 8, 2026

Arrived at USPS Regional Origin Facility
SACRAMENTO CA DISTRIBUTION CENTER
April 7, 2026, 10:13 pm

Arrived at USPS Regional Origin Facility
RENO NV DISTRIBUTION CENTER
April 7, 2026, 1:38 pm

Accepted at USPS Origin Facility
RENO, NV 89521
April 7, 2026, 12:23 pm

Pre-Shipment, USPS Awaiting Item
April 7, 2026

Hide Tracking History

What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

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FAQs

FILED
APR 0 6 2026
NEVADA STATE BOARD OF PHARMACY

Ashley Thomas, PT
[redacted]
Henderson, NV [redacted]
24-424-PT-S. NIAA

MAILED
4·6·26

9489 0178 9820 3042 2648 24

Certified - $10.56
Standard - $2.92

985 Damonte Ranch Parkway
Reno, Nevada 89521

Return Service Requested

9489 0178 9820 3042 2648 24

Ashley Thomas, PT
[redacted]
Henderson, NV [redacted]

NIXIE 910 DE 18CU 7205/03/26
RETURN TO SENDER
UNDELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 895211911199 2347N124012-00307

NL
4/1/26

Exhibit 1.8 Ashley Thomas

EXHIBIT 2

PROPOSED FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

Case No. 24-424-CS-A-S, Case No. 24-424-CS-B-S,

Case No. 24-424-CS-C-S, and Case No. 24-424-PT-S

JURISDICTION AND SERVICE

1. The Nevada State Board of Pharmacy (the "Board") has jurisdiction over Respondent Chad Antonie ("Respondent Antonie"), Respondent Tiana Hubbard ("Respondent Hubbard"), and Respondent Mary Miller-Wilson ("Respondent Miller-Wilson"), because said practitioners (collectively "Respondent Practitioners"), at the time of the events alleged herein, held certificates of registration issued by the Board authorizing them to prescribe dangerous drugs and controlled substances in Nevada.

2. The Board has jurisdiction over Respondent Ashley Thomas ("Respondent Thomas"), because Respondent Thomas, at the time of the events alleged herein, held a certificate of registration issued by the Board authorizing her to work as a pharmaceutical technician in Nevada.

3. The Board has jurisdiction over the subject matter of this Accusation because it involves the distribution and sale of dangerous drugs and controlled substances.

4. Respondent Practitioners were properly served with the Notice of Intended Action and Accusation and the Statement to Respondent and Notice of Hearing.

5. Respondent Thomas was properly served with the Notice of Intended Action and Accusation and the Statement to Respondent and Notice of Hearing.

FINDINGS OF FACT

6. In 2024, Respondent Antonie was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. Respondent Antonie held a certificate of registration issued by the Board authorizing him to prescribe dangerous drugs and controlled substances.

7. In 2024, Respondent Hubbard was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. Respondent Hubbard held

a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs and controlled substances.

8. In 2024, Respondent Miller-Wilson was an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. Respondent Miller-Wilson held a certificate of registration issued by the Board authorizing her to prescribe dangerous drugs and controlled substances.

9. In 2024, Respondent Practitioners were employed by or otherwise working in the service of Helix RHT ("Helix"), a business located at 2625 North Green Valley Parkway, #275, in Henderson, Nevada.

10. In 2024, Helix was owned and/or operated by Jasen Kohli ("Kohli") and Blake Frostad ("Frostad"), both competitive body builders.

11. Kohli and Frostad employed Respondent Thomas to work as a liaison between practitioners, patients, and pharmacies. Respondent Thomas did not work in a pharmacy, nor did she work under the supervision of a pharmacist or dispensing practitioner.

12. While employed at Helix, Respondent Thomas was engaged in the "practice of pharmacy" as that term is defined at NRS 639.0124. More specifically, she interpreted and evaluated prescriptions or orders for medicine, *see* NRS 639.0124(1)(b), she interpreted clinical data contained in a person's record of medication, *see* NRS 639.0124(1)(g), and/or she generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e)

13. Neither Kohli nor Frostad, nor anyone else working on site at Helix, held medical credentials or a medical license authorizing them to prescribe dangerous drugs or controlled substances.

14. In 2024, Helix did not employ or contract with any practitioners who worked from the Helix business location on North Green Valley Parkway in Henderson.

15. In 2024, while working for Helix, Respondent Practitioners evaluated patients using "telehealth" technology. This means that they worked from home, or from some facility other than the Helix location at 2625 North Green Valley Pkwy. #275, in Henderson, Nevada.

16. Using telehealth technology to evaluate their patients, Respondent Practitioners routinely authorized dangerous drugs and/or controlled substances for their patients. The controlled substances included ketamine, testosterone cypionate, and/or nandrolone decanoate. All three drugs are listed in Schedule III of the regulations promulgated pursuant to the federal and state Controlled Substances Acts. *See* 21 C.F.R. §1308.13; NAC 453.530.

17. Testosterone cypionate, and/or nandrolone decanoate are commonly used by body builders to increase muscle mass. Ketamine is also used by body builders prior to workouts.

18. Respondent Practitioners did not transmit their own prescriptions; instead, they authorized Kohli, Frostad and/or Helix to transmit written prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

19. The above forms were preprinted with the address and telephone number for Helix. The forms did not contain an address or telephone number for any of Respondent Practitioners.

20. Respondent Practitioners were generally unfamiliar with the process used by Helix to transmit prescriptions to pharmacies for dispensing.

21. During all of 2024, Respondent Antonie had access to the database established pursuant to NRS 453.162. This database is known as the Nevada Prescription Monitoring Program or "PMP" database.

22. During all of 2024, Respondent Hubbard had access to the PMP database.

23. During all of 2024, Respondent Miller-Wilson had access to the PMP database.

24. The PMP database has two functions that must be used by prescribers of controlled substances. The first function (known as the "MyRx" function) enables the prescriber to review his or her own prescribing activity to make sure that someone is not issuing fraudulent prescriptions under his or her name and medical credentials.

25. The second function on the PMP database (known as the "Patient History Report") enables the prescriber to evaluate the patient's history of using controlled substances. This enables the

prescriber to determine whether a patient is doctor shopping or potentially abusing controlled substances or using them for recreational purposes.

26. Respondent Antonie did not use the MyRx function between August 16, 2022, and October 10, 2024. Additionally, he did not run a Patient History Report at any time between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Antonie authorized approximately 1,080 prescriptions for controlled substances, most or all transmitted by Helix.

27. Respondent Hubbard had never used the MyRx function until requested to do so on October 16, 2024. Additionally, she did not run a Patient History Report at any time between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Hubbard authorized approximately 1,800 prescriptions for controlled substances, most or all transmitted by Helix.

28. Respondent Miller-Wilson did not use the MyRx function between October 19, 2023, and October 7, 2024. Additionally, she ran Patient History Reports for only five patients between January 1, 2024, and October 1, 2024. Within this same time frame, Respondent Miller-Wilson authorized approximately 750 prescriptions for controlled substances, most or all transmitted by Helix.

29. In 2024, using the fill-in-the-blanks forms described above, Kohli, Frostad and/or Helix completed and transmitted approximately 7,000 prescriptions for dangerous drugs and controlled substances. Most or all of these prescriptions were transmitted by Helix to either Meta Pharmacy or Partell Specialty Pharmacy, where they were filled.

30. When transmitting prescriptions to Meta Pharmacy or Partell Specialty Pharmacy, as applicable, Kohli, Frostad and/or Helix were not supervised by a prescribing practitioner.

31. Some of the above prescriptions, including prescriptions for ketamine, testosterone cypionate and/or nandrolone decanoate, were not accompanied by medical notes, charts, or other records indicating that corresponding patient evaluations had taken place.

32. When questioned regarding prescriptions without supporting medical records, Respondent Antonie and Respondent Hubbard denied having authorized the prescriptions.

33. Prescriptions for controlled substances were not transmitted electronically in the manner required by NRS 639.23535 and NAC 639.7105, and they did not contain a valid address and telephone number for the prescriber, or a unique prescriber-affixed signature or authenticating notation as required by NRS 639.2353(2).

34. Prescriptions for dangerous drugs did not contain a valid address and telephone number for the prescriber, or a prescriber-affixed signature or other unique identifier for the prescriber, as required by NRS 639.2353 and NRS 454.223.

35. Prescriptions for controlled substances were never approved by the Board to be transmitted in any manner other than via electronic transmission in accordance with NRS 639.23535 and NAC 639.7105.

36. Prescriptions for controlled substances did not meet applicable criteria for an exemption from electronic transmission requirements, as stated in NRS 639.23535(1)(a)-(i).

37. The above prescriptions for controlled substances were not "legal" prescriptions within the meaning of NRS 453.377 and NRS 454

CONCLUSIONS OF LAW

38. Every practitioner who prescribes controlled substances in Nevada must secure and maintain a certificate of registration issued by the Board pursuant to the Nevada Controlled Substances Act (NRS Chapter 453). *See* NRS 453.226(1)(a); NRS 453.231(3).

39. If an advanced practice registered nurse prescribes dangerous drugs in Nevada, he or she must hold a certificate of registration issued by the Board. See NRS 639.1375; NAC 639.850.

40. If an advanced practice registered nurse prescribes controlled substances in Nevada, he or she must hold a certificate of registration issued by the Board. NRS 453.226(1)(a); NRS 453.231(3).

41. The Board may revoke or suspend the registration of any practitioner who has committed an act that renders his or her registration inconsistent with the public interest. NRS 453.236(1)(e).

42. Noncompliance with state and local law, including noncompliance with the Nevada Pharmacy Act and/or the Nevada Controlled Substances Act, renders a practitioner's registration inconsistent with the public interest. NRS 453.236(1)(e); NRS 453.231(1)(b).

43. Pursuant to NRS 639.100, it is unlawful for a practitioner to permit an unsupervised person to transmit prescriptions for dangerous drugs or controlled substances unless that person holds the appropriate license or certificate issued by the Board.

44. A practitioner has a duty to establish and maintain effective controls and procedures to prevent or guard against theft and misuse of controlled substances. *See* NRS 435.231(1)(a); NAC 453.400.

45. Before issuing an initial prescription for a controlled substance, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, a practitioner must run and evaluate a Patient History Report using the PMP. NRS 639.23507.

46. A practitioner registered with the Board to write prescriptions for controlled substances must use the MyRx function in the PMP database at least once every 6 months to review prescriptions issued by the practitioner and to verify that he or she continues to have access to the PMP. NRS 453.164(7).

47. The Board may revoke or suspend the registration of any practitioner who commits, or who assists or abets in a violation of the Nevada Pharmacy Act or the Nevada Controlled Substances Act. NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

48. A prescription must contain the telephone number and address of the prescriber and the prescriber's original signature, or if the prescription is transmitted electronically, a unique identifier affixed by the prescriber. NRS 639.2353; NRS 639.23535; NRS 454.223(2).

49. Generally, a prescription for a controlled substance must be electronically transmitted by a practitioner to a pharmacy using a computer system approved by the Board. NRS 639.23535; NAC 639.7102; NAC 639.7105.

50. When transmission by a facsimile machine is permitted, the practitioner, or the practitioner's designated agent, must transmit the prescription directly to the pharmacy. NAC 639.711. The pharmacist must not dispense such a prescription unless it is signed by the practitioner and transmitted to the pharmacy by the practitioner or the designated agent of the practitioner. NAC 639.711(4).

51. The holder of a certificate of registration issued by the Board pursuant to the Nevada Pharmacy Act (NRS Chapter 639), including a pharmaceutical technician, may be disciplined by the Board for engaging in unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 639.255.

52. When engaged in the practice of pharmacy, a pharmaceutical technician must work under the direct supervision of a pharmacist and must not work outside of a pharmacy. NRS 639.1371; NRS 639.0113; NAC 639.245; NAC 639.247; NAC 639.250; NAC 639.252; NAC 639.401.

53. Unprofessional conduct by a pharmaceutical technician includes aiding or abetting a person not licensed to practice pharmacy in Nevada, *see* NAC 639.945(1)(j), performing or in any way being a party to any fraudulent or deceitful practice or transaction, *see* NAC 639.945(1)(h), and performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration, *see* NAC 639.945(1)(k).

FINDINGS OF CULPABILITY

As to Count Two of the Accusation

54. Respondent Practitioners authorized Helix and its non-practitioner owners, operators, and/or employees to transmit prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

55. Prescriptions for controlled substances were not transmitted by Respondent Practitioners in the manner required by NRS 639.23535 and NAC 639.7105.

56. Prescriptions did not contain a valid address or telephone number for the prescriber, or a prescriber-affixed signature as required by NRS 639.2353(2).

57. Respondent Practitioners knew or should have known that prescriptions transmitted by Helix did not comply with NRS 639.23535, NRS 639.2353, and NAC 639.7105.

58. By causing or permitting non-compliant prescriptions to be transmitted by Helix and its non-practitioner owners, managers, and/or employees, Respondent Practitioners assisted or abetted in recurring violations of the Nevada Pharmacy Act regarding the form and content of prescriptions and their manner of transmission. *See* NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

59. By causing or permitting prescriptions to be issued by Helix and its non-practitioner owners, managers and/or employees, and/or by failing to exercise control over their process for issuing prescriptions, Respondent Practitioners permitted Helix and its non-practitioner owners, managers, and/or employees to engage in unregistered prescribing in violation of NRS 639.100(1).

60. Respondents are subject to discipline for having failed to comply with the Nevada Pharmacy Act. *See* NRS 453.236(1)(e); NRS 453.231(1)(b); NRS 639.210(12).

As to Count Three of the Accusation

61. Respondent Practitioners authorized Helix and its non-practitioner owners, operators, and/or employees to issue prescriptions on their behalf using a fill-in-the-blanks form bearing a signature stamp or other signature facsimile denoting the prescriber's approval.

62. Respondent Practitioners were generally unfamiliar with the process used by Helix to transmit prescriptions to pharmacies for dispensing.

63. Respondent Practitioners failed to monitor and/or supervise the activities of Helix and its non-practitioner owners, operators, and/or employees in regard to their issuance of prescriptions.

64. Respondent Practitioners knew or should have known that Helix and its non-practitioner owners, operators, and/or employees were issuing unauthorized prescriptions and/or prescriptions that did not comply with NRS 639.2353, NRS 639.23535 and NAC 639.7105.

65. Through their acts and omissions as alleged above, Respondent Practitioners failed to establish and maintain effective controls against the diversion of controlled substances.

66. Respondent Practitioners are subject to discipline for having failed to establish and maintain effective controls against the diversion of controlled substances.

As to Count Four of the Accusation

67. Respondent Practitioners failed to query the PMP database in the manner required by NRS 639.23507 and NRS 453.164(7).

68. Respondents Practitioners' failure to query the PMP demonstrates an inability to establish and maintain effective controls against diversion of controlled substances into other than legitimate medical, scientific, research or industrial channels.

69. Respondents' failure to query the PMP database demonstrates a failure to comply with the Nevada Pharmacy Act and the Nevada Controlled Substances Act.

70. Respondents are subject to discipline for having failed to query the PMP database in the manner required by NRS 639.23507 and NRS 453.164(7). *See* NRS 453.236(1)(e); NRS 453.231(1)(a); NRS 453.231(1)(b); NRS 639.210(12); NRS 639.255.

As to Count Five of the Accusation

71. Respondent Thomas was employed by Helix to act as a liaison between practitioners, patients, and pharmacies. Respondent Thomas did not work in a pharmacy, nor did she work under the supervision of a pharmacist or dispensing practitioner.

72. While employed by Helix, Respondent Thomas engaged in the unauthorized practice of pharmacy. More specifically, she interpreted and evaluated prescriptions or orders for medicine, *see* NRS 639.0124(1)(b), she interpreted clinical data contained in a person's record of medication, *see* NRS 639.0124(1)(g), and she generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e).

73. As the owners and/or operators of Helix, Kohli and Frostad engaged in the unlicensed practice of pharmacy. More specifically, they interpreted and evaluated prescriptions or orders for

medicine, *see* NRS 639.0124(1)(b), they interpreted clinical data contained in a person's record of medication, *see* NRS 639.0124(1)(g), and/or they generated and maintained records related to the source, storage, and distribution of prescription drugs, *see* NRS 639.0124(1)(e).

74. As the owners and/or operators of Helix, Kohli and Frostad issued prescriptions that had not been authorized by a practitioner, thus engaging in the unregistered prescribing of dangerous drugs and controlled substances.

75. Respondent Thomas issued prescriptions that had not been authorized by a practitioner, thus engaging in the unregistered prescribing of dangerous drugs and controlled substances.

76. By acting as a liaison between practitioners, patients, and pharmacies, Respondent Thomas assisted or abetted the unlicensed prescribing of dangerous drugs and controlled substances by Helix, Kohli and/or Frostad.

77. By engaging in the practice of pharmacy in a non-pharmacy location where she was not supervised by a pharmacist, Respondent Thomas performed tasks that she was not licensed to perform.

78. By issuing prescriptions that she was not authorized to issue, or by causing or permitting such prescriptions to be issued, Respondent Thomas was a party to fraudulent or deceitful practices or transactions.

79. Respondent Thomas is subject to discipline for her unprofessional conduct as described above. *See* NRS 639.210(4); NAC 639.945(1)(h), (j) and (k).

ORDER

Based upon the above Findings of Fact and Conclusions of Law, the Board imposes upon **Respondent Chad Antonie**, APRN, Certificate of Registration No. CS33041, the following professional discipline, effective immediately:

1. Respondent Antonie's Certificate of Registration No. CS33041 is hereby **REVOKED.** Respondent Antonie shall not be eligible to petition for the reinstatement of his privileges to prescribe dangerous drugs and controlled substances for a period of one (1) year from the date of entry set forth below.
2. Respondent Antonie shall pay an administrative fine of $5,000, due in full on or before July 31, 2026.
3. Respondent Antonie shall reimburse the Board for its costs of investigation and prosecution in the amount of $1,000, due in full on or before July 31, 2026. The Board finds that these costs were reasonable, necessary and actually incurred.

Based upon the above Findings of Fact and Conclusions of Law, the Board imposes upon **Respondent Tiana Hubbard**, APRN, Certificate of Registration No. CS25791, the following professional discipline, effectively immediately:

1. Respondent Hubbard's Certificate of Registration No. CS25791 is hereby **REVOKED.** Respondent Hubbard shall not be eligible to petition for the reinstatement of her privileges to prescribe dangerous drugs and controlled substances for a period of one (1) year from the date of entry set forth below.
2. Respondent Hubbard shall pay an administrative fine of $5,000, due in full on or before July 31, 2026.
3. Respondent Hubbard shall reimburse the Board for its costs of investigation and prosecution in the amount of $1,000, due in full on or before July 31, 2026. The Board finds that these costs were reasonable, necessary and actually incurred.

Based upon the above Findings of Fact and Conclusions of Law, the Board imposes upon **Respondent Mary Miller-Wilson**, APRN, Certificate of Registration No. CS33703, the following professional discipline, effective immediately:

1. Respondent Miller-Wilson's Certificate of Registration No. CS33701 is hereby **REVOKED.** Respondent Mille-Wilson shall not be eligible to petition for the

reinstatement of her privileges to prescribe dangerous drugs and controlled substances for a period of one (1) year from the date of entry set forth below.

2. Respondent Miller-Wilson shall pay an administrative fine of $5,000, due in full on or before July 31, 2026.
3. Respondent Miller-Wilson shall reimburse the Board for its costs of investigation and prosecution in the amount of $1,000, due in full on or before July 31, 2026. The Board finds that these costs were reasonable, necessary and actually incurred.

Based upon the above Findings of Fact and Conclusions of Law, the Board imposes upon **Respondent Ashley Thomas**, Certificate of Registration No. PT17873, the following professional discipline, effective immediately:

1. Respondent Thomas' Certificate of Registration No. PT17873 is hereby **REVOKED.** Respondent Thomas shall not be eligible to petition for the reinstatement of her privileges to prescribe dangerous drugs and controlled substances for a period of one (1) year from the date of entry set forth below.
2. Respondent Thomas shall reimburse the Board for its costs of investigation and prosecution in the amount of $1,000, due in full on or before July 31, 2026. The Board finds that these costs were reasonable, necessary and actually incurred.

DRAFT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of May 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Ashley Thomas, PT
[redacted]
Henderson, NV [redacted]

And also, via email to: [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

5P

FILED
APR 0 6 2026
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **IRENE MOSQUEDA BENLIRO, APRN, Certificate of Registration No. CS17652; PD01110, and** **JOANNE GEROCHE MOSQUEDA, APRN, Certificate of Registration No. CS24366; PD27887,** **Respondents.**	**Case No. 25-266-PD-A-S** **25-266-PD-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 because, at the time of the events alleged herein, Respondent Irene Mosqueda Benliro, APRN (Benliro) held registrations issued by the Board, Certificate of Registration No. CS17652 and PD01110, and Respondent Joanne Geroche Mosqueda, APRN (Mosqueda) held registrations issued by the Board, Certificate of Registration No. CS24366 and PD27887.

FACTUAL ALLEGATIONS

2. Benliro is an advanced practice registered nurse (APRN) who has been licensed by the Nevada State Board of Nursing since August 2007. She has been registered to prescribe dangerous drugs and controlled substances since December 2008 and has been registered to dispense since July 2009.

3. Mosqueda is an APRN who has been licensed by the Nevada State Board of Nursing since July 2015. She has been registered to prescribe dangerous drugs and controlled substances since March 2016 and has been registered to dispense since December 2023.

4. At all times relevant, both Benliro and Mosqueda have been employed at Medical Weight Loss & Family Clinic (Medical Weight Loss), located at 9017 S. Pecos Road, Suite 4425 in Henderson. Medical Weight Loss offers weight loss services, in addition to other medical services.

5. On or about April 18, 2025, patient D.G. filed a complaint with the Board stating that she had been going to Medical Weight Loss for more than a year. In her complaint, patient D.G. said she received two (2) filled syringes of retatrutide from Benliro. Retatrutide is not approved by the FDA and is currently in phase 3 clinical trials.[1]

6. Patient D.G. experienced a rash on her face and a rapid heart rate from taking retatrutide.

7. According to Medical Weight Loss practices, Benliro and Mosqueda would start patients on semaglutide. If the patient's weight loss plateaued, Benliro and Mosqueda switched the patient to tirzepatide. If the patient's weight loss plateaued again, Benliro and Mosqueda would start the patient on retatrutide.

8. On or about July 10, 2025, Board Investigator Dena McClish (McClish) and Inspector John Castaldo (Cataldo) made a site visit to Medical Weight Loss while Benliro was present. During the inspection, McClish and Castaldo observed unlocked cabinets being used as storage for dangerous drugs used to treat common conditions such as high blood pressure.

9. Castaldo found that many of the dangerous drugs at Medical Weight Loss were expired and were kept along with unopened and unexpired dangerous drugs.

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[1] *See* Eli Lilly and Co., "What to know about retatrutide: An investigational triple hormone receptor agonist," https://www.lilly.com/news/stories/what-to-know-about-retatrutide (Last visited Dec. 26, 2025).

10. Castaldo also found that Medical Weight Loss had a separate storage room with a refrigerator and large cabinets containing GLP-1 medications, other injectable medications, and dangerous drugs. Many of the drugs contained labels from manufacturers and wholesalers that are not licensed by the Board to in engage in wholesale activity in the State of Nevada, including: American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy. Furthermore, at least one of the wholesalers, Alpha BioMed, has a disclaimer on its website stating that it is not 503a or 503b facility as defined under the Federal Food, Drug, and Cosmetic Act.

11. Castaldo also found used and/or punctured multi-dose vials with no puncture date or beyond use date noted. Additionally, Castaldo found several pre-filled syringes containing GLP-1 medications and other injectable medications that were not properly labeled and did not contain information about when they were drawn, beyond use date, storage conditions, or full directions for use.

12. Castaldo found several zip-lock bags filled with pre-filled syringes of GLP-1 medication hidden in several places in Benliro's office, including in a small suitcase and a shopping bag that contained food items.

13. At all relevant times, Benliro and Mosqueda did not keep prescription records for GLP-1 medications or other injectable medication dispensations.

14. At all relevant times, Benliro and Mosqueda did not create any prescription or patient labels for GLP-1 medications or other injectable medication dispensations.

15. At all relevant times, Benliro and Mosqueda did not maintain copies of invoices for the dangerous drugs, GLP-1s, or any other injectable medicines found at the Medical Weight Loss. During the inspection, Benliro was only able to produce one invoice for the purchase of retatrutide, from American Peptide Co., LLC. American Peptide Co., LLC does not have a license with the Board to engage in wholesaling into or within the State of Nevada.

16. Mosqueda provided a report of dispensed prescriptions showing that, from April 2025 to June 2025, she dispensed at least 11 retatrutide prescriptions, 563 semaglutide prescriptions, and 215 tirzepatide prescriptions.

17. Benliro provided a report of dispensed prescriptions showing that, from April 2025 to June 2025, she dispensed at least 26 retatrutide prescriptions, 536 semaglutide prescriptions, and 146 tirzepatide prescriptions.

APPLICABLE LAW

18. "'Dispense' means to deliver a controlled substance or dangerous drug to an ultimate user, patient or subject of research by or pursuant to the lawful order of a practitioner, including the prescribing by a practitioner, administering, packaging, labeling or compounding necessary to prepare the substance for that delivery." NRS 639.0065.

19. To dispense dangerous drugs or controlled substances in Nevada, a practitioner must apply for and obtain a certificate of registration issued pursuant to NAC 639.742.

20. A practitioner must keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug purchased and dispensed. NAC 639.745(1)(a).

21. It is unlawful to sell dangerous drugs at wholesale, or to permit dangerous drugs to be sold at wholesale, unless the seller holds a wholesaler license issued by the Board. NRS 639.100(1); NRS 639.233; NAC 639.593.

22. It is unlawful to introduce into interstate commerce, or to receive in interstate commerce any drug that is misbranded or that may not be lawfully introduced into interstate commerce. 21 U.S.C.A. § 331; NRS 454.351.

23. A drug is misbranded if its labeling is false or misleading in any particular. 21 U.S.C.A. § 352(a)(1).

24. A drug is misbranded if it was manufactured in an establishment not registered with the FDA, or if it was imported by a commercial importer of drugs not registered with the FDA. 21 U.S.C.A. § 352(o).

25. It is unlawful for a practitioner to store dangerous drugs that are not in stock containers properly labeled and procured from a manufacturer, wholesaler or pharmacy. NRS 454.316.

26. All controlled substances and dangerous drugs that are in the possession of an advanced practice registered nurse must be kept in a locked storage area. NAC 639.898.

27. A practitioner who maintains a stock of controlled substances and/or dangerous drugs must not commingle expired substances and unexpired substances in a storage area from which the substances are withdrawn from inventory for administering or dispensing to patients. NAC 639.050(2); NAC 639.473.

28. The sale or delivery or holding or offering for sale any drug that is adulterated is prohibited under Nevada law. NRS 585.520(1). A drug shall be deemed adulterated if it is a drug recognized in an official compendium and its quality or purity falls below the standard set forth in the compendium. NRS 585.380.

29. The Board may suspend or revoke any registration if the holder or applicant: 1) has violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate any of the provisions of NRS chapter 639 or any law or regulation relating to drugs; or 2) is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4) and (12).

30. Furthermore, the Board may suspend or revoke the certificate of registration of any advanced practice registered nurse who is guilty of unprofessional conduct or conduct contrary to the public interest. NAC 639.900(4).

31. Unprofessional conduct includes performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration. NAC 639.945(1)(k). Unprofessional conduct also includes performing any duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner. NAC

639.945(1)(i). It also includes aiding or abetting unlicensed activity in Nevada. NAC 639.945(1)(j).

32. The Board may suspend or revoke the registration to dispense a controlled substance if the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to that section. NRS 453.236(1)(e). *See also* NRS 453.231(1)(h).

COUNT ONE

Violations of State Law - Failure to Maintain Security of Dangerous Drugs (Respondents Benliro and Mosqueda)

33. As alleged above, Respondents Benliro and Mosqueda stored several dangerous drugs in unlocked desk drawers and on cabinet shelves.

34. As alleged above, Respondent Benliro kept zip-lock bags of pre-filled syringes of dangerous drugs in zip-lock bags in a suitcase and shopping bag in her office.

35. As alleged above, Respondents Benliro and Mosqueda failed to maintain the security of the dangerous drugs within her possession in violation of NAC 639.898.

36. Respondents Benliro and Mosqueda violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.898.

37. This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

COUNT TWO

Negligence and/or Violation of State Law – Holding for Sale An Adulterated Drug (Respondents Benliro and Mosqueda)

38. As alleged above, Respondents Benliro and Mosqueda engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) when Respondents held for sale adulterated drugs in violation of NRS 585.520(1).

39. As alleged above, Respondents engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) when Respondents commingled expired substances and unexpired substances in a storage area from which the substances are withdrawn from inventory for administering or dispensing to patients in violation of NAC 639.050(2) and NAC 639.473.

40. Based upon the facts or circumstances surrounding her professional knowledge of dangerous drugs, Respondents knew or should have known that holding for sale an expired prescription drug and commingling expired and unexpired drugs was not safe.

41. By holding for sale into interstate commerce adulterated dangerous drugs, Respondents possessed adulterated drugs in violation of 21 U.S.C.A. § 331 and/or NRS 454.351.

42. As alleged above, Respondents performed their duties as the holders of a registration issued by the Board in a negligent, unskillful, or incompetent manner.

43. This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

COUNT THREE
Violation of State Law Pertaining to Drugs
(Respondents Benliro and Mosqueda)

44. As alleged above, Respondents Benliro and Mosqueda failed to keep an accurate and complete record of dangerous drugs dispensed from Medical Weight Loss.

45. By failing to keep an accurate and complete record of dangerous drugs dispensed at Medical Weight Loss, Respondents Benliro and Mosqueda violated NAC 639.745(1)(a).

46. Having violated state law pertaining to dangerous drugs, Respondents Benliro and Mosqueda are subject to discipline pursuant to NRS 639.210(12) and/or NRS 453.236(1)(e).

COUNT FOUR
Violation of State Law – Possessing, Selling, Furnishing Drugs Not Approved in the United States
(Respondents Benliro and Mosqueda)

47. As alleged above, Respondents Benliro and Mosqueda dispensed at least 37 retatrutide prescriptions, which has not been approved by the FDA.

48. By purchasing, possessing, selling, furnishing and/or administering drug products not approved for distribution or use in the U.S., Respondents Benliro and Mosqueda violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.351(1) and/or NRS 585.490

49. 44. Having violated state law pertaining to dangerous drugs, Respondents Benliro and Mosqueda are subject to discipline pursuant to NAC 639.295(10), NRS 639.210(11), NRS 639.210(12), and/or NRS 453.236(1)(e).

COUNT FIVE

Unprofessional Conduct -Performing Duties in an Incompetent, Unskillful, or Negligent Manner (Respondent Benliro)

50. As alleged above, Respondent Benliro acquired dangerous drugs from American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy.

51. During the relevant time period, the wholesalers/manufacturers were not licensed by the Board to sell or distribute dangerous drugs at wholesale.

52. Respondent Benliro knew or should have known that American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy were not known, reputable sources because they were not licensed in Nevada, and at least one (Alpha BioMed) had disclaimers stating it was not a compound pharmacy according to the FDA.

53. By purchasing drugs from American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy, who were not licensed wholesalers in Nevada, Respondent Benliro breached her duties as a purchaser and as the

holder of a certificate of registration issued by the Board in an incompetent, unskillful, or negligent manner.

54. Respondent's conduct as alleged above amounts to unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.900(4); NAC 639.945(1)(i).

COUNT SIX

Unprofessional Conduct – Permitting Unlicensed Distribution
(Respondent Benliro)

55. As alleged above, Respondent Benliro acquired dangerous drugs from American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy.

56. During the relevant time period, the wholesalers/manufacturers were not licensed by the Board to sell or distribute dangerous drugs at wholesale.

57. Respondent Benliro knew or should have known that American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy were not known, reputable sources because they were not licensed in Nevada, and at least one (Alpha BioMed) had disclaimers stating it was not a compound pharmacy according to the FDA.

58. By purchasing drugs from American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy, who were not licensed wholesalers in Nevada, Respondent Benliro assisted or permitted the unlicensed wholesale distribution of drugs in violation of NRS 639.100(1).

59. Respondent Benliro's conduct as alleged above amounts to unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(12); NAC 639.900(4); NAC 639.945(1)(j).

WHEREFORE it is requested that the Nevada State Board of Pharmacy impose appropriate discipline with respect to Respondent Irene Mosqueda Benliro's Certificates of Registration Nos.

CS17652 and PD01110, and Respondent Joanne Geroche Mosqueda's Certificates of Registration Nos. CS24366 and PD27887.

Signed this 6th day of APRIL 2026.

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.** **IRENE MOSQUEDA BENLIRO, APRN, Certificate of Registration No. CS17652; PD01110,** **Respondent.**	**Case No. 25-266-PD-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, June 3, 2026, 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, Laura Tucker, 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 6th day of APRIL 2026.

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.** **IRENE MOSQUEDA BENLIRO, APRN, Certificate of Registration No. CS17652; PD01110,** **Respondent.**	**Case No. 25-266-PD-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 _____ 2026.

_____

IRENE MOSQUEDA BENLIRO, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 7th day of April 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Irene Benliro, APRN c/o
Medical Weight Loss & Family Clinic
9017 S Pecos Rd. #4425
Henderson, NV 89074

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.

IRENE MOSQUEDA BENLIRO, APRN, Certificate of Registration No. CS17652; PD01110, and

JOANNE GEROCHE MOSQUEDA, APRN, Certificate of Registration No. CS24366; PD27887,

Respondents.

Case No. 25-266-PD-A-S
25-266-PD-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 because, at the time of the events alleged herein, Respondent Irene Mosqueda Benliro, APRN (Benliro) held registrations issued by the Board, Certificate of Registration No. CS17652 and PD01110, and Respondent Joanne Geroche Mosqueda, APRN (Mosqueda) held registrations issued by the Board, Certificate of Registration No. CS24366 and PD27887.

FACTUAL ALLEGATIONS

2. Benliro is an advanced practice registered nurse (APRN) who has been licensed by the Nevada State Board of Nursing since August 2007. She has been registered to prescribe dangerous drugs and controlled substances since December 2008 and has been registered to dispense since July 2009.

3. Mosqueda is an APRN who has been licensed by the Nevada State Board of Nursing since July 2015. She has been registered to prescribe dangerous drugs and controlled substances since March 2016 and has been registered to dispense since December 2023.

4. At all times relevant, both Benliro and Mosqueda have been employed at Medical Weight Loss & Family Clinic (Medical Weight Loss), located at 9017 S. Pecos Road, Suite 4425 in Henderson. Medical Weight Loss offers weight loss services, in addition to other medical services.

5. On or about April 18, 2025, patient D.G. filed a complaint with the Board stating that she had been going to Medical Weight Loss for more than a year. In her complaint, patient D.G. said she received two (2) filled syringes of retatrutide from Benliro. Retatrutide is not approved by the FDA and is currently in phase 3 clinical trials.[1]

6. Patient D.G. experienced a rash on her face and a rapid heart rate from taking retatrutide.

7. According to Medical Weight Loss practices, Benliro and Mosqueda would start patients on semaglutide. If the patient's weight loss plateaued, Benliro and Mosqueda switched the patient to tirzepatide. If the patient's weight loss plateaued again, Benliro and Mosqueda would start the patient on retatrutide.

8. On or about July 10, 2025, Board Investigator Dena McClish (McClish) and Inspector John Castaldo (Cataldo) made a site visit to Medical Weight Loss while Benliro was present. During the inspection, McClish and Castaldo observed unlocked cabinets being used as storage for dangerous drugs used to treat common conditions such as high blood pressure.

9. Castaldo found that many of the dangerous drugs at Medical Weight Loss were expired and were kept along with unopened and unexpired dangerous drugs.

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[1] *See* Eli Lilly and Co., "What to know about retatrutide: An investigational triple hormone receptor agonist," https://www.lilly.com/news/stories/what-to-know-about-retatrutide (Last visited Dec. 26, 2025).

10. Castaldo also found that Medical Weight Loss had a separate storage room with a refrigerator and large cabinets containing GLP-1 medications, other injectable medications, and dangerous drugs. Many of the drugs contained labels from manufacturers and wholesalers that are not licensed by the Board to in engage in wholesale activity in the State of Nevada, including: American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy. Furthermore, at least one of the wholesalers, Alpha BioMed, has a disclaimer on its website stating that it is not 503a or 503b facility as defined under the Federal Food, Drug, and Cosmetic Act.

11. Castaldo also found used and/or punctured multi-dose vials with no puncture date or beyond use date noted. Additionally, Castaldo found several pre-filled syringes containing GLP-1 medications and other injectable medications that were not properly labeled and did not contain information about when they were drawn, beyond use date, storage conditions, or full directions for use.

12. Castaldo found several zip-lock bags filled with pre-filled syringes of GLP-1 medication hidden in several places in Benliro's office, including in a small suitcase and a shopping bag that contained food items.

13. At all relevant times, Benliro and Mosqueda did not keep prescription records for GLP-1 medications or other injectable medication dispensations.

14. At all relevant times, Benliro and Mosqueda did not create any prescription or patient labels for GLP-1 medications or other injectable medication dispensations.

15. At all relevant times, Benliro and Mosqueda did not maintain copies of invoices for the dangerous drugs, GLP-1s, or any other injectable medicines found at the Medical Weight Loss. During the inspection, Benliro was only able to produce one invoice for the purchase of retatrutide, from American Peptide Co., LLC. American Peptide Co., LLC does not have a license with the Board to engage in wholesaling into or within the State of Nevada.

16. Mosqueda provided a report of dispensed prescriptions showing that, from April 2025 to June 2025, she dispensed at least 11 retatrutide prescriptions, 563 semaglutide prescriptions, and 215 tirzepatide prescriptions.

17. Benliro provided a report of dispensed prescriptions showing that, from April 2025 to June 2025, she dispensed at least 26 retatrutide prescriptions, 536 semaglutide prescriptions, and 146 tirzepatide prescriptions.

APPLICABLE LAW

18. "'Dispense' means to deliver a controlled substance or dangerous drug to an ultimate user, patient or subject of research by or pursuant to the lawful order of a practitioner, including the prescribing by a practitioner, administering, packaging, labeling or compounding necessary to prepare the substance for that delivery." NRS 639.0065.

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28. The sale or delivery or holding or offering for sale any drug that is adulterated is prohibited under Nevada law. NRS 585.520(1). A drug shall be deemed adulterated if it is a drug recognized in an official compendium and its quality or purity falls below the standard set forth in the compendium. NRS 585.380.

29. The Board may suspend or revoke any registration if the holder or applicant: 1) has violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate any of the provisions of NRS chapter 639 or any law or regulation relating to drugs; or 2) is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4) and (12).

30. Furthermore, the Board may suspend or revoke the certificate of registration of any advanced practice registered nurse who is guilty of unprofessional conduct or conduct contrary to the public interest. NAC 639.900(4).

31. Unprofessional conduct includes performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration. NAC 639.945(1)(k). Unprofessional conduct also includes performing any duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner. NAC

639.945(1)(i). It also includes aiding or abetting unlicensed activity in Nevada. NAC 639.945(1)(j).

32. The Board may suspend or revoke the registration to dispense a controlled substance if the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to that section. NRS 453.236(1)(e). *See also* NRS 453.231(1)(h).

COUNT ONE

Violations of State Law - Failure to Maintain Security of Dangerous Drugs (Respondents Benliro and Mosqueda)

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36. Respondents Benliro and Mosqueda violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.898.

37. This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

COUNT TWO

Negligence and/or Violation of State Law – Holding for Sale An Adulterated Drug (Respondents Benliro and Mosqueda)

38. As alleged above, Respondents Benliro and Mosqueda engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) when Respondents held for sale adulterated drugs in violation of NRS 585.520(1).

39. As alleged above, Respondents engaged in unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) when Respondents commingled expired substances and unexpired substances in a storage area from which the substances are withdrawn from inventory for administering or dispensing to patients in violation of NAC 639.050(2) and NAC 639.473.

40. Based upon the facts or circumstances surrounding her professional knowledge of dangerous drugs, Respondents knew or should have known that holding for sale an expired prescription drug and commingling expired and unexpired drugs was not safe.

41. By holding for sale into interstate commerce adulterated dangerous drugs, Respondents possessed adulterated drugs in violation of 21 U.S.C.A. § 331 and/or NRS 454.351.

42. As alleged above, Respondents performed their duties as the holders of a registration issued by the Board in a negligent, unskillful, or incompetent manner.

43. This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NRS 453.236(1)(e); NRS 453.231(1)(h).

COUNT THREE
Violation of State Law Pertaining to Drugs
(Respondents Benliro and Mosqueda)

44. As alleged above, Respondents Benliro and Mosqueda failed to keep an accurate and complete record of dangerous drugs dispensed from Medical Weight Loss.

45. By failing to keep an accurate and complete record of dangerous drugs dispensed at Medical Weight Loss, Respondents Benliro and Mosqueda violated NAC 639.745(1)(a).

46. Having violated state law pertaining to dangerous drugs, Respondents Benliro and Mosqueda are subject to discipline pursuant to NRS 639.210(12) and/or NRS 453.236(1)(e).

COUNT FOUR
Violation of State Law – Possessing, Selling, Furnishing Drugs Not Approved in the United States
(Respondents Benliro and Mosqueda)

47. As alleged above, Respondents Benliro and Mosqueda dispensed at least 37 retatrutide prescriptions, which has not been approved by the FDA.

48. By purchasing, possessing, selling, furnishing and/or administering drug products not approved for distribution or use in the U.S., Respondents Benliro and Mosqueda violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.351(1) and/or NRS 585.490

49. 44. Having violated state law pertaining to dangerous drugs, Respondents Benliro and Mosqueda are subject to discipline pursuant to NAC 639.295(10), NRS 639.210(11), NRS 639.210(12), and/or NRS 453.236(1)(e).

COUNT FIVE

Unprofessional Conduct -Performing Duties in an Incompetent, Unskillful, or Negligent Manner
(Respondent Benliro)

50. As alleged above, Respondent Benliro acquired dangerous drugs from American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy.

51. During the relevant time period, the wholesalers/manufacturers were not licensed by the Board to sell or distribute dangerous drugs at wholesale.

52. Respondent Benliro knew or should have known that American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy were not known, reputable sources because they were not licensed in Nevada, and at least one (Alpha BioMed) had disclaimers stating it was not a compound pharmacy according to the FDA.

53. By purchasing drugs from American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy, who were not licensed wholesalers in Nevada, Respondent Benliro breached her duties as a purchaser and as the

holder of a certificate of registration issued by the Board in an incompetent, unskillful, or negligent manner.

54. Respondent's conduct as alleged above amounts to unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.900(4); NAC 639.945(1)(i).

COUNT SIX

Unprofessional Conduct – Permitting Unlicensed Distribution (Respondent Benliro)

55. As alleged above, Respondent Benliro acquired dangerous drugs from American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy.

56. During the relevant time period, the wholesalers/manufacturers were not licensed by the Board to sell or distribute dangerous drugs at wholesale.

57. Respondent Benliro knew or should have known that American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy were not known, reputable sources because they were not licensed in Nevada, and at least one (Alpha BioMed) had disclaimers stating it was not a compound pharmacy according to the FDA.

58. By purchasing drugs from American Peptide Co., LLC, Alpha BioMed, TopDoc Rx, Preferred Rxx, Monarch Sciences, GLP-1 Sciences, and Ousia Pharmacy, who were not licensed wholesalers in Nevada, Respondent Benliro assisted or permitted the unlicensed wholesale distribution of drugs in violation of NRS 639.100(1).

59. Respondent Benliro's conduct as alleged above amounts to unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(12); NAC 639.900(4); NAC 639.945(1)(j).

WHEREFORE it is requested that the Nevada State Board of Pharmacy impose appropriate discipline with respect to Respondent Irene Mosqueda Benliro's Certificates of Registration Nos.

CS17652 and PD01110, and Respondent Joanne Geroche Mosqueda's Certificates of Registration Nos. CS24366 and PD27887.

Signed this 6th day of APRIL 2026.

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.** **JOANNE GEROCHE MOSQUEDA, APRN, Certificate of Registration No. CS24366; PD27887,** **Respondent.**	**Case No. 25-266-PD-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, June 3, 2026, 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, Laura Tucker, 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 6th day of APRIL 2026.

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.** **JOANNE GEROCHE MOSQUEDA, APRN, Certificate of Registration No. CS24366; PD27887,** **Respondent.**	**Case No. 25-266-PD-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 _____ 2026.

_____

JOANNE GEROCHE MOSQUEDA, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 7th day of April 2026, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Joanne Mosqueda, APRN
[redacted]
Henderson, NV [redacted]

Joanne Mosqueda, APRN
[redacted]
Las Vegas, NV [redacted]

Joanne Mosqueda, APRN c/o
Medical Weight Loss & Family Clinic
9017 S Pecos Rd. #4425
Henderson, NV 89074

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

5R

FILED
APR 30 2026
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #03922, Pharmacy License No. PH01127,** **MONA MATAR, RPH, Certificate of Registration No. 20104, and** **VIRIDIANA MARTINEZ, RPH, Certificate of Registration No. 23854,** **Respondents.**	**CASE NOS. 25-362-PH-S** **25-362-RPH-A-S** **25-362-RPH-B-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 first amended 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 Mona Matar, RPh (Matar), Certificate of Registration No. 20104, and Respondent Viridiana Martinez (Martinez), Certificate of Registration No. 23854, were pharmacists registered with the Board, and Respondent Walgreens Pharmacy #03922 (Walgreens #03922), Pharmacy License No. PH01127, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Matar and Martinez were employed as pharmacists at Walgreens #03922, located at 7599 W. Lake Mead Blvd. in Las Vegas, at the time of the events alleged herein.

3. On April 17, 2025, Walgreens #003922 received a new electronic prescription from prescriber B.T. for 40 tablets of Focalin XR 10 mg, a stimulant primarily used to treat Attention

Deficit Hyperactivity Disorder, for minor patient A.C. The Walgreens pharmacy computer system designated this prescription no. 5487765.

4. Later that day, Matar selected the wrong drug during data entry and entered the prescription as Methylphenidate CD 10 mg, which is also a stimulant primarily used to treat Attention Deficit Hyperactivity Disorder. Pharmaceutical technician Josh Licata filled the prescription with Methylphenidate CD.

5. Matar performed the final verification of prescription no. 5487765 and failed to notice the error.

6. On April 18, 2025, patient A.C.'s mother picked up prescription no. 5487765, which was dispensed with Methylphenidate CD 10 mg. Martinez was the pharmacist on duty at the time when patient A.C.'s mother picked up prescription no. 5487765.

7. Although patient A.C. had previously been prescribed Methylphenidate CD, it was for a different dosage than the one Matar selected. According to Walgreens' policy, the change in dosage requires state-mandatory counseling. However, Martinez did not offer or give patient A.C.'s mother counseling for prescription no. 5487765.

8. Patient A.C. ingested the prescription for thirty (30) days as directed by his prescriber.

9. While taking prescription no. 5487765, patient A.C. told his mother that he felt "like his brain was not working." Patient A.C.'s mother went back to prescriber B.T. to report these symptoms, and, as a result, prescriber B.T. wrote a prescription increasing the dosage to Focalin XR 20 mg.

10. On or about May 23, 2025, patient A.C.'s mother returned to Walgreens #03922 with the prescription for Focalin XR 20 mg. The Walgreens #03922 employee who was dispensing the prescription to patient A.C.'s mother asked if she required counseling, as this was a new prescription according to the Walgreens computer system. Patient A.C.'s mother stated that it

should not have been a new prescription and asked what prescription drug she had been given the previous month.

11. A few minutes later, Noelle Del Rosario (Rosario), the managing pharmacist of Walgreens #03922, came to the window and told patient A.C.'s mother that there had been a mistake in filling the prescription the previous month. Rosario told patient A.C.'s mother that prescription no. 5487765 had been dispensed with Methylphenidate CD instead of Focalin XR.

PRIOR DISCIPLINE

12. In January 2016, the Board disciplined Respondent Walgreens #03922 and two of its pharmacists for an error in filling a prescription, failure to counsel, and record-keeping violations, resulting in a $495 administrative fee.

13. In October 2018, the Board disciplined Respondent Walgreens #03922 and its managing pharmacist for an error in filling a prescription and record-keeping violations, resulting in a $3,500 fine.

14. In October 2024, the Board sent a warning letter to Respondent Walgreens #03922 and its managing pharmacist for failure to maintain compounded records.

15. In March 2023, the Board sent a Citation-and-Fine Order to Respondent Matar for an error in filling a prescription with no patient harm, resulting in a $500 fine.

16. In October 2023, the Board disciplined Respondent Matar for verifying the wrong dose of a Hepatitis B vaccine, resulting in a $1,000 fine.

APPLICABLE LAW

17. A pharmacist has a duty to verbally provide a patient or a person caring for the patient with information about each prescription drug dispensed to the patient that has not been previously dispensed to the patient from that pharmacy; or, if the drug has been previously dispensed to the patient from that pharmacy if, in the professional judgement of the pharmacist, the information would further or improve the drug therapy of the patient, or there is a reasonable

concern relating to the safety or efficacy of the drug therapy after review of the patient's record that the pharmacist. NAC 639.707(1). *See also* NRS 639.266.

18. 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).

19. The Board may suspend or revoke any certificate, license, registration or permit if the holder is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

20. 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). Furthermore, the owner of a pharmacy and the registered pharmacist on duty at the pharmacy are responsible for all acts and omissions of pharmaceutical technicians, including but not limited to, any errors committed by such personnel. NAC 639.702.

21. 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 – Error in Dispensing Prescription
(Respondent Matar)

22. Respondent Matar engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when, as the pharmacist on duty at Walgreens #03922, she entered the incorrect drug when preparing prescription no. 5487765, and when she performed final verification for prescription no. 5487765 and failed to observe the error.

23. Having performed his duties in an incompetent, unskillful, or negligent manner, as described above, Respondent Matar is subject to discipline pursuant to NRS 639.210(4).

COUNT TWO
Failure to Counsel
(Respondent Martinez)

24. As alleged above, any pharmacist on duty at Walgreens #03922 had a duty to provide counseling to patients or caregivers about prescriptions drug dispensed when applicable under Nevada law. NAC 639.707(1); NRS 639.266.

25. As alleged above, Respondent Martinez violated NAC 639.707(1) when she failed to provide counseling to patient A.C.'s mother when she dispensed prescription no. 5487765.

26. For violating a law and regulation related to drugs under Nevada law, the Board may discipline Respondent Martinez pursuant to NRS 639.210(12), NRS 639.255(1), NAC 639.945, and NAC 639.955.

COUNT THREE
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens #03922)

27. As the pharmacy/pharmacy owner at which the unprofessional conduct and violations of law alleged herein occurred, Respondent Walgreens #03922 is responsible for those violations, including all errors and omissions of Respondent Matar, Respondent Martinez, and any other pharmacy personnel in the course of erroneously filling and dispensing prescription no. 5487765, pursuant to 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 30th day of APRIL 2026.

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 #03922,** **Pharmacy License No. PH01127,** **Respondent.**	**Case No. 25-362-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 First 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, June 3, 2026, 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, Laura Tucker 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 30th day of APRIL 2026.

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 #03922, Pharmacy License No. PH01127,** **Respondent.**	**Case No. 25-362-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the First 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 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 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 _____ 2026.

_____

AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #03922

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 30th day of April 2026, 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 #3922
7599 W Lake Mead Blvd
Las Vegas, NV 89128

Walgreens Pharmacy #3922
c/o William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
APR 08 2026
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #03922, Pharmacy License No. PH01127, and** **MONA MATAR, RPH, Certificate of Registration No. 20104,** **Respondents.**	**CASE NOS. 25-362-PH-S** **25-362-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 Mona Matar, RPh (Matar), Certificate of Registration No. 20104, was a pharmacist registered with the Board, and Respondent Walgreens Pharmacy #03922 (Walgreens #03922), Pharmacy License No. PH01127, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Matar was employed as a pharmacist of Walgreens #03922, located at 7599 W. Lake Mead Blvd. in Las Vegas, at the time of the events alleged herein.

3. On April 17, 2025, Walgreens #003922 received a new electronic prescription from prescriber B.T. for 40 tablets of Focalin XR 10 mg, a stimulant primarily used to treat Attention Deficit Hyperactivity Disorder, for minor patient A.C. The Walgreens pharmacy computer system designated this prescription no. 5487765.

4. Later that day, Matar selected the wrong drug during data entry and entered the prescription as Methylphenidate CD 10 mg, which is also a stimulant primarily used to treat Attention Deficit Hyperactivity Disorder. Pharmaceutical technician Josh Licata filled the prescription with Methylphenidate CD.

5. Matar performed the final verification of prescription no. 5487765 and failed to notice the error.

6. On April 18, 2025, patient A.C.'s mother picked up prescription no. 5487765, which was dispensed with Methylphenidate CD 10 mg.

7. Although patient A.C. had previously been prescribed Methylphenidate CD, it was for a different dosage than the one Matar selected. According to Walgreens' policy, the change in dosage requires state-mandatory counseling. However, patient A.C.'s mother was not offered or given counseling for prescription no. 5487765.

8. Patient A.C. ingested the prescription for thirty (30) days as directed by his prescriber.

9. While taking prescription no. 5487765, patient A.C. told his mother that he felt "like his brain was not working." Patient A.C.'s mother went back to prescriber B.T. to report these symptoms, and, as a result, prescriber B.T. wrote a prescription increasing the dosage to Focalin XR 20 mg.

10. On or about May 23, 2025, patient A.C.'s mother returned to Walgreens #03922 with the prescription for Focalin XR 20 mg. The Walgreens #03922 employee who was dispensing the prescription to patient A.C.'s mother asked if she required counseling, as this was a new prescription according to the Walgreens computer system. Patient A.C.'s mother stated that it should not have been a new prescription and asked what prescription drug she had been given the previous month.

11. A few minutes later, Noelle Del Rosario (Rosario), the managing pharmacist of Walgreens #03922, came to the window and told patient A.C.'s mother that there had been a

mistake in filling the prescription the previous month. Rosario told patient A.C.'s mother that prescription no. 5487765 had been dispensed with Methylphenidate CD instead of Focalin XR.

PRIOR DISCIPLINE

12. In January 2016, the Board disciplined Respondent Walgreens #03922 and two of its pharmacists for an error in filling a prescription, failure to counsel, and record-keeping violations, resulting in a $495 administrative fee.

13. In October 2018, the Board disciplined Respondent Walgreens #03922 and its managing pharmacist for an error in filling a prescription and record-keeping violations, resulting in a $3,500 fine.

14. In October 2024, the Board sent a warning letter to Respondent Walgreens #03922 and its managing pharmacist for failure to maintain compounded records.

15. In March 2023, the Board sent a Citation-and-Fine Order to Respondent Matar for an error in filling a prescription with no patient harm, resulting in a $500 fine.

16. In October 2023, the Board disciplined Respondent Matar for verifying the wrong dose of a Hepatitis B vaccine, resulting in a $1,000 fine.

APPLICABLE LAW

17. A pharmacist has a duty to verbally provide a patient or a person caring for the patient with information about each prescription drug dispensed to the patient that has not been previously dispensed to the patient from that pharmacy; or, if the drug has been previously dispensed to the patient from that pharmacy if, in the professional judgement of the pharmacist, the information would further or improve the drug therapy of the patient, or there is a reasonable concern relating to the safety or efficacy of the drug therapy after review of the patient's record that the pharmacist. NAC 639.707(1). *See also* NRS 639.266.

18. 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).

19. The Board may suspend or revoke any certificate, license, registration or permit if the holder is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

20. 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). Furthermore, the owner of a pharmacy and the registered pharmacist on duty at the pharmacy are responsible for all acts and omissions of pharmaceutical technicians, including but not limited to, any errors committed by such personnel. NAC 639.702.

21. 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 – Error in Dispensing Prescription
(Respondent Matar)

22. Respondent Matar engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when, as the pharmacist on duty at Walgreens #03922, she entered the incorrect drug when preparing prescription no. 5487765, and when she performed final verification for prescription no. 5487765 and failed to observe the error.

23. Having performed his duties in an incompetent, unskillful, or negligent manner, as described above, Respondent Matar is subject to discipline pursuant to NRS 639.210(4).

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COUNT THREE
Failure to Counsel
(Respondent Matar)

24. As alleged above, any pharmacist on duty at Walgreens #03922 had a duty to provide counseling to patients or caregivers about prescriptions drug dispensed when applicable under Nevada law. NAC 639.707(1); NRS 639.266.

25. As alleged above, Respondent Matar violated NAC 639.707(1) when she failed to provide counseling to patient A.C.'s mother when she dispensed prescription no. 5487765.

26. For violating a law and regulation related to drugs under Nevada law, the Board may discipline Respondent Matar pursuant to NRS 639.210(12), NRS 639.255(1), NAC 639.945, and NAC 639.955.

COUNT THREE
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens #03922)

27. As the pharmacy/pharmacy owner at which the unprofessional conduct and violations of law alleged herein occurred, Respondent Walgreens #03922 is responsible for those violations, including all errors and omissions of Respondent Matar and any other pharmacy personnel in the course of erroneously filling and dispensing prescription no. 5487765, pursuant to 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 8th day of APRIL 2026.

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 #03922, Pharmacy License No. PH01127,** **Respondent.**	**Case No. 25-362-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, June 3, 2026, 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, Laura Tucker 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 8th day of APRIL 2026.

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 #03922, Pharmacy License No. PH01127,** **Respondent.**	**Case No. 25-362-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 _____ 2026.

_____

AUTHORIZED REPRESENTATIVE FOR
Walgreens Pharmacy #03922

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of April 2026, 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 #3922
7599 W Lake Mead Blvd
Las Vegas, NV 89128

Walgreens Pharmacy #3922
c/o William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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FILED
APR 30 2026
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #03922, Pharmacy License No. PH01127,** **MONA MATAR, RPH, Certificate of Registration No. 20104, and** **VIRIDIANA MARTINEZ, RPH, Certificate of Registration No. 23854,** **Respondents.**	**CASE NOS. 25-362-PH-S** **25-362-RPH-A-S** **25-362-RPH-B-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 first amended 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 Mona Matar, RPh (Matar), Certificate of Registration No. 20104, and Respondent Viridiana Martinez (Martinez), Certificate of Registration No. 23854, were pharmacists registered with the Board, and Respondent Walgreens Pharmacy #03922 (Walgreens #03922), Pharmacy License No. PH01127, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Matar and Martinez were employed as pharmacists at Walgreens #03922, located at 7599 W. Lake Mead Blvd. in Las Vegas, at the time of the events alleged herein.

3. On April 17, 2025, Walgreens #003922 received a new electronic prescription from prescriber B.T. for 40 tablets of Focalin XR 10 mg, a stimulant primarily used to treat Attention

Deficit Hyperactivity Disorder, for minor patient A.C. The Walgreens pharmacy computer system designated this prescription no. 5487765.

4. Later that day, Matar selected the wrong drug during data entry and entered the prescription as Methylphenidate CD 10 mg, which is also a stimulant primarily used to treat Attention Deficit Hyperactivity Disorder. Pharmaceutical technician Josh Licata filled the prescription with Methylphenidate CD.

5. Matar performed the final verification of prescription no. 5487765 and failed to notice the error.

6. On April 18, 2025, patient A.C.'s mother picked up prescription no. 5487765, which was dispensed with Methylphenidate CD 10 mg. Martinez was the pharmacist on duty at the time when patient A.C.'s mother picked up prescription no. 5487765.

7. Although patient A.C. had previously been prescribed Methylphenidate CD, it was for a different dosage than the one Matar selected. According to Walgreens' policy, the change in dosage requires state-mandatory counseling. However, Martinez did not offer or give patient A.C.'s mother counseling for prescription no. 5487765.

8. Patient A.C. ingested the prescription for thirty (30) days as directed by his prescriber.

9. While taking prescription no. 5487765, patient A.C. told his mother that he felt "like his brain was not working." Patient A.C.'s mother went back to prescriber B.T. to report these symptoms, and, as a result, prescriber B.T. wrote a prescription increasing the dosage to Focalin XR 20 mg.

10. On or about May 23, 2025, patient A.C.'s mother returned to Walgreens #03922 with the prescription for Focalin XR 20 mg. The Walgreens #03922 employee who was dispensing the prescription to patient A.C.'s mother asked if she required counseling, as this was a new prescription according to the Walgreens computer system. Patient A.C.'s mother stated that it

should not have been a new prescription and asked what prescription drug she had been given the previous month.

11. A few minutes later, Noelle Del Rosario (Rosario), the managing pharmacist of Walgreens #03922, came to the window and told patient A.C.'s mother that there had been a mistake in filling the prescription the previous month. Rosario told patient A.C.'s mother that prescription no. 5487765 had been dispensed with Methylphenidate CD instead of Focalin XR.

PRIOR DISCIPLINE

12. In January 2016, the Board disciplined Respondent Walgreens #03922 and two of its pharmacists for an error in filling a prescription, failure to counsel, and record-keeping violations, resulting in a $495 administrative fee.

13. In October 2018, the Board disciplined Respondent Walgreens #03922 and its managing pharmacist for an error in filling a prescription and record-keeping violations, resulting in a $3,500 fine.

14. In October 2024, the Board sent a warning letter to Respondent Walgreens #03922 and its managing pharmacist for failure to maintain compounded records.

15. In March 2023, the Board sent a Citation-and-Fine Order to Respondent Matar for an error in filling a prescription with no patient harm, resulting in a $500 fine.

16. In October 2023, the Board disciplined Respondent Matar for verifying the wrong dose of a Hepatitis B vaccine, resulting in a $1,000 fine.

APPLICABLE LAW

17. A pharmacist has a duty to verbally provide a patient or a person caring for the patient with information about each prescription drug dispensed to the patient that has not been previously dispensed to the patient from that pharmacy; or, if the drug has been previously dispensed to the patient from that pharmacy if, in the professional judgement of the pharmacist, the information would further or improve the drug therapy of the patient, or there is a reasonable

concern relating to the safety or efficacy of the drug therapy after review of the patient's record that the pharmacist. NAC 639.707(1). *See also* NRS 639.266.

18. 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).

19. The Board may suspend or revoke any certificate, license, registration or permit if the holder is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

20. 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). Furthermore, the owner of a pharmacy and the registered pharmacist on duty at the pharmacy are responsible for all acts and omissions of pharmaceutical technicians, including but not limited to, any errors committed by such personnel. NAC 639.702.

21. 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 – Error in Dispensing Prescription
(Respondent Matar)

22. Respondent Matar engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when, as the pharmacist on duty at Walgreens #03922, she entered the incorrect drug when preparing prescription no. 5487765, and when she performed final verification for prescription no. 5487765 and failed to observe the error.

23. Having performed his duties in an incompetent, unskillful, or negligent manner, as described above, Respondent Matar is subject to discipline pursuant to NRS 639.210(4).

COUNT TWO
Failure to Counsel
(Respondent Martinez)

24. As alleged above, any pharmacist on duty at Walgreens #03922 had a duty to provide counseling to patients or caregivers about prescriptions drug dispensed when applicable under Nevada law. NAC 639.707(1); NRS 639.266.

25. As alleged above, Respondent Martinez violated NAC 639.707(1) when she failed to provide counseling to patient A.C.'s mother when she dispensed prescription no. 5487765.

26. For violating a law and regulation related to drugs under Nevada law, the Board may discipline Respondent Martinez pursuant to NRS 639.210(12), NRS 639.255(1), NAC 639.945, and NAC 639.955.

COUNT THREE
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens #03922)

27. As the pharmacy/pharmacy owner at which the unprofessional conduct and violations of law alleged herein occurred, Respondent Walgreens #03922 is responsible for those violations, including all errors and omissions of Respondent Matar, Respondent Martinez, and any other pharmacy personnel in the course of erroneously filling and dispensing prescription no. 5487765, pursuant to 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 30th day of APRIL 2026.

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.** **MONA MATAR, RPH,** **Certificate of Registration No. 20104,** **Respondent.**	**Case No. 25-362-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 First 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, June 3, 2026, 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, Laura Tucker 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 30th day of APRIL 2026.

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.** **MONA MATAR, RPH,** **Certificate of Registration No. 20104,** **Respondent.**	**Case No. 25-362-RPH-A-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the First 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 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 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 _____ 2026.

_____

MONA MATAR, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 30th day of April 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Mona Matar, RPh
[redacted]
Las Vegas, NV [redacted]

Walgreens Pharmacy #3922
c/o Mona Matar, RPh
7599 W Lake Mead Blvd
Las Vegas, NV 89128

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
APR 08 2026
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #03922, Pharmacy License No. PH01127, and** **MONA MATAR, RPH, Certificate of Registration No. 20104,** **Respondents.**	**CASE NOS. 25-362-PH-S** **25-362-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 Mona Matar, RPh (Matar), Certificate of Registration No. 20104, was a pharmacist registered with the Board, and Respondent Walgreens Pharmacy #03922 (Walgreens #03922), Pharmacy License No. PH01127, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Matar was employed as a pharmacist of Walgreens #03922, located at 7599 W. Lake Mead Blvd. in Las Vegas, at the time of the events alleged herein.

3. On April 17, 2025, Walgreens #003922 received a new electronic prescription from prescriber B.T. for 40 tablets of Focalin XR 10 mg, a stimulant primarily used to treat Attention Deficit Hyperactivity Disorder, for minor patient A.C. The Walgreens pharmacy computer system designated this prescription no. 5487765.

4. Later that day, Matar selected the wrong drug during data entry and entered the prescription as Methylphenidate CD 10 mg, which is also a stimulant primarily used to treat Attention Deficit Hyperactivity Disorder. Pharmaceutical technician Josh Licata filled the prescription with Methylphenidate CD.

5. Matar performed the final verification of prescription no. 5487765 and failed to notice the error.

6. On April 18, 2025, patient A.C.'s mother picked up prescription no. 5487765, which was dispensed with Methylphenidate CD 10 mg.

7. Although patient A.C. had previously been prescribed Methylphenidate CD, it was for a different dosage than the one Matar selected. According to Walgreens' policy, the change in dosage requires state-mandatory counseling. However, patient A.C.'s mother was not offered or given counseling for prescription no. 5487765.

8. Patient A.C. ingested the prescription for thirty (30) days as directed by his prescriber.

9. While taking prescription no. 5487765, patient A.C. told his mother that he felt "like his brain was not working." Patient A.C.'s mother went back to prescriber B.T. to report these symptoms, and, as a result, prescriber B.T. wrote a prescription increasing the dosage to Focalin XR 20 mg.

10. On or about May 23, 2025, patient A.C.'s mother returned to Walgreens #03922 with the prescription for Focalin XR 20 mg. The Walgreens #03922 employee who was dispensing the prescription to patient A.C.'s mother asked if she required counseling, as this was a new prescription according to the Walgreens computer system. Patient A.C.'s mother stated that it should not have been a new prescription and asked what prescription drug she had been given the previous month.

11. A few minutes later, Noelle Del Rosario (Rosario), the managing pharmacist of Walgreens #03922, came to the window and told patient A.C.'s mother that there had been a

mistake in filling the prescription the previous month. Rosario told patient A.C.'s mother that prescription no. 5487765 had been dispensed with Methylphenidate CD instead of Focalin XR.

PRIOR DISCIPLINE

12. In January 2016, the Board disciplined Respondent Walgreens #03922 and two of its pharmacists for an error in filling a prescription, failure to counsel, and record-keeping violations, resulting in a $495 administrative fee.

13. In October 2018, the Board disciplined Respondent Walgreens #03922 and its managing pharmacist for an error in filling a prescription and record-keeping violations, resulting in a $3,500 fine.

14. In October 2024, the Board sent a warning letter to Respondent Walgreens #03922 and its managing pharmacist for failure to maintain compounded records.

15. In March 2023, the Board sent a Citation-and-Fine Order to Respondent Matar for an error in filling a prescription with no patient harm, resulting in a $500 fine.

16. In October 2023, the Board disciplined Respondent Matar for verifying the wrong dose of a Hepatitis B vaccine, resulting in a $1,000 fine.

APPLICABLE LAW

17. A pharmacist has a duty to verbally provide a patient or a person caring for the patient with information about each prescription drug dispensed to the patient that has not been previously dispensed to the patient from that pharmacy; or, if the drug has been previously dispensed to the patient from that pharmacy if, in the professional judgement of the pharmacist, the information would further or improve the drug therapy of the patient, or there is a reasonable concern relating to the safety or efficacy of the drug therapy after review of the patient's record that the pharmacist. NAC 639.707(1). *See also* NRS 639.266.

18. 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).

19. The Board may suspend or revoke any certificate, license, registration or permit if the holder is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

20. 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). Furthermore, the owner of a pharmacy and the registered pharmacist on duty at the pharmacy are responsible for all acts and omissions of pharmaceutical technicians, including but not limited to, any errors committed by such personnel. NAC 639.702.

21. 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 – Error in Dispensing Prescription
(Respondent Matar)

22. Respondent Matar engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when, as the pharmacist on duty at Walgreens #03922, she entered the incorrect drug when preparing prescription no. 5487765, and when she performed final verification for prescription no. 5487765 and failed to observe the error.

23. Having performed his duties in an incompetent, unskillful, or negligent manner, as described above, Respondent Matar is subject to discipline pursuant to NRS 639.210(4).

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COUNT THREE
Failure to Counsel
(Respondent Matar)

24. As alleged above, any pharmacist on duty at Walgreens #03922 had a duty to provide counseling to patients or caregivers about prescriptions drug dispensed when applicable under Nevada law. NAC 639.707(1); NRS 639.266.

25. As alleged above, Respondent Matar violated NAC 639.707(1) when she failed to provide counseling to patient A.C.'s mother when she dispensed prescription no. 5487765.

26. For violating a law and regulation related to drugs under Nevada law, the Board may discipline Respondent Matar pursuant to NRS 639.210(12), NRS 639.255(1), NAC 639.945, and NAC 639.955.

COUNT THREE
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens #03922)

27. As the pharmacy/pharmacy owner at which the unprofessional conduct and violations of law alleged herein occurred, Respondent Walgreens #03922 is responsible for those violations, including all errors and omissions of Respondent Matar and any other pharmacy personnel in the course of erroneously filling and dispensing prescription no. 5487765, pursuant to 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 6th day of APRIL 2026.

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.** **MONA MATAR, RPH,** **Certificate of Registration No. 20104,** **Respondent.**	**Case No. 25-362-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, June 3, 2026, 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, Laura Tucker 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 8th day of APRIL 2026.

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.** **MONA MATAR, RPH,** **Certificate of Registration No. 20104,** **Respondent.**	**Case No. 25-362-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 _____ 2026.

_____

Mona Matar, 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 April 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Mona Matar, RPh
[redacted]
Las Vegas, NV [redacted]

Walgreens Pharmacy #3922
c/o Mona Matar, RPh
7599 W Lake Mead Blvd
Las Vegas, NV 89128

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.** **WALGREENS PHARMACY #03922, Pharmacy License No. PH01127,** **MONA MATAR, RPH, Certificate of Registration No. 20104, and** **VIRIDIANA MARTINEZ, RPH, Certificate of Registration No. 23854,** **Respondents.**	**CASE NOS. 25-362-PH-S** **25-362-RPH-A-S** **25-362-RPH-B-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 first amended 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 Mona Matar, RPh (Matar), Certificate of Registration No. 20104, and Respondent Viridiana Martinez (Martinez), Certificate of Registration No. 23854, were pharmacists registered with the Board, and Respondent Walgreens Pharmacy #03922 (Walgreens #03922), Pharmacy License No. PH01127, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Matar and Martinez were employed as pharmacists at Walgreens #03922, located at 7599 W. Lake Mead Blvd. in Las Vegas, at the time of the events alleged herein.

3. On April 17, 2025, Walgreens #003922 received a new electronic prescription from prescriber B.T. for 40 tablets of Focalin XR 10 mg, a stimulant primarily used to treat Attention

Deficit Hyperactivity Disorder, for minor patient A.C. The Walgreens pharmacy computer system designated this prescription no. 5487765.

4. Later that day, Matar selected the wrong drug during data entry and entered the prescription as Methylphenidate CD 10 mg, which is also a stimulant primarily used to treat Attention Deficit Hyperactivity Disorder. Pharmaceutical technician Josh Licata filled the prescription with Methylphenidate CD.

5. Matar performed the final verification of prescription no. 5487765 and failed to notice the error.

6. On April 18, 2025, patient A.C.'s mother picked up prescription no. 5487765, which was dispensed with Methylphenidate CD 10 mg. Martinez was the pharmacist on duty at the time when patient A.C.'s mother picked up prescription no. 5487765.

7. Although patient A.C. had previously been prescribed Methylphenidate CD, it was for a different dosage than the one Matar selected. According to Walgreens' policy, the change in dosage requires state-mandatory counseling. However, Martinez did not offer or give patient A.C.'s mother counseling for prescription no. 5487765.

8. Patient A.C. ingested the prescription for thirty (30) days as directed by his prescriber.

9. While taking prescription no. 5487765, patient A.C. told his mother that he felt "like his brain was not working." Patient A.C.'s mother went back to prescriber B.T. to report these symptoms, and, as a result, prescriber B.T. wrote a prescription increasing the dosage to Focalin XR 20 mg.

10. On or about May 23, 2025, patient A.C.'s mother returned to Walgreens #03922 with the prescription for Focalin XR 20 mg. The Walgreens #03922 employee who was dispensing the prescription to patient A.C.'s mother asked if she required counseling, as this was a new prescription according to the Walgreens computer system. Patient A.C.'s mother stated that it

should not have been a new prescription and asked what prescription drug she had been given the previous month.

11. A few minutes later, Noelle Del Rosario (Rosario), the managing pharmacist of Walgreens #03922, came to the window and told patient A.C.'s mother that there had been a mistake in filling the prescription the previous month. Rosario told patient A.C.'s mother that prescription no. 5487765 had been dispensed with Methylphenidate CD instead of Focalin XR.

PRIOR DISCIPLINE

12. In January 2016, the Board disciplined Respondent Walgreens #03922 and two of its pharmacists for an error in filling a prescription, failure to counsel, and record-keeping violations, resulting in a $495 administrative fee.

13. In October 2018, the Board disciplined Respondent Walgreens #03922 and its managing pharmacist for an error in filling a prescription and record-keeping violations, resulting in a $3,500 fine.

14. In October 2024, the Board sent a warning letter to Respondent Walgreens #03922 and its managing pharmacist for failure to maintain compounded records.

15. In March 2023, the Board sent a Citation-and-Fine Order to Respondent Matar for an error in filling a prescription with no patient harm, resulting in a $500 fine.

16. In October 2023, the Board disciplined Respondent Matar for verifying the wrong dose of a Hepatitis B vaccine, resulting in a $1,000 fine.

APPLICABLE LAW

17. A pharmacist has a duty to verbally provide a patient or a person caring for the patient with information about each prescription drug dispensed to the patient that has not been previously dispensed to the patient from that pharmacy; or, if the drug has been previously dispensed to the patient from that pharmacy if, in the professional judgement of the pharmacist, the information would further or improve the drug therapy of the patient, or there is a reasonable

concern relating to the safety or efficacy of the drug therapy after review of the patient's record that the pharmacist. NAC 639.707(1). *See also* NRS 639.266.

18. 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).

19. The Board may suspend or revoke any certificate, license, registration or permit if the holder is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

20. 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). Furthermore, the owner of a pharmacy and the registered pharmacist on duty at the pharmacy are responsible for all acts and omissions of pharmaceutical technicians, including but not limited to, any errors committed by such personnel. NAC 639.702.

21. 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 – Error in Dispensing Prescription
(Respondent Matar)

22. Respondent Matar engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when, as the pharmacist on duty at Walgreens #03922, she entered the incorrect drug when preparing prescription no. 5487765, and when she performed final verification for prescription no. 5487765 and failed to observe the error.

23. Having performed his duties in an incompetent, unskillful, or negligent manner, as described above, Respondent Matar is subject to discipline pursuant to NRS 639.210(4).

COUNT TWO
Failure to Counsel
(Respondent Martinez)

24. As alleged above, any pharmacist on duty at Walgreens #03922 had a duty to provide counseling to patients or caregivers about prescriptions drug dispensed when applicable under Nevada law. NAC 639.707(1); NRS 639.266.

25. As alleged above, Respondent Martinez violated NAC 639.707(1) when she failed to provide counseling to patient A.C.'s mother when she dispensed prescription no. 5487765.

26. For violating a law and regulation related to drugs under Nevada law, the Board may discipline Respondent Martinez pursuant to NRS 639.210(12), NRS 639.255(1), NAC 639.945, and NAC 639.955.

COUNT THREE
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens #03922)

27. As the pharmacy/pharmacy owner at which the unprofessional conduct and violations of law alleged herein occurred, Respondent Walgreens #03922 is responsible for those violations, including all errors and omissions of Respondent Matar, Respondent Martinez, and any other pharmacy personnel in the course of erroneously filling and dispensing prescription no. 5487765, pursuant to 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 30th day of APRIL 2026.

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.** **VIRIDIANA MARTINEZ, RPH,** **Certificate of Registration No. 23854,** **Respondent.**	**Case No. 25-362-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 First 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, June 3, 2026, 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, Laura Tucker 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 30th day of April 2026.

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.** **VIRIDIANA MARTINEZ, RPH,** **Certificate of Registration No. 23854,** **Respondent.**	**Case No. 25-362-RPH-B-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the First 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 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 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 _____ 2026.

_____

VIRIDIANA MARTINEZ, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 30th day of April 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Viridiana Martinez, RPh
[redacted]
North Las Vegas, NV [redacted]

Walgreens Pharmacy #10782
c/o Viridiana Martinez, RPh
5610 Centennial Center Blvd
Las Vegas, NV 89149

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KENT HOLTORF,** **Respondent.**	**CASE NO. 25-289-C-O** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, on or about February 20, 2026, an Order to Cease-and-Desist/Citation and Fine was served upon Respondent Kent Holtorf, owner/operator of Holtorf Medical Group, alleging violations of Nevada law as set forth herein.

FACTUAL ALLEGATIONS

1. Holtorf owns and operates Holtorf Medical Group, located at 2232 E. Maple Avenue in El Segundo, California, and is not a Nevada-licensed practitioner.

2. On or about July 11 through July 13, 2025, Holtorf operated a booth at the Revolution Against Aging and Death (RAAD) Festival at Red Rock Resort and Casino in Las Vegas.

3. Holtorf and/or employees and/or agents of Holtorf Medical Group, including without limitation Han Bao Nguyen and Michael McNeal, who are not Nevada-licensed practitioners, and Darrell Linders, who was not registered with the Board at the time of the RAAD Festival, independently purchased, stored, accessed and possessed an inventory of dangerous drugs, including hypodermic devices, without direct practitioner supervision.

4. Holtorf and/or employees and/or agents of Holtorf Medical Group, including without limitation Han Bao Nguyen, Michael McNeal and Darrell Linders, independently

accessed, possessed, compounded, furnished and/or administered dangerous drugs, including hypodermic devices, to patients, and provided on-site medical treatment at Holtorf's booth at RAAD Festival, including the administration of dangerous drugs by injection, and including, without limitation, MOTS-c 5mg, P21 2.5mg, BPC-157 2.5mg, TB4 2.5mg, Humanin, B-12, ACE-31, and CJC peptides, without direct practitioner supervision, to patients with whom no practitioner had established a bona fide therapeutic relationship, and for whom no practitioner had diagnosed or determined that a dangerous drug was medically necessary.

5. Holtorf conspired with Han Bao Nguyen, Michael McNeal and Darrell Linders, and/or other employees and/or agents of Holtorf Medical Group, to compound, furnish and/or administer dangerous drugs including the administration of dangerous drugs by injection, to patients in Las Vegas without obtaining the appropriate certificates, licenses and/or permits from the Board.

6. The investigation revealed evidence that Holtorf and/or employees and/or agents of Holtorf Medical Group, purchased drug products, including, without limitation, MOTS-c 5mg, P21 2.5mg, BPC-157 2.5mg, TB4 2.5mg, Humanin, B-12, ACE-31, and CJC peptides, through Forgotten Formula PMA. Forgotten Formula PMA, located in Justin TX, is not licensed to engage in business as a wholesaler in Nevada.

7. On or about July 12 and 13, patient C.R. received two separate injections from Holtorf's booth. On July 13, patient C.R. experienced an adverse medical reaction to the drugs and had to be intubated and transported to a local hospital by emergency medical services.

8. On or about July 13, patient A.T. received two injections from Holtorf's booth and experienced an adverse medical reaction. Patient A.T. had to be intubated and transported to local hospitals by emergency medical services.

9. On or about March 19, 2026, Holtorf appealed the Citation and Fine and requested a hearing before the Board.

APPLICABLE LAW

10. No person may access or possess a dangerous drug, including a hypodermic device, in Nevada without specific statutory authority to do so. NRS 454.213; NRS 454.316; NRS 454.510; NRS 639.100(1).

11. No person may compound, furnish and/or administer a dangerous drug in Nevada, including administration by injection, without specific statutory authority to do so. NRS 200.840(1); NRS 454.213; NRS 454.217; NRS 454.221; NRS 454.321; NRS 454.356; NRS 454.510; NRS 639.100(1).

12. No person may purchase supplies of dangerous drugs for office administration to patients excepted as permitted by NRS 639.268(1)(a) and NAC 639.757(4) and (5).

13. It is a felony offense for an unlicensed person to sell, display or offer for sale a prescription drug. NRS 639.285.

14. It is a felony offense for an unlicensed person to furnish a dangerous drug to a patient. NRS 454.221(1).

15. It is a felony offense for an unlicensed person to perform a surgical procedure. NRS 200.840(1). "Surgical procedure" includes any minimally invasive medical procedure where a break in the skin is created. NRS 200.820.

16. The Drug Supply Chain Security Act (DSCSA) (Title II of Public Law 113-54), enacted by Congress on November 27, 2013, added Section 582 to the Federal Food, Drug, and Cosmetic Act (FD&C Act). Section 582 of the FD&C Act (21 U.S.C. § 360eee-1) establishes the requirements that certain entities in the pharmaceutical distribution supply chain, including pharmacies, must follow related to product tracing, verification, and authorized trading partners. Failure to comply is a prohibited act under 21 U.S.C. § 331(t).

17. Any person 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

pursuant to the provisions of NRS Chapter 639. NRS 639.100; NRS 639.233(1). Engaging in the business of wholesale distribution without a license is a felony. NRS 639.100(2).

18. Every wholesale distributor who engages in wholesale distributions of prescription drugs in interstate commerce must be licensed by the state into which the drug is distributed. 21 U.S.C. § 353(e)(1)(A); 21 CFR § 205.4.

19. Purchasing a drug from an unlicensed wholesaler does not constitute a bona fide transaction. NRS 639.595.

COUNT ONE

Violations of State Law – Unlawful Purchase/Acquisition of Dangerous Drugs

20. By independently purchasing, storing, accessing and possessing an inventory of dangerous drugs, including hypodermic devices, without direct practitioner supervision, as alleged in paragraphs 2, 3 and 6 herein, Holtorf and/or employees and/or agents of Holtorf Medical Group violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.213, NRS 454.316, NRS 454.510, NRS 639.100(1), NRS 639.268(1)(a) and/or NAC 639.757(4) and (5).

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COUNT TWO

Violations of State Law - Unlawful Furnishing & Administration of Dangerous Drugs

21. By independently accessing, possessing, compounding, furnishing and administering dangerous drugs, including hypodermic devices, to patients, and providing on-site medical treatment at RAAD Festival at Red Rock Resort in Las Vegas, including the administration of dangerous drugs by injection, and including, without limitation, MOTS-c 5mg, P21 2.5mg, BPC-157 2.5mg, TB4 2.5mg, Humanin, B-12, ACE-31, and CJC peptides, without direct practitioner supervision, to patients with whom no practitioner had established a bona fide therapeutic relationship, and for whom no practitioner had diagnosed or determined that a dangerous drug was medically necessary, as alleged in paragraphs 2, 4, 5, 7 and 8 herein, Holtorf and/or employees and/or agents of Holtorf Medical Group violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 200.840(1), NRS 454.213, NRS 454.217, NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356, NRS 454.510, NRS 639.100(1) and/or NRS 639.285.

COUNT THREE

Violation of Federal & State Law - Aiding and Abetting Unlicensed Wholesale Distribution

21. By purchasing drug products through Forgotten Formula PMA, a company not licensed to engage in the business of wholesale distribution into Nevada, as alleged in paragraph 6 herein, Holtorf and/or employees and/or agents of Holtorf Medical Group violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 360eee-1, 21 U.S.C. § 331(t), 21 U.S.C. § 353(e)(1)(A) and/or 21 CFR Part 205, NRS 639.100, NRS 639.233(1) and/or NRS 639.595.

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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 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. 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.

The Board has scheduled your hearing on this matter for Wednesday, June 3, 2026, at 9:00 a.m. or soon thereafter. The hearing will occur at Hilton Garden Inn Las Vegas Strip South, 7830 S. Las Vegas Blvd, Las Vegas, NV 89123.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

Signed this 6th day of APRIL 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of April 2026, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Kent Holtorf
[redacted]
El Segundo, CA [redacted]

Chandon Alexander, Esq.
400 South Seventh St., Suite 100
Las Vegas, NV 89101

Chandon Alexander, Esq.
9555 Hillwood Drive, Suite 110
Las Vegas, NV 89134

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

Chandon S. Alexander, Esq.
Nevada Bar No. 12033
SPARTACUS LAW FIRM
3993 Howard Hughes Pkwy, Suite 480
Las Vegas, Nevada 89169
Tel: (702) 660-1234
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Attorney for Respondent

FILED
MAY - 4 2026
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, a Nevada Agency, Petitioner, vs. KENT HOLTORF, Respondent.	Case No.: 25-289-C-O

RESPONDENT'S ANSWER TO COMPLAINT

COMES NOW, Respondent KENT HOLTORF ("Respondent" or "Dr. Holtorf"), by and through his counsel of record, Chandon S. Alexander, Esq. of the SPARTACUS LAW FIRM, and in response to the Statement to the Respondent and Notice of Hearing filed by the Nevada State Board of Pharmacy ("Board") on or about April 6, 2026 (the "Complaint"), answers as follows. By filing this Answer, Respondent does not waive, and expressly preserves, all jurisdictional, constitutional, statutory, and procedural defenses, including but not limited to those set forth in the affirmative defenses below and any concurrently or subsequently filed Motion to Dismiss.

JURISDICTION

Respondent denies that the Nevada State Board of Pharmacy has subject-matter jurisdiction over Respondent or over the substances and conduct described in the Complaint.

Respondent is not now, and was not at any relevant time, licensed by the Board, registered with the Board, or otherwise required to obtain a license, certificate, or permit from the Board. Respondent is a California-domiciled professional. The substances forming the gravamen of the Complaint—MOTS-c, P21, BPC-157, TB4 (Thymosin Beta-4 fragment), Humanin, ACE-31, and CJC peptides—are not "dangerous drugs" as that term is defined in NRS 454.201, are not approved by the United States Food and Drug Administration ("FDA") for general distribution, do not bear the federally mandated "Rx only" legend, are not Gerovital H3 or amygdalin (laetrile), and have not been classified as prescription-only by Board regulation. The conduct of administering injections is not the practice of pharmacy, and is therefore outside the Board's regulatory authority under NRS Chapter 639. To the extent the Complaint purports to charge violations of NRS 200.820 and NRS 200.840, those provisions are part of Title 15 (Crimes and Punishments) and are enforceable only by the Office of the Attorney General or the appropriate district attorney; they confer no enforcement authority on the Board. The remaining allegations in the introductory paragraphs of the Complaint state only legal conclusions for which no answer is required.

RESPONSE TO FACTUAL ALLEGATIONS

1. In response to Paragraph 1, Respondent admits that he owns and operates Holtorf Medical Group, located at 2232 E. Maple Avenue in El Segundo, California, and admits that he is not a Nevada-licensed practitioner.

2. In response to Paragraph 2, Respondent admits that on or about July 11 through July 13, 2025, Holtorf Medical Group operated a booth at the Revolution Against Aging and Death (RAAD) Festival at Red Rock Resort and Casino in Las Vegas, Nevada, but otherwise denies the allegations of this paragraph.

3. In response to Paragraph 3, Respondent denies the allegations as framed. The allegations are pled in the alternative ("Holtorf and/or employees and/or agents") and fail to identify with particularity what Respondent personally is alleged to have done. Respondent denies that he personally purchased, stored, accessed, or possessed any inventory of "dangerous drugs" or hypodermic devices "without direct practitioner supervision" within the meaning of any applicable Nevada statute. Respondent further denies that the substances at issue qualify as "dangerous drugs" under NRS 454.201. Respondent lacks information sufficient to admit or deny the precise allegations regarding the licensure and registration status of Han Bao Nguyen, Michael McNeal, and Darrell Linders at the time of the RAAD Festival, and on that basis denies the same. To the extent Paragraph 3 asserts vicarious liability without any underlying predicate of personal misconduct by Respondent, Respondent denies the legal sufficiency of such allegations.

4. In response to Paragraph 4, Respondent denies the allegations. Respondent personally did not access, possess, compound, furnish, or administer any dangerous drug to any patient, did not personally perform any injection on any patient, and did not personally provide on-site medical treatment at the RAAD Festival booth in the manner alleged. Respondent further denies that the substances enumerated—MOTS-c 5mg, P21 2.5mg, BPC-157 2.5mg, TB4 2.5mg, Humanin, ACE-31, and CJC peptides—are "dangerous drugs" within the meaning of NRS 454.201. Respondent admits only that B-12 (cyanocobalamin) injection is an FDA-approved prescription drug. Respondent denies the remaining allegations of this paragraph.

5. In response to Paragraph 5, Respondent denies that he conspired with Han Bao Nguyen, Michael McNeal, Darrell Linders, or any other person to compound, furnish, or administer any dangerous drug to any patient in Las Vegas without the appropriate certificates,

licenses, or permits. Respondent denies that any "conspiracy" existed within the meaning of any applicable Nevada law.

6. In response to Paragraph 6, Respondent admits only that certain products were sourced from Forgotten Formula PMA. Respondent lacks information sufficient to admit or deny the licensing status of Forgotten Formula PMA in the State of Nevada and on that basis denies the same. Respondent affirmatively states that the substances purchased through Forgotten Formula PMA are not FDA-approved drugs, do not bear an "Rx only" legend, are not subject to USP monographs, and are not prescription drugs within the meaning of federal or Nevada law. Respondent therefore denies that any "wholesale distribution" of "prescription drugs" occurred within the meaning of 21 U.S.C. § 353(e)(1)(A), 21 CFR Part 205, or NRS 639.0155.

7. In response to Paragraph 7, Respondent admits only that on or about July 12 and 13, 2025, an individual identified by the Board as patient C.R. attended the RAAD Festival and visited Holtorf Medical Group's booth. Respondent denies that he personally administered any injection to patient C.R. Respondent lacks information sufficient to admit or deny the precise medical course of treatment patient C.R. received at the hospital following any reaction, and on that basis denies the same. Respondent denies, on the basis of available medical information, that any drug or substance administered at the booth was the proximate cause of any adverse medical reaction reported by patient C.R.

8. In response to Paragraph 8, Respondent admits only that on or about July 13, 2025, an individual identified by the Board as patient A.T. attended the RAAD Festival and visited Holtorf Medical Group's booth. Respondent denies that he personally administered any injection to patient A.T. Respondent lacks information sufficient to admit or deny the precise

medical course of treatment patient A.T. received and on that basis denies the same. Respondent denies that any drug or substance administered at the booth was the proximate cause of any adverse medical reaction reported by patient A.T.

9. In response to Paragraph 9, Respondent admits that on or about March 19, 2026, he timely appealed the Board's Order to Cease-and-Desist/Citation and Fine and timely requested a hearing before the Board.

RESPONSE TO APPLICABLE LAW (PARAGRAPHS 10–19)

The allegations of Paragraphs 10 through 19 of the Complaint state only legal conclusions and recitations of statutory text for which no answer is required. To the extent any response is required, Respondent denies the legal applicability of the cited authorities to the conduct alleged and denies that the Board's recitation of those authorities accurately characterizes the law in all material respects. Respondent specifically denies that the substances at issue are "dangerous drugs" within the meaning of NRS 454.201, that Respondent personally engaged in any conduct within the prohibitory scope of NRS 454.213, NRS 454.217, NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356, NRS 454.510, NRS 200.820, NRS 200.840, NRS 639.100, NRS 639.233, NRS 639.268, NRS 639.285, or NRS 639.595, that the federal authorities cited (21 U.S.C. §§ 360eee-1, 331(t), 353(e)(1)(A); 21 CFR Part 205) provide an enforceable predicate for Board action against Respondent under Nevada law, and that the Board has subject-matter jurisdiction to adjudicate violations of Title 15 of the NRS or violations of the federal Food, Drug, and Cosmetic Act.

RESPONSE TO COUNT ONE (PARAGRAPH 20)

In response to Count One, Respondent denies the allegations of Paragraph 20 in their entirety. Respondent denies that he personally purchased, stored, accessed, or possessed any

"dangerous drug" or hypodermic device in violation of NRS 454.213, NRS 454.316, NRS 454.510, NRS 639.100(1), NRS 639.268(1)(a), NAC 639.757(4), or NAC 639.757(5). Respondent affirmatively states that NRS 639.268(1)(a) and NAC 639.757(4) and (5) by their terms apply only to Nevada-licensed practitioners and to pharmacies, respectively, and Respondent is neither.

RESPONSE TO COUNT TWO (FIRST PARAGRAPH 21)

In response to Count Two, Respondent denies the allegations of the first Paragraph 21 in their entirety. Respondent denies that he personally compounded, furnished, or administered any dangerous drug, including by injection, to any patient at the RAAD Festival in violation of NRS 200.840(1), NRS 454.213, NRS 454.217, NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356, NRS 454.510, NRS 639.100(1), or NRS 639.285. Respondent affirmatively states that NRS 200.840(1) is a criminal statute beyond the Board's enforcement authority, NRS 454.217 applies only to neuromodulators derived from Clostridium botulinum and has no application to peptide therapies, and NRS 639.285 prohibits the sale of prescription drugs by unlicensed persons and the Complaint nowhere alleges any "sale" of any prescription drug.

RESPONSE TO COUNT THREE (SECOND PARAGRAPH 21)

In response to Count Three, Respondent denies the allegations of the second Paragraph 21 in their entirety. Respondent denies that he engaged in or aided and abetted any unlicensed wholesale distribution in violation of 21 U.S.C. § 360eee-1, 21 U.S.C. § 331(t), 21 U.S.C. § 353(e)(1)(A), 21 CFR Part 205, NRS 639.100, NRS 639.233(1), or NRS 639.595. Respondent affirmatively states that the cited federal authorities (DSCSA and the federal wholesale distribution regulations) regulate the distribution of FDA-approved prescription drugs in interstate commerce and do not, by their terms, reach the substances at issue, which are

unapproved and lack the regulatory status of "prescription drugs" or "products" within the meaning of those federal authorities.

AFFIRMATIVE DEFENSES

As separate and distinct affirmative defenses, Respondent alleges as follows:

FIRST AFFIRMATIVE DEFENSE

(Lack of Subject-Matter Jurisdiction)

The Board lacks subject-matter jurisdiction over the substances at issue because none of them is a "dangerous drug" within the meaning of NRS 454.201. NRS 454.201 defines "dangerous drug" as (1) any FDA-approved drug bearing the legend "Rx only," (2) Gerovital H3 or amygdalin (laetrile), or (3) any drug classified as prescription-only by Board regulation because the Board has found it to be dangerous to public health or safety. MOTS-c, P21, BPC-157, TB4, Humanin, ACE-31, and CJC peptides are not FDA-approved for general distribution; do not bear the "Rx only" legend; are not Gerovital H3 or laetrile; and have not been classified by Board regulation as prescription-only. As the FDA itself has acknowledged, peptides such as BPC-157, MOTS-c, TB4, and CJC-1295—having been removed from Category 2 of the interim 503A bulks list—are not currently on any FDA bulks list permitting compounding. Without a "dangerous drug" predicate, the entirety of NRS 454.213, 454.221, 454.316, 454.321, 454.356, and 639.268 cannot apply.

Further, the Board's jurisdiction extends only to the practice of pharmacy, the wholesale distribution of drugs, and related pharmaceutical activities under NRS Chapter 639. The administration of medical treatment by injection at a clinical booth—the conduct alleged—is the practice of medicine, not pharmacy, and falls within the exclusive disciplinary jurisdiction of the Nevada State Board of Medical Examiners or, where alleged criminal

conduct is at issue, the office of the Attorney General. *See* NRS Chapter 630; NRS 630.400. The Board may not arrogate to itself enforcement authority over the practice of medicine. The Nevada Legislature has assigned regulatory authority over the practice of medicine to the Board of Medical Examiners under NRS Chapter 630, not to this Board. NRS 630.020 defines the "practice of medicine" to include "diagnos[ing], treat[ing], correct[ing], prevent[ing] or prescrib[ing] for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality," and the application of "principles or techniques of medical science in the diagnosis or the prevention of any such conditions." NRS 630.045 vests the Board of Medical Examiners with authority to license and discipline physicians, and NRS 630.400 makes the unauthorized practice of medicine a criminal offense prosecutable by the Office of the Attorney General. NRS 639.0124, by contrast, defines the "practice of pharmacy" through enumerated subsections that concern only the handling, preparation, evaluation, and information aspects of drugs; manufacturing, compounding, labeling, dispensing, distributing, interpreting prescriptions; advising on therapeutic value, selecting drug sources, and documenting distribution. None of these subsections reaches the medical act of administering a substance to a patient as treatment, except under narrow statutory delegations to pharmacists (e.g., NAC 639.2971 governing immunizations under written physician protocol) inapplicable here.

The Complaint's own framing repeatedly betrays that the conduct at issue is the practice of medicine, not pharmacy. Paragraph 4 alleges that Respondent "provid[ed] on-site medical treatment" and that the substances were administered "to patients with whom no practitioner had established a bona fide therapeutic relationship, and for whom no practitioner had diagnosed or determined that a dangerous drug was medically necessary." Paragraphs 7

and 8 describe patients who experienced "adverse medical reaction[s]" requiring emergency intubation and hospital transport. Each of these allegations sounds exclusively in the practice of medicine. A "bona fide therapeutic relationship," "diagnosis," "medical necessity," and "treatment" are physician acts within the exclusive purview of NRS Chapter 630, not pharmacy functions within NRS Chapter 639. The Board cannot transmute medical-practice allegations into pharmacy-practice violations by appending pharmacy statutory citations. To the extent the Complaint alleges that Respondent or his agents practiced medicine in Nevada without a Nevada medical license, the appropriate enforcement forum is the Board of Medical Examiners under NRS Chapter 630 or criminal prosecution under NRS 630.400—not a Pharmacy Board enforcement action under NRS 639.2895. This Board lacks subject-matter jurisdiction to adjudicate the medical merits of Respondent's clinical conduct, and any attempt to do so would require findings on diagnosis, therapeutic appropriateness, and standard-of-care matters that fall beyond the statutory competence and expertise of a board composed predominantly of pharmacists under NRS 639.030.

SECOND AFFIRMATIVE DEFENSE

(Failure to State a Claim)

NRS 454.217 governs only the injection of "a neuromodulator that is derived from Clostridium botulinum or is biosimilar to or the bioequivalent of such a neuromodulator"—commonly known as botulinum toxin or "Botox" and its analogs. Not one of the substances at issue—MOTS-c, P21, BPC-157, TB4, Humanin, B-12, ACE-31, or CJC peptides—is derived from Clostridium botulinum or is biosimilar or bioequivalent to any such neuromodulator. NRS 454.217 has no application to this case as a matter of law, and any reliance on it must be stricken or dismissed.

NRS 200.840 is a criminal statute located in Title 15 of the NRS (Crimes and Punishments) and prohibits the unlicensed performance of a "surgical procedure" as a category C felony, prosecutable only by the Attorney General or appropriate district attorney. The Nevada State Board of Pharmacy has no authority to enforce, charge, or adjudicate violations of NRS 200.840 or its definitional companion NRS 200.820. Even if the Board possessed enforcement authority, which it does not, the legislative intent of NRS 200.820 and 200.840 was directed at unlicensed persons performing cosmetic and invasive surgical procedures, not at routine therapeutic injections, which are administered every day across Nevada by licensed registered nurses, medical assistants, and other healthcare workers under appropriate supervision. Construing "any minimally invasive medical procedure where a break in the skin is created" to encompass every therapeutic injection would render countless lawful clinical activities felonies and is plainly contrary to legislative intent.

NRS 639.268(1)(a) governs the conditions under which a Nevada-licensed practitioner may purchase supplies of dangerous drugs for office administration to patients. By its terms, the statute applies only to Nevada-licensed practitioners. Respondent is not a Nevada-licensed practitioner and therefore is not subject to the requirements of NRS 639.268(1)(a). The Board cannot fault Respondent for failing to comply with a statutory framework that, by its plain terms, does not apply to him.

NAC 639.757 governs "preparation and sale of compounded drugs by pharmacy or pharmacist." Subsections (4) and (5) impose conditions on compounding by pharmacies and pharmacists. Respondent is not a pharmacy and is not a pharmacist. He owns and operates a medical practice, not a pharmacy. NAC 639.757 has no application to him as a matter of law.

NRS 639.285 prohibits an unlicensed person from "sell[ing], display[ing] or offer[ing] for sale a prescription drug." The Complaint nowhere alleges that Respondent sold any prescription drug to any consumer. The conduct alleged—on-site administration of substances during medical consultations—does not constitute a "sale" of a prescription drug within the meaning of NRS 639.285. The provision of medical services that include the administration of substances is materially distinct from the sale of those substances at retail.

THIRD AFFIRMATIVE DEFENSE

(Federal Preemption)

The federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 301 *et seq.*, vests in the FDA primary jurisdiction over the regulation of new drugs, including unapproved peptides, and over the bulk drug substances permitted for compounding under Sections 503A and 503B. The FDA has expressly considered the substances at issue (or substances within their class) and has, as of April 2026, removed BPC-157, MOTS-c, TB4, and CJC-1295 from Category 2 of the interim 503A bulks list, with PCAC review pending. State boards may not second-guess or impose disciplinary consequences inconsistent with the FDA's evolving regulatory determinations on these substances. To the extent the Board's enforcement action conflicts with or stands as an obstacle to the federal regulatory scheme governing unapproved drugs and compounding, the Board's action is preempted by federal law under the Supremacy Clause, U.S. Const., art. VI, cl. 2.

The Drug Supply Chain Security Act, 21 U.S.C. § 360eee-1, and the federal wholesale distribution provisions, 21 U.S.C. § 353(e)(1)(A) and 21 CFR Part 205, regulate the distribution of FDA-approved prescription drugs and "products" as those terms are defined in federal law. The substances at issue are not FDA-approved prescription drugs and do not

constitute "products" within the meaning of the DSCSA. The Board's attempt to predicate state disciplinary action on alleged violations of these federal authorities exceeds the scope of those federal authorities and is therefore preempted to the extent it conflicts with the federal regulatory scheme.

FOURTH AFFIRMATIVE DEFENSE

(Void for Vagueness)

NRS 454.201 is unconstitutionally vague as applied to the conduct charged. Subsection (3) of NRS 454.201 reaches "[a]ny drug which, pursuant to the Board's regulations, may be sold only by prescription because the Board has found those drugs to be dangerous to public health or safety," but the Complaint does not identify any Board regulation classifying any of the peptides at issue as a "dangerous drug." Without an underlying regulation, a person of ordinary intelligence has no way of knowing what substances are "dangerous drugs" beyond the FDA-approved drugs identified in subsection (1) and the two specific substances named in subsection (2). The statute thus fails to provide fair notice and invites arbitrary and discriminatory enforcement, in violation of the Due Process Clause of the Fourteenth Amendment and Article 1, Section 8 of the Nevada Constitution. The Board's effort to expand the definition of "dangerous drug" by litigation, without rulemaking, is itself a void-for-vagueness problem.

To the extent the Board relies on the broader definition of "drug" in NRS 639.007, that statute is unconstitutionally vague as applied. Subsections (2) and (3) of NRS 639.007 extend to "[a]rticles and devices intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans or other animals" and "[a]rticles, other than food, aspirin and effervescent saline analgesics, intended to affect the structure or any function of the body of

humans or other animals." The statute provides no definition of "intended," no guidance as to whose intent governs (the manufacturer's, the seller's, the prescriber's, the user's), and no objective standard for how intent is to be proven. Read literally, these provisions could reach water, exercise equipment, and innumerable other "articles." Without limiting principles, the statute fails to provide ordinary persons fair notice of what it prohibits and invites arbitrary, discriminatory, and viewpoint-based enforcement. To the extent the Board relies on NRS 639.007 to bootstrap jurisdiction over substances that fall outside the narrower "dangerous drug" definition of NRS 454.201, that reliance violates due process.

FIFTH AFFIRMATIVE DEFENSE

(No Personal Misconduct or Vicarious Liability)

The Complaint pleads in the alternative that "Holtorf and/or employees and/or agents" engaged in the alleged misconduct. Respondent did not personally perform or authorize any of the injections alleged. Respondent did not personally administer or authorize the administration of any substance to patient C.R., patient A.T., or any other patient at the RAAD Festival. To the extent the Board seeks to impose discipline on Respondent under a theory of vicarious liability, that approach is impermissible in a disciplinary proceeding, where personal participation in misconduct is required as a matter of due process and statutory construction. The Board's burden is to prove by a preponderance of admissible evidence that Respondent personally engaged in conduct violating Nevada law. Respondent denies any such personal conduct.

SIXTH AFFIRMATIVE DEFENSE

(Failure to Provide Adequate Notice — Due Process)

The Complaint violates Respondent's right to procedural due process under the Fourteenth Amendment to the United States Constitution and Article 1 of the Nevada Constitution by failing to provide adequate notice of the charges against him. The Complaint alleges in the alternative against Respondent and unidentified "employees and/or agents," fails to specify which acts Respondent personally is alleged to have committed, fails to identify a single Board regulation classifying the substances at issue as "dangerous drugs," and recites a litany of statutes—including criminal statutes (NRS 200.840) and statutes that by their terms do not apply to Respondent (NRS 454.217, NRS 639.268)—without explaining how Respondent's conduct violates each. *See Mathews v. Eldridge*, 424 U.S. 319, 335 (1976); *Potter v. State Bd. of Med. Examiners*, 101 Nev. 369, 371, 705 P.2d 132, 134 (1985).

SEVENTH AFFIRMATIVE DEFENSE

(Violation of Nevada Administrative Procedure Act)

The Complaint fails to comply with NRS 233B.121(1)(d), which requires that notice of a hearing in a contested case include "a short and plain statement of the matters asserted." The Complaint's pattern of pleading in the alternative against Respondent and unidentified third parties, its reliance on inapplicable statutes, and its failure to identify the specific factual basis for each cited statutory violation render the proposed disciplinary action procedurally defective.

EIGHTH AFFIRMATIVE DEFENSE

(Lack of Causation)

To the extent the Board relies on the adverse medical reactions experienced by patient C.R. and patient A.T. as evidence of misconduct or as a basis for enhanced sanctions, Respondent denies that any substance administered at Holtorf Medical Group's booth was the

proximate cause of those reactions. Respondent affirmatively states that the Board's own investigation, as reported in contemporaneous press accounts, was "unable to determine the exact cause of the reaction[s]." Without proof of causation, the adverse-reaction allegations cannot support enhanced discipline.

NINTH AFFIRMATIVE DEFENSE

(No License to Discipline)

Respondent is not a Board licensee. The Board does not hold any license, certificate, or registration belonging to Respondent that it may suspend, revoke, or restrict. Any civil penalties imposed must be supported by adequate factual findings, must be proportionate, and must be founded on a determination that Respondent in fact engaged in conduct requiring a Board license—a finding that cannot be made on the present record because the conduct alleged (medical injection) does not require a Board license but rather a license from the Board of Medical Examiners.

TENTH AFFIRMATIVE DEFENSE

(Disproportionate Sanction)

Any monetary penalty or other sanction imposed by the Board would be disproportionate to the alleged conduct, particularly in light of the FDA's evolving regulatory posture on the peptides at issue, the lack of proof of causation as to adverse reactions, the absence of personal misconduct by Respondent, Respondent's good-faith belief that the substances were lawfully obtainable and lawfully administrable in the manner conducted, and Respondent's cooperation with the Board's investigation.

ELEVENTH AFFIRMATIVE DEFENSE

(Reservation of Affirmative Defenses)

Respondent reserves the right to amend this Answer to add additional affirmative defenses, including but not limited to estoppel, laches, ripeness, mootness, primary jurisdiction, and statute of limitations, as discovery and investigation of the Board's claims may warrant.

PRAYER FOR RELIEF

WHEREFORE, Respondent prays for relief as follows:

1. That the Board take nothing by way of the Complaint;

2. That the Complaint and Notice of Hearing be dismissed with prejudice;

3. That the hearing scheduled for June 3, 2026 be vacated;

4. In the alternative, that all counts and statutory predicates that fail to state a claim—including all references to NRS 200.840, NRS 200.820, NRS 454.217, NRS 639.268(1)(a), NAC 639.757(4)–(5), and NRS 639.285—be stricken or dismissed;

5. In the alternative, if the Board determines that some form of discipline is warranted, that such discipline be limited to the minimum permissible sanction, as more severe sanctions would be disproportionate and unsupported by the evidence;

6. That Respondent be awarded his reasonable fees and costs to the fullest extent permitted by law;

7. For any such other and further relief as the Board may deem just and proper in this case.

Dated this 4th day of May, 2026.

Respectfully Submitted,

SPARTACUS LAW FIRM

/s/ Chandon S. Alexander
Chandon S. Alexander, Esq.

Nevada Bar No. 12033
3993 Howard Hughes Pkwy, Suite 480
Las Vegas, Nevada 89169
Attorney for Respondent

CERTIFICATE OF SERVICE

I hereby certify that on the 4th day of May, 2026, I caused the preceding document entitled **RESPONDENT'S ANSWER TO COMPLAINT** to be served on the following parties via email:

Jessette Phaynarikone
Laura Tucker
Nevada State Board of Pharmacy
jphaynarikone@pharmacy.nv.gov
L.tucker@pharmacy.nv.gov
Office: 775-850-1440
Fax: 775-850-1444
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521

/s/ Chandon S. Alexander
An Employee of SPARTACUS LAW FIRM

6B

Oxus America, Inc.
175 Kay Industrial Dr, Orion Township, MI 48359

December 18, 2025

State of Nevada Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521
Email: Skylaryoung@pharmacy.nv.gov

Subject: Case No. 25-470-O, Unlicensed Wholesaling of Medical Devices

Oxus America, Inc. acknowledges receipt of your letter **RE: CEASE & DESIST/CITATION & FINE: Case No. 25-470-O, Unlicensed Wholesaling of Medical Devices**, dated December 10, 2025. Oxus is submitting this written response to appeal this Cease & Desist, Citation, and Fine by request of a hearing with the Board's Reno Office.

Specifically, the State of Nevada Board of Pharmacy claim that *"Oxus sold and/or shipped Stationary Sieve Replacements in Reno, Nevada from its Michigan Facility. This device qualifies as a prescription only medical device under NRS 639.007 and 639.016 because it is restricted by federal law to sale by or on the order of a licensed healthcare provider."*

The US FDA has released the guidance document, *Remanufacturing of Medical Devices: Guidance for Industry, Entities That Perform Servicing or Remanufacturing, and Food and Drug Administration Staff*, dated May 10, 2024. Many medical devices are reusable and need preventive maintenance and repair during their useful life. For these devices, proper servicing is critical to their continued safe and effective use. Servicing is the repair and/or preventive or routine maintenance of one or more parts in a finished device, after distribution, for purposes of returning it to the safety and performance specifications established by the OEM and to meet its original intended use. Specific to oxygen concentrators, the Stationary Sieve Replacements are a standard service repair part and are not remanufacturing; therefore, they are not a prescription only medical device.

Oxus America, Inc. disagrees with the State of Nevada Board of Pharmacy claim that this product qualifies as a prescription only medical device under NRS 639.007. The subject product, supplied by Oxus America, Inc, is a repair part and not a finished medical device. The subject repair part is not intended for use in the diagnosis, cure, mitigation, treatment of prevention of a disease. The subject repair part does not require a prescription to be sold and is not shipped or sold to end user patients.

The subject repair part is shipped and sold to medical products providers that employ trained technicians to repair medical products. The subject repair part is equivalent to the replacement of any other defective or worn item to service the medical product (e.g. a

caster wheel replacement for one that is broken, replacement of a housing that has been cracked, etc.). The subject repair part is specifically intended to replace an identical component of the EverFlo oxygen concentrator that is defective or worn. Replacement of these parts restores the function of the device without changing its performance, safety characteristics, or intended use.

Oxus America, Inc. disagrees with the State of Nevada Board of Pharmacy claim that Oxus America, Inc. is a “wholesaler” as defined by NRS 639.016 or “Medical products wholesaler” as defined by NAC 639.6937. Oxus America, Inc. does not sell, lease or otherwise provide medical products to a health care facility, agency, practitioner or provider in the State of Nevada. The subject product does not meet the definition of the term “drug” under NRS 639.007; therefore, Oxus America Inc. does not distribute prescription drugs or devices into the State of Nevada. The subject product, supplied by Oxus America, Inc, is a repair part and not a finished medical device.

Oxus America, Inc. respectfully requests Case No. 25-470-O rescinded without undue delay. If an expedited withdrawal is not possible, please extend the 30-day payment of the fine until resolution can be reached. If further questions or clarifications are requested by the State of Nevada Board of Pharmacy, please contact me directly at rlenarcic@oxusamerica.com or 248-709-0490.

Thank you for your prompt response to this matter.

Ryan Lenarcic
Quality & Regulatory Affairs Manager

FILED
JAN 7 2026
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **OXUS AMERICA, INC,** **Respondent.**	**Case Nos. 25-470-O** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED, PLEASE TAKE NOTICE THAT:

On or about December 15, 2025, pursuant to NRS 639.2895, the Nevada State Board of Pharmacy (Board) issued a Cease-and-Desist/Citation-and-Fine (Citation) to Oxus America, Inc. (Oxus). On December 18, 2025, Oxus requested a hearing before the Board pursuant to NRS 639.2895(2). For purposes of the hearing, it is alleged that:

FACTUAL ALLEGATIONS

1. Oxus is a company that specializes in medical devices and gas separation technology. Oxus is located at 175 Kay Industrial Drive, Orion Township, Michigan.

2. Oxus is ISO 13485 certified. ISO 13485 is the internationally recognized standard for quality management systems in the design and manufacture of medical devices.

3. Oxus is also a U.S. Food and Drug Administration (FDA) registered manufacturer.

4. Oxus sold and/or shipped Stationary Sieve Replacements in Reno, Nevada from its Michigan facility.

5. Stationary Sieve Replacements incorporate molecular sieve technology and are intended to replace an identical component of an oxygen concentrator. Molecular sieve technology separates oxygen from carbon dioxide and nitrogen.

6. Stationary Sieve Replacements are shipped and sold only to medical products providers. A trained technician must install the Stationary Sieve Replacement.

7. Mui Lee, the Board's investigator, conducted a routine inspection of Bennett Medical Services, also known as Adapt Health. During her inspection, Inspector Lee discovered an invoice from Oxus for Stationary Sieve Replacements.

8. Inspector Lee attempted to contact Oxus to inquire about the invoice; however, no representatives responded to phone calls or emails.

9. Oxus received the Board's citation on or about December 15, 2025. The Board cited Oxus for engaging in the unlawful wholesale distribution of prescription only drugs without the required Nevada wholesale license.

10. On December 18, 2025, Oxus submitted an appeal arguing that the Stationary Sieve Replacements are not prescription devices as they are just a repair component of an oxygen concentrator. Oxus also disagreed that it is a wholesaler as defined by Nevada regulations.

APPLICABLE LAW

11. 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. NRS 639.233, NAC 639.6942.

12. Pursuant to NRS 639.016, a "wholesaler" includes any person or business that distributes drugs or devices 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.

13. "Medical products wholesaler" means a person who sells, leases, or otherwise provides medical products to a health care facility, agency, practitioner or provider in Nevada. NAC 639.6937

14. The term "drug" includes "articles and *devices* intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease" including "articles intended for use as a *component* of any article specified." (*italics* added). NRS 639.007. Similarly, 21 U.S.C. § 321(h)(1) defines a "device" to include any instrument, apparatus, or other similar or related

article, including any *component, part, or accessory,* that is intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease, or that is intended to affect the structure or any function of the body (emphasis added).

15. "Medical products" includes medical devices, equipment, supplies and gases intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease. NAC 639.6935. It also includes "medical devices, equipment, supplies or gases" which are governed by any other board or agency other than the Board of Pharmacy.

16. The FDA is a U.S. government agency under the Department of Health and Human Services.

17. An oxygen concentrator is a "device" as that term is defined at 21 U.S.C. § 321(h). The product's purpose is for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease, in man or other animals.

18. Oxygen concentrators are "prescription devices" within the meaning of 21 CFR § 801.109. Oxygen concentrators incorporate molecular sieve technology to separate oxygen from carbon dioxide and nitrogen.

19. Devices that use molecular sieve technology are categorized by the FDA as class II medical devices. *See* 21 CFR § 868.5440. This means that they may not be sold at retail except pursuant to a prescription. *See* 21 CFR § 860.3; 21 CFR § 801.109.

20. Under both state and federal law, the term "device" means and includes the component parts of the device. *See* NRS 639.007; 21 U.S.C. § 321(h)(1). By definition, if an oxygen concentrator may not be sold at retail without a prescription, its component parts may not be sold at retail without a prescription.

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\\\

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COUNT ONE

Violation of State Law: Wholesale Distribution in Nevada without a License

21. The Stationary Sieve Replacement is an FDA regulated component that is critical to the prescription-only oxygen concentrator. Because the component materially impacts physician-prescribed oxygen therapy and is not safe for use without professional installation, it is restricted to prescription use.

22. Respondent engaged in wholesale distribution into Nevada of an FDA regulated component device without first obtaining a license required by NRS 639.233 and NAC 639.593.

23. Because of these actions, Respondent unlawfully engaged in wholesale distribution within the state. NRS 639.100(1), 21 U.S.C. § 353(e)(l)(A) and/or 21 CFR Part 205.

24. Having engaged in unlawful conduct as alleged above, Respondent is subject to an administrative fine of $5,000. NRS 639.100(1); NRS 639.2895.

25. In addition to collecting the $5,000 fine as authorized by NRS 639.2895, the Board may recover its costs of investigation and prosecution pursuant to NRS 622.400.

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 639.2895(2); NRS 233B.127(3). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.127(3); NRS 622A.300(1) and (3). If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

The Board has scheduled your hearing on this matter for March 4, 2026, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 South Las Vegas Boulevard, Las Vegas, Nevada 89123.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. You may request and the Board may at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session. NRS 241.030 and NRS 241.033.

DATED this 7th day of January 2026.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of January, 2026, I personally served a true and correct copy of the foregoing **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** by placing a copy by Certified U.S. Mail and Standard U.S. mail to the following:

Oxus America, Inc
175 Kay Industrial Drive
Orion Township, MI 48359

And by sending a copy via email to:

Jessica Shopp (jshopp@oxusamerica.com)
Gary Abusamra (gabusamra@oxusamerica.com)
Ryan Lenarcic (rlenarcic@oxusamerica.com)

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

301 East Fourth Street, Suite 2800
Cincinnati, OH 45202-3957
Tel: 513.381.2838 | Fax: 513.381.0205
taftlaw.com

Mark A. McAndrew
513.357.9352
mcandrew@taftlaw.com

February 24, 2026

Gregory L. Zunino
Senior General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Re: Case No. 25-470-O (Oxus America, Inc.)

Dear Greg:

Thank you again for your time last week to discuss the above citation issued by the Board of Pharmacy to Oxus America, Inc. ("Oxus"), as well as your follow-up email dated February 18, 2026, indicating that the hearing in the above matter was continued to April 15, 2026. On behalf of Oxus, I am confirming the new date.

I also appreciate your willingness to discuss Oxus' position with the Executive Director. As an initial matter, Oxus is committed to operating in a compliant manner and takes its regulatory obligations very seriously. Oxus has been in operation for more than 16 years and is proud of its long-standing commitment to supply high-quality aftermarket components to customers that principally include service and repair technicians, medical part distributors and health systems that supply certain brands of oxygen concentrators to end users. As we discussed, Oxus does not manufacture, sell or distribute finished medical devices to customers or end users; instead, it supplies replacement service components (such as the sieve at issue here) that its customers then use to service finished products manufactured and distributed by third parties such as Invacare, Respironics and DeVilbiss.

Nor does Oxus currently manufacture or distribute any medical devices regulated by the FDA. All products in Oxus' current product portfolio are aftermarket replacement products that do not require a prescription. Further, the activities undertaken by Oxus to produce the replacement sieve at issue do not constitute "manufacturing" or "remanufacturing" of a finished device as would require a new 510(k) submission, clearance by FDA, and distribution to end users only with a prescription. In its final guidance document, Remanufacturing of Medical Devices: Guidance for Industry,

Entities That Perform Servicing or Remanufacturing, and Food and Drug Administration Staff, dated May 10, 2024, FDA provided examples of regulated remanufacturing of medical devices vs. servicing or reconditioning of components of medical devices.[1] One example provided by FDA is instructive and informs Oxus' view that (1) its activities do not constitute regulated remanufacturing; and (2) the replacement sieve product at issue does not require a prescription because the component is only for use within a regulated finished product and does not introduce new risks or functions that would require practitioner supervision:

> ***Activity****: The gradient coil of an MR system was damaged during an imaging session and needs to be replaced. It is replaced with a non-OEM gradient coil that has different dimensional specifications and coil design.*
>
> ***Relevant questions****:*
>
> *A2.1 Is there a significant change to device performance or safety specifications?*
>
> *No. The new gradient coil only differs by small changes in design and dimensional specifications. There are no significant changes to the performance and safety specifications (e.g., slew rate, peak gradient strength, power).*
>
> *A3. Is there a new or modified risk or is there a change in the performance or safety specifications?*
>
> *No. A risk-based assessment identified no new or modified risks or change in the performance or safety specifications due to this change because the non-OEM gradient coil has the same hardware performance specifications (e.g., slew rate), equivalent imaging performance, and meets the same safety and performance specifications (e.g., acoustic output) when compared to the OEM gradient coil.*
>
> ***Decision****: Not Remanufacturing*

Remanufacturing of Medical Devices: Guidance for Industry, Entities That Perform Servicing or Remanufacturing, and Food and Drug Administration Staff (May 10, 2024), p. 25.

Oxus' sieve product is very similar (if not identical) to replacement sieves distributed by various other aftermarket component suppliers and by the finished product manufacturers too. To Oxus' knowledge, none of those suppliers' replacement sieve

[1] See https://www.fda.gov/regulatory-information/search-fda-guidance-documents/remanufacturing-medical-devices.

products are subject to a 510(k) or require a prescription, principally because the sieve products are not intended to be sold and distributed directly to end users. Oxus is sensitive to this distinction, as prior to 2024 Oxus sold a sieve product covered by a 510(k) that was replaceable by end user patients. However, this particular product (510(k) K211056) was discontinued by Oxus in 2024 and is no longer commercially available.

We note that the Board's December 1, 2025 Inspection Violation Form indicates that the Board considered an "invoice showing that the entity shipped 'Rx Only' product into Nevada" and that the inspector was to secure "confirmation that the item sold are 'Rx Only' products by either taking a photo of the product indicating "Rx Only" or by confirming through the AccessGUDID database. However, Oxus' sieve product does not bear an "Rx Only" legend on its packaging (because it is a non-prescription product) and the GUDID database entry for the Oxus sieve product relates to the sieve product that was discontinued in 2024. Is it possible that the Board inspector believed that the product referred to in the GUDID entry was the same as the product described in the invoice? Those are two different products.

Because the Oxus replacement sieve product is not a prescription only product and is not sold directly to patient end users, Oxus respectfully submits:

1. That the replacement sieve product at issue is not a prescription only medical device under NRS 639.007 or 639.106;

2. It is not engaging in wholesaling activities as would require it to obtain licensure as a wholesaler under NRS 639.233.

******

On behalf of Oxus, we appreciate your attention to these matters and your consideration of the above information. If you have additional questions, please do not hesitate to contact me directly.

Respectfully submitted,

Mark A. McAndrew

Mark A. McAndrew

MAM:pjh

Exhibit 1
25-470-O
Oxus America, Inc.

Oxus America, Inc
175 Kay Industrial Drive
Orion Township, MI 48359 USA
Phone: 248-475-0925
Fax: 248-475-0938
Fed ID: 27-2416620

Packing Slip No. 41995

Tracking No. 1ZF62E980392992933

Invoice To: **Adapt Health**
PO Box 471650
Tulsa, OK 74147
USA
Phone: 914-663-3221

PO #: AHC709317

AHC709317

Ship To: Crystal Reyes
Adapt Health
(Bennett Medical)
5475 Louie Ln., Ste. A
Dock C-G
Reno, NV 89511
USA
Phone: 775-329-0799

Ship Date **8/6/2025**
Ship Via UPS Shipment

Order Qty	*Ship/BO Qty*	*Part ID/Description*	*U/M*	*Your Order*	*Our Order*
1.000	**1.000**	**RS-02013-9**	**PK**	**AHC709317**	**25145**

RS-02013-9

AHC709317

0.000 *Rev* 1

FOB

PART RESPIRONICS O2 CONC EVER LO SIE *Terms* Net 45 Days

Salesperson

R2508250414
R250825040F
R2508250256
R2508250416
R2508250410
R2508250411
R250825040C
R2508250257
R250825040D

SERVICE SOLUTIONS

Stationary Sieve Replacements

Oxus has developed a high quality aftermarket solution for Stationary Concentrator replacement sieves with an eye toward cost reduction.

All Oxus Stationary Concentrator replacement sieves:

- 100% leak and performance tested to ensure purity at or above OEM standards
- Critical parts mechanically cleaned
- Maximum zeolite fill to ensure long-term durability
- **2 year warranty against leaks and rupture**

APPLICATION	OEM PART #	DESCRIPTION	OXUS PART #
Invacare Perfecto2V	1165099	Individual box (set) 12 set pack	RS-02002-1 RS-02002-12
Invacare Perfecto2	1161257	Individual box (set) 6 set pack	RS-02003-1 RS-02003-6
Invacare Platinum 9/10	1144034	Individual box (set) 6 set pack	RS-02000-1 RS-02000-6
Invacare Platinum 5	1101707 1161699	Individual box (set) 6 set pack	RS-02001-1 RS-02001-6

FM-14111 REV 12

APPLICATION	OEM PART #	DESCRIPTION	OXUS PART #
Respironics EverFlo	1038825 0.035 x 11.5”	Individual box 9 pack 9 pack (export)	RS-02011-1 RS-02011-9 RS-02014-9
	1052382 0.032 x 12.5”	Individual box 9 pack 9 pack (export)	RS-02012-1 RS-02012-9 RS-02015-9
	1050248 0.035 x 12.5”	Individual box 9 pack 9 pack (export)	RS-02013-1 RS-02013-9 RS-02016-9
Respironics Millennium M10	1017774	Individual box	RS-02070-1
DeVilbiss 5L (525DS)	525D-619	Individual box (set) 12 set pack	RS-02020-1 RS-02020-12
	525D-619	Long tube Individual box (set) Long tube 12 set pack	RS-02021-1 RS-02021-12
DeVilbiss 10L (1025DS)	1025D-619	Individual box (set) 12 set pack	RS-02030-1 RS-02030-12
Direct Supply Attendant 5L	FYM38	Individual box 12 pack	RS-02080-1 RS-02080-12
AirSep Newlife Elite 5L	BE001-7R	Individual box (set) 5 set pack	RS-02065-5 RS-02065-5

Oxus America
2046 Brown Rd.
Auburn Hills, MI 48326
Phone: 248-475-0925 I Toll Free: 888-475-1568
sales@oxusamerica.com
www.oxusamerica.com

Oxus is an engineering, manufacturing, and service company specializing in medical devices and gas separation technology. We are a FDA registered, ISO 13485 Certified OEM Manufacturer and have been in business for over 20 years.

Exhibit 2
25-470-O
Oxus America, Inc

PHILIPS

RESPIRONICS

EverFlo™ Oxygen Concentrator

EverFlo™ Q Oxygen Concentrator

Service & Technical Reference Manual

PHILIPS
RESPIRONICS

REVISION HISTORY

Revision	Description	Author
06	Updated to include Field Communications Reformatted	K. Carter

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Chapter 1. INTRODUCTION

CAUTION
U.S. federal law restricts this device to sale by or on the order of a physician.

This section provides an introduction to the EverFlo Oxygen Concentrator as well as contact and service training information.

1.1 EVERFLO OXYGEN CONCENTRATOR OVERVIEW

The EverFlo Oxygen Concentrator produces concentrated oxygen from room air for delivery to a patient requiring low flow oxygen therapy. The oxygen from the air is concentrated using a molecular sieve and a pressure swing adsorption process. The EverFlo Oxygen Concentrator is not intended to be life supporting or life sustaining.

1.2 SERVICE NOTICE

The EverFlo Oxygen Concentrator is designed so that trained Service Technicians can perform repair and testing procedures. Only trained and qualified personnel should repair these products using authorized parts.

1.3 SERVICE TRAINING

Philips Respironics offers service training for EverFlo Oxygen Concentrators. Training includes complete disassembly of the device, troubleshooting subassemblies and components, repair and replacement of components, setup of test equipment, and necessary testing. For more information, contact the Respironics Customer Service department @ 1-800-345-6443.

1.4 SERVICE/TECHNICAL SUPPORT STATEMENT

For technical assistance, please contact Philips Respironics Service and Technical Support.

U.S.A. and Canada
Phone: 1-800-345-6443
Fax: 1-800-886-0245

International
Phone: 1-724-387-4000
Fax: 1-724-387-5012

Chapter 2. WARNINGS & CAUTIONS

Warnings and cautions are used throughout this manual to identify possible safety hazards, conditions that may result in equipment or property damage, and important information that must be considered when performing service and testing procedures on the EverFlo Oxygen Concentrator. Please read this section carefully before servicing the EverFlo Oxygen Concentrator. Additional Warning and Cautions can be located in the EverFlo User Manual.

WARNING
Warnings indicate the possibility of injury to people.

CAUTION
Cautions indicate the possibility of damage to equipment.

2.1 WARNINGS

WARNINGS
• For proper operation, your concentrator requires unobstructed ventilation. The ventilation ports are located at the top and bottom of the rear cabinet. Keep the device 6 to 12 (15 to 30 cm) inches away from walls that could impede adequate airflow to the device. Always make sure that these areas are not obstructed by items, which may impede ventilation. Do not place concentrator in a small closed space. • Servicing of this device must be referred to an authorized and trained Respironics home care provider. • Oxygen generated by this concentrator is supplemental and should not be considered life supporting or life sustaining. In certain circumstances, oxygen therapy can be hazardous; any user should seek medical advice prior to using this device. • Oxygen vigorously accelerates combustion and should be kept away from heat or open flame. Not suitable for use in the presence of a flammable anesthetic mixture with air, with oxygen, or with nitrous oxide. • Do not smoke or allow others to smoke or have open flames near the concentrator when it is in use. • Do not use oil or grease on the concentrator or its components as these substances, when combined with oxygen, can greatly increase the potential for a fire hazard and personal injury. • Do not use the concentrator if either the plug or power cord is damaged. Do not use extension cords or electrical adaptors. • Do not attempt to clean the concentrator while it is plugged into an electrical outlet.

WARNINGS
• Avoid handling the molecular sieve material. Respironics recommends the return of the sieve canister assembly to Respironics for any service that involves sieve disposal. • Use extreme caution when handling the compressor capacitor as it holds an electrical charge until is it properly discharged. • Device operation above or outside of the voltage, LPM, temperature, humidity and/or altitude values specified may decrease oxygen concentration levels. • If the EverFlo Oxygen Concentrator has been subjected to sub-freezing temperatures for an extended period, it should be allowed to warm up to the stated operating temperatures before power up. Failure to do so could result in improper performance and or alarm conditions until the device reaches normal operating temperatures.

2.2 CAUTIONS

CAUTIONS
• U.S. federal law restricts this device to sale by or on the order of a physician. • Do not place liquids on or near the device. • If liquid is spilled on the device, turn the power off and unplug from electrical outlet before attempting to clean up a spill. • When using liquid leak detector, be careful not to allow it to contact electrical parts. • Make sure connections of fittings, tubing, and hoses are secure. • Be cautious when using thread sealants because they can cause extensive damage to the internal parts of the device if allowed within tubing or fittings.

Chapter 3. SPECIFICATIONS & CLASSIFICATIONS

3.1 SPECIFICATIONS

Model Numbers	Voltage	Operational Power Frequency	Power Consumption	Oxygen Concentration Zero to Maximum Flow LPM	Sound Level	Weight
1020000 1020001 1020002 1020003 1039362 1039363	120 VAC ± 10%	60 Hz	350 W At 120 VAC	90 - 95.5%	45 dBA typ	31 lbs (14 kg)
1020002BR 1020003BR 1039364 1039365	120 VAC ± 10%	60 Hz	350 W At 120 VAC	90 - 95.5%	43 dBA typ	31 lbs (14 kg)
1020014 1020015	120 VAC ± 10%	60 Hz	350 W At 120 VAC	90 - 95.5%	<40 dBA typ	31 lbs (14 kg)
1020006 1020009 1020010 1020011 1020012 1020016 1020017 1020020 1039366 1039370	230 VAC ± 10%	50 Hz	<300 W At 230 VAC	90 - 95.5%	43 dBA typ	33 lbs (15 kg)
1020008 1039368 1104000	230 VAC ± 10%	50 Hz	<300 W At 230 VAC	87 - 95.5%	43 dBA typ	33 lbs (15 kg)
1020007 1039367	230 VAC ± 10%	50 Hz	<300 W At 230 VAC	87 - 95.5%	<40 dBA typ	33 lbs (15 kg)
1125558	230 VAC ± 10%	50 Hz	<300 W At 230 VAC	90 - 95.5%	<40 dBA typ	33 lbs (15 kg)
1020004 1020005	220 VAC ± 10%	60 Hz	320 W At 220 VAC	90 - 95.5%	45 dBA typ	33 lbs (15 kg)
1020013	220 VAC ± 10%	60 Hz	<300 W At 220 VAC	90 - 95.5%	43 dBA typ	33 lbs (15 kg)
1102443	230 VAC ± 10%	60 Hz	<300 W At 230 VAC	90 - 95.5%	43 dBA typ	33 lbs (15 kg)

All Models	
Dimensions	22.8” (58 cm) x 15” (38 cm) x 9.5” (24 cm) (H x W x D)
Oxygen Purity Alarms	Low Oxygen at 82% purity (For OPI models only), Very Low Oxygen at < 70%
Operating Temperature	55° F to 90° F (13° C to 32° C)
Storage and Transport Temperature	29° F to 160° F (-34° C to 71° C)
Relative Humidity	15 to 95%, noncondensing
Outlet Pressure	5 to 7 psi (0.34 to 0.48 Bar)
Operating Altitude	0 to 7,500 ft (0 to 2,286 m) meets specifications 7,500 to 13,123 ft (2286 to 4000 m) not specified, exceeds specified operating altitude
Maximum Flow at 0 & 7 kPa Outlet Pressure	5 LPM (3 LPM During trans fill operation)
Pressure Relief Valve	49 to 55 psi (338 to 378 kPa)
Each EverFlo unit is measured in the factory with an Oxygen Analyzer that measures oxygen concentration with an accuracy specification of +/- .1 %. When using an Oxygen Analyzer with an accuracy specification of +/- 2 % to test the Oxygen Concentration for an EverFlo Oxygen Concentrator, you may receive inaccurate readings below the acceptable pass criteria for the device. This 2% offset should be taken in to consideration when determining if the EverFlo is functioning properly. A more accurate Oxygen Analyzer may also be used for a more precise measurement of the oxygen purity. As an example, a unit could be measured in the factory with the +/- 1% Oxygen Analyzer to measure 91.1%. If this same unit is then measured with a +/- 2% Oxygen Analyzer, the reading could display a result of 89.1%. With the +/- 2% Oxygen Analyzer, it may inaccurately look like the unit falls below the 90-95.5% specification, when in fact the unit is within specification.	

Refer to User Manual (1041063) for classification, standards compliance, and EMC requirements.

Chapter 4. THEORY OF OPERATION

This section describes the theory of operation for the EverFlo Oxygen Concentrator.

4.1 PNEUMATIC OPERATION

Refer to Figure 4-1 while reading the following discussion.

The room air is drawn into the unit through the air inlet filter by the compressor. The compressed air is routed to the sieve beds through an electronically controlled Solenoid Valve Assembly. The Solenoid Valve alternates the airflow to a pair of sieve beds that allows Oxygen production. The Solenoid Valve Assembly also alternates the flow through the sieve beds to allow purging of the Nitrogen molecules from the sieve beds.

At startup, the valve/solenoid is de-energized allowing compressed air to flow through both sieve beds until the pressure sensor builds up to switching pressure. At switching pressure, a 12-volt signal is received at the valve/solenoid closing off the input and allowing the compressed air to cycle through one of the sieve beds. As the air is cycled through one of the sieve beds, the molecular sieve material traps the Nitrogen molecules from the air and allows the Oxygen enriched air to flow through the sieve bed.

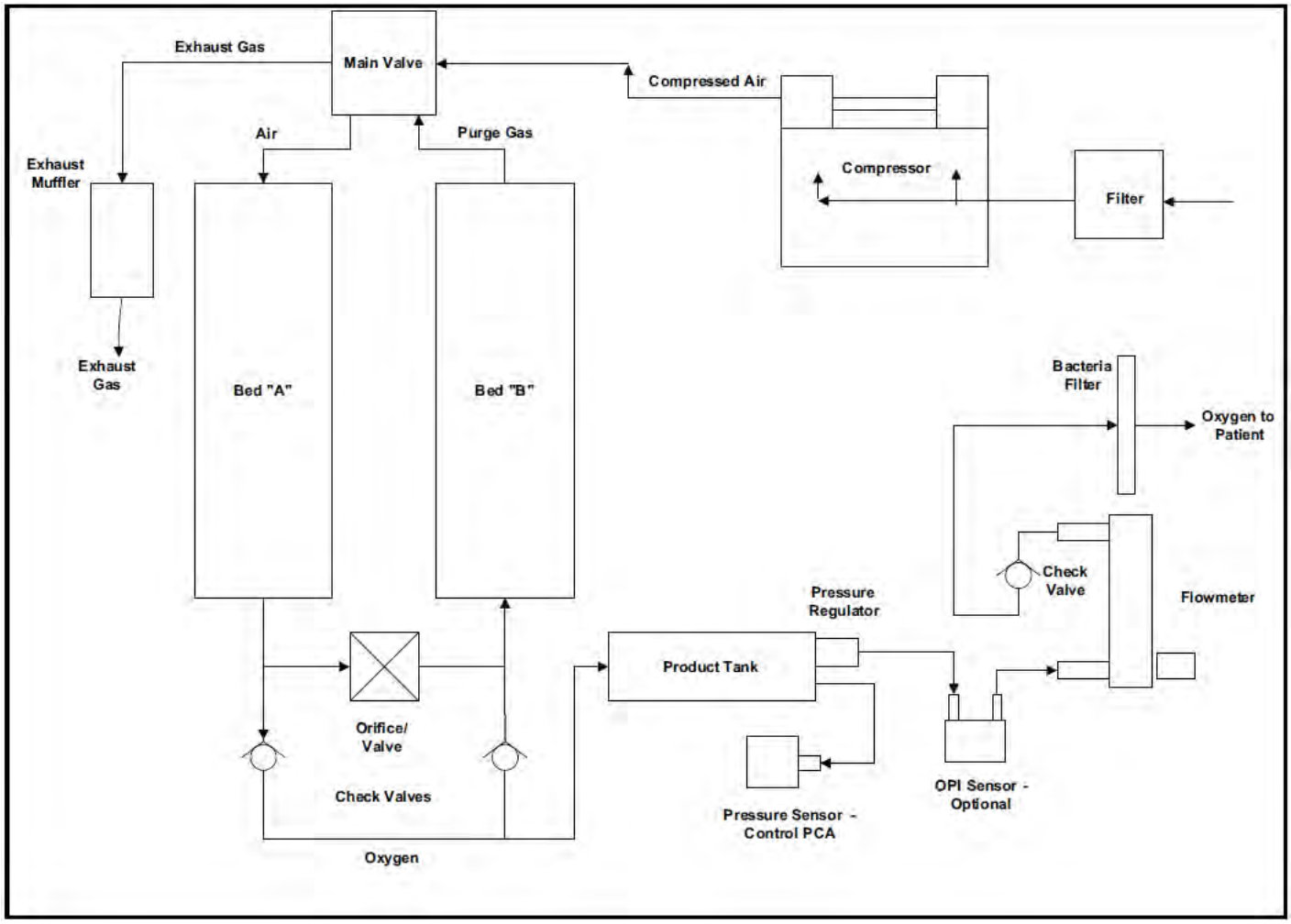
At 5 liters of flow, approximately 1/3 of the Oxygen enriched air enters the product tank and the other 2/3 of the Oxygen enriched air is passed through an orifice in the sieve bed to purge the trapped Nitrogen molecules from the sieve bed, allowing the sieve material to be ready for Oxygen production during the next cycle.

The concentrated Oxygen is stored in the product tank. The product tank is continuously filled with concentrated Oxygen and the output from the product tank is regulated at 5.5 psig nominal. The product tank pressure is continuously monitored using a pressure sensor. The stored Oxygen is delivered to the patient through a pressure regulator, an externally adjustable flow meter and a microbial filter.

NOTE

In the beginning, the 230V units, had an orifice built into the purge valve. The electronically controlled purge valve controls the Oxygen flow timing from one sieve bed to the other based on the flow meter setting.

Figure 4-1: Pneumatic Block Diagram (Non-O2 Piloted)



4.2 ELECTRICAL OPERATION

The EverFlo Concentrator is a medical device, which produces concentrated oxygen from room air for delivery to a patient. It uses a molecular sieve and a pressure swing adsorption process to concentrate oxygen from air. The device consists of filters, a compressor, a sieve canister module, a set of valves, a microprocessor-based electronic controller PCA, a flow meter and a cooling fan – all contained within a plastic enclosure.

The EverFlo Embedded Software—via the microprocessor contained on the PCA Controller—controls the sieve valves used to generate the oxygen, measures/monitors the pressure & oxygen levels, drives the Elapsed Time counter (Hour meter), reports exception conditions to the User via visual and audible indicators and provides diagnostic information to a Host computer via an RS232 communications interface.

4.3 PCA CONTROLLER OVERVIEW

All the electric / electronic functions of the EverFlo Concentrator reside on the PCA Controller. A block diagram of the PCA controller is provided in Figure A. The reader is urged to continually refer to this diagram when reading the remaining sections of this document.

The PCA controller can be sub-divided into 2 major sections:

1. Power distribution and DC voltage generation.
2. Monitoring / Control / User Interface.

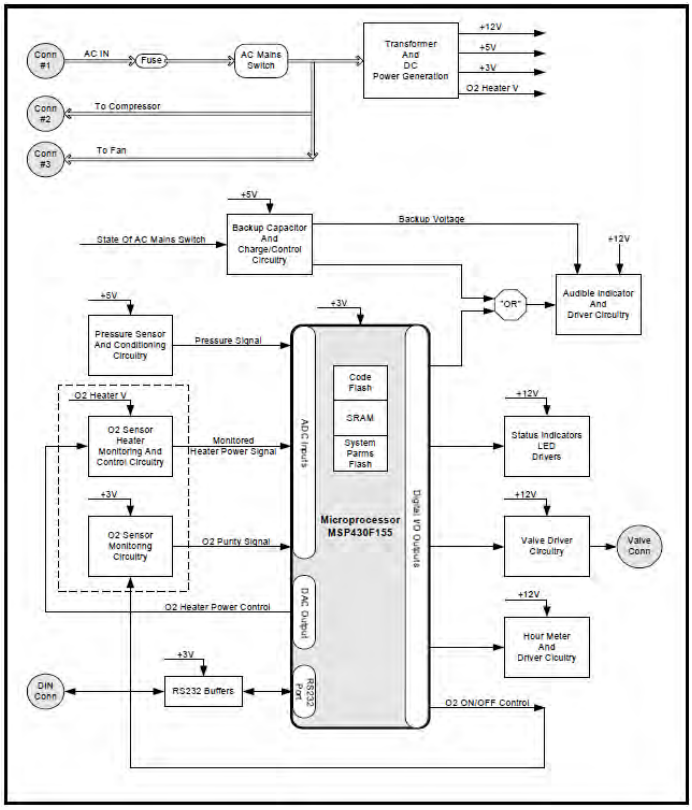


Figure 4-2: EverFlo PCA Controller Block Diagram

4.3.1 POWER

The AC mains power, via the line cord, is brought onto the PCA and the “switched” AC is distributed to the Compressor, the Cooling Fan and to the AC to DC conversion module. The DC voltages that are generated are used to power the remaining circuitry.

The PCA contains a 1 Farad “super capacitor” which is used to sound the Audible Indicator when the AC mains power is absent AND the mains switch is in the ON position. The purpose is to alert the User to the fact that there has been a loss of AC mains power (that is, an AC mains power failure, a plug removal, a blown fuse). The circuitry functions as follows:

1. During normal operation, the capacitor is energized (charged) using the +5 VDC. The capacitor reaches full charge after approximately ½ hour of system on-time.
2. The mains switch has a 2nd set of contacts that are used to determine whether the switch is open or closed. If the switch is closed (in the ON position) and the microprocessor is not functional (no DC power), then the backup circuitry is such that it will turn on the Audible Indicator, using the “super cap” as its energy source.

The “super cap” is capable of sounding the Audible Indicator for a period of greater than 8 minutes, given that it is fully charged.

4.3.2 MICROPROCESSOR AND ASSOCIATED CIRCUITRY

The remainder of the PCA controller electronics is centered around the MSP430F155 microprocessor. The microprocessor is the only processing element contained in the EverFlo concentrator. In addition to the microprocessor, the “remaining circuitry” consists of sensors, LEDS, a piezo Audible Indicator, amplifiers / signal conditioners, communication buffers and discrete components.

The embedded software, in conjunction with the microprocessor and its associated hardware, is used to control the sieve valves, measure/monitor the pressure & oxygen levels, control the oxygen sensor, drive the Hour meter, reports exception conditions to the User via visual and audible indicators and provide diagnostic information to a Host computer via an RS232 communications interface.

Chapter 5. SYSTEM SETUP

NOTE
Please refer to the appropriate User Manual for additional information.

5.1 INTRODUCTION

This section provides information regarding setup and operation of the EverFlo Oxygen Concentrator as needed for servicing, repairing, and testing the device.

5.2 SYSTEM SETUP PROCEDURES

1. Select a location that allows the concentrator to draw in room air without being restricted. Make sure that the device is at least 6 to 12 inches (15 to 30 cm) away from walls, furniture, and especially curtains that could impede adequate airflow to the device. Do not place the device near any heat source.
2. Plug the EverFlo Oxygen Concentrator into an electrical outlet.
3. If you are NOT using a humidifier, connect the cannula to the EverFlo Oxygen Outlet Port, as shown below. Proceed to step 4.

4. If you are using a humidifier follow these steps:
   a. Open the filter door on the back of the device.
   b. Remove the humidifier connector tube from the back of the filter door and replace the filter door.
   c. Fill the humidifier with water following the manufacturer's instructions.
   d. Mount the filled humidifier on the top of the EverFlo device inside the velcro strap.
   e. Tighten the velcro strap around the bottle and secure it so it is held firmly in place.
   f. Connect the humidifier connector tube (that you retrieved from the filter door) to the Oxygen Outlet Port.
   g. Connect the other end of the humidifier connector tube to the top of the humidifier with the elbow in the tubing facing the front.
   h. Connect your cannula to the humidifier bottle according to the humidifier bottle manufacturer's specifications.

5. Press the power switch to the On [I] position. Initially, all the LEDS will illuminate and the audible alert will sound for a few seconds. After that time, only the green LED should remain lit. You can begin breathing from the device immediately even though it typically takes 10 minutes to reach oxygen purity specifications. The device normally takes 10 minutes to reach oxygen purity specifications.
6. Adjust the flow to the proper setting by turning the knob on the top of the flow meter until the ball is centered on the line marking the specific flow rate.
7. Be sure oxygen is flowing through the cannula. If it is not, refer to the Troubleshooting section of this manual.
8. When you are not using the oxygen concentrator, press the power switch to the Off [O] position.

Chapter 6. MAINTENANCE

6.1 DEALER ROUTINE MAINTENANCE

This section describes scheduled and routine maintenance procedures. Normal routine maintenance involves periodic checking, cleaning, and or replacing the following items as necessary:

- Inlet Filter
- Micro-Disk Filter
- Cabinet cleaning
- LPM flow setting to the prescribed level
- Oxygen concentration level

Routine maintenance is very important in prolonging dependability and in reducing costly repairs. Long-term maintenance and regular checking of the filters helps assure the efficient operation of the unit.

6.1.1 FILTERS

Respironics recommends checking and replacing the Inlet Filter every two (2) years. Respironics also recommends checking and replacing the Micro-Disk filter as necessary.

6.1.2 CABINET

Commensurate with hospital or homecare policies, Respironics recommends cleaning the cabinet and inspecting for damage as necessary. Ensure that the small holes on the Inlet Filter door are unobstructed. Refer to the Tools and Equipment section for approved cleaning solution.

6.1.3 FLOW SETTING

Commensurate with hospital or homecare policies, Respironics recommends verifying the patient flow setting as necessary.

6.1.4 OXYGEN CONCENTRATION VERIFICATION

Commensurate with hospital or homecare policies, Respironics recommends verifying the oxygen concentration level per homecare provider's policies as necessary. Refer to the Testing section for more detailed instructions on how to check the oxygen concentration level.

6.1.5 COMPRESSOR

Respironics does not require routine maintenance or recommend field service of the EverFlo Oxygen Concentrator compressor. The compressor may require replacement when:

- The system pressure is not within specifications and there are no leaks detected.
- The compressor bearings have worn to a point that make the compressor noticeably louder.

6.1.6 HUMIDIFIER CONNECTOR TUBE AND CONNECTOR

Commensurate with hospital or homecare policies, Respironics recommends disinfecting the tube and connector using 70% isopropyl alcohol.

6.2 EVERFLO OXYGEN CONCENTRATOR MAINTENANCE RECORD

MODEL NUMBER	SERIAL NUMBER

DATE PURCHASED

DATE/HOURS/LPM *(Record at Each Check)*	FILTERS *(Clean & Replace as Necessary)*		OXYGEN CONCENTRATION *(Check Level)*
	Inlet	*Micro-Disk*	

CABINET *(Clean and Inspect as Necessary)*	FLOW SETTING *(Check Setting)*

6.3 SYSTEM VERIFICATION PROCEDURES

The following procedures may be performed at any time to ensure that the EverFlo Concentrator is functioning properly.

6.3.1 SYSTEM SELF TEST AND START UP TEST

1. Connect the power cord to the proper power source.
2. Turn on the unit by moving the power switch to the ON (I) position and verify the following:
   - All LEDs light up and the audible alarm sounds for two seconds.
   - The unit starts to run.
   - The red and yellow LED lights go off and the audible alarm stops.
   - The green LED stays on.

6.3.2 POWER LOSS ALARM TEST

1. Test the power loss alarm as follows:
   a. Connect the device to a proper power source.
   a. Let the device warm up for two minutes to charge the capacitor.
   b. Disconnect the device from the power source and move the power switch to the On (I) position and verify an audible alarm sounds continuously.
   c. The alarm should have sufficient power to sound for 10 minutes. Verify that the EverFlo Device alarms.
   d. If the audible alarm does not sound, replace the Main PCA.

6.3.3 OUTLET/REGULATED PRESSURE TEST

1. Power up the unit and allow it to run for at least two minutes to stabilize.
2. Set the flow meter to 5 LPM (1 LPM for units equipped with pediatric flowmeters).

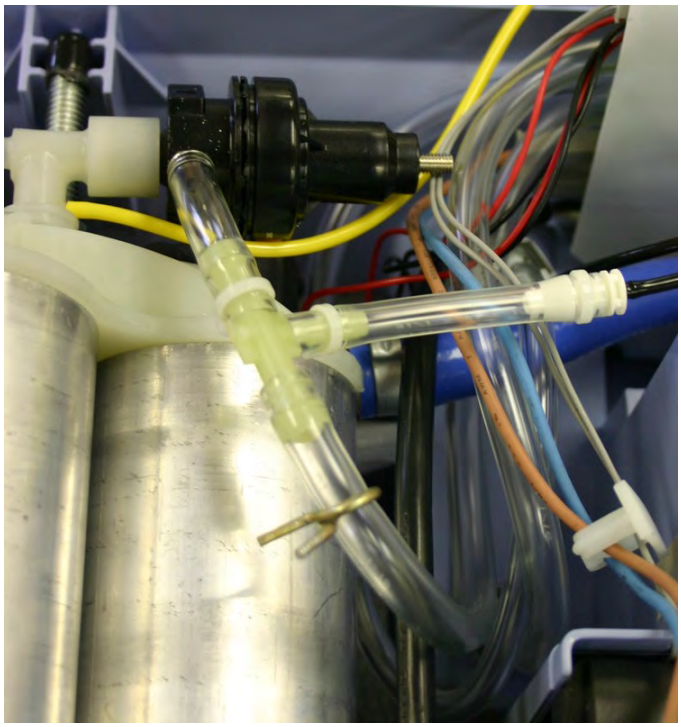
NOTE
If using the Concentrator tool kit (H647), be sure to remove the DISS outlet fitting from the tubing before proceeding to step 3.

3. Connect the pressure gauge from the tool kit to the outlet barb. The flow ball should drop to 0.0 LPM.

NOTE
Be sure to hold the pressure gauge in a vertical position.

4. If the outlet pressure does not fall between 5.0 and 7.0 psig, perform steps 5 through 14. If the pressure does fall between 5.0 and 7.0 psig, remove pressure gauge, the test is now complete.
5. Turn the unit off.
6. Remove the pressure gauge from the outlet barb.
7. Remove the front and rear cabinets.

8. Insert a “T” from the tool kit in between the regulator and the clear oxygen tubing and connect the pressure gauge.



9. Turn the device on and set the flow meter to 5 LPM (1 LPM for units equipped with pediatric flow meters).
10. With the gauge held in a vertical position, verify that the regulated pressure is at 5.5 ± 0.25 psig.
11. If the regulated pressure needs adjusted, place a 3/32” Allen wrench in the adjusting screw on the end of the regulator.

NOTE

If the regulated pressure is low, turn the wrench clockwise to increase the regulated pressure. If the regulated pressure is high, turn the wrench counter-clockwise.

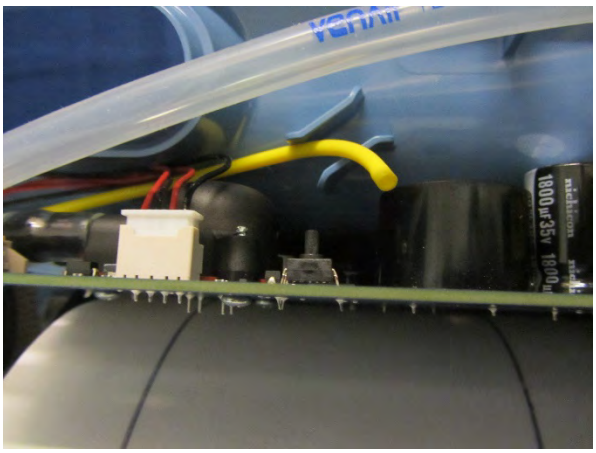
12. Disconnect the pressure gauge and “T” fitting.
13. Reconnect the clear oxygen tubing to the pressure regulator.
14. Install the front and rear cabinets.

6.3.4 SYSTEM PRESSURE TEST

The system pressure test is used to verify the proper operation of the EverFlo Compressor and Sieve Canister Assemblies.

NOTE
If pressures are not within the normal operating pressure, it does not necessarily indicate an issue with the concentrator. The Final Test located in the Testing Chapter of this manual is the only test to be used when determining a known good EverFlo Concentrator from a Concentrator requiring repair.

1. Run the unit with the front and rear cabinets in place for a minimum of ten minutes.
2. Set the flow to 5 LPM (1 LPM for units equipped with pediatric flowmeters).
3. Turn off the Everflo Oxygen Concentrator.
4. Remove the front and rear cabinets from the unit.
5. Disconnect the yellow pressure tubing from the fitting on the PCA. Using the pressure gauge, “T” fitting, and pressure tubing supplied with the Concentrator tool kit, connect to the Pressure Regulator as shown below.



6. Turn the unit on and allow the unit to cycle for at least two (2) minutes to stabilize.
7. Hold the pressure gauge in a vertical position.
8. Verify pressures against the table below. This table is a reference guideline for system pressures and troubleshooting. If a value is measured outside of these ranges, it may not mean the unit has a fault. If the Outlet Pressure and Outlet Oxygen values are within tolerances, and the unit is not alarming, the unit should be considered acceptable.

EverFlo Model	Normal Pressure for units equipped with Purge Valves		Normal Pressure for units without Purge Valves	
	Min	Max	Min	Max
1020000 1020001 1020002 1020003 1020002BR 1020003BR 1039362 1039363	NA	NA	15	27
1020004 1020005	NA	NA	NA	NA
1020006 1020009 1020010 1020011 1020012 1020016 1020017 1039366 1039368 1039370	16	24	14	25
1020007 1020008 1039367	12	22	12	23
1020013	NA	NA	11	22
1020014 1020015 1039364 1039365	NA	NA	14	24

9. Record the peak pressure for four cycles.

CYCLE 1	CYCLE 2	CYCLE 3	CYCLE 4

10. Confirm that all peaks are within one (1) psig of each other.

NOTE
If the four cycles are not within specification, refer to the troubleshooting section of the service manual.

11. Turn off the EverFlo Concentrator and disconnect the pressure gauge, “T” fitting, and tubing. Reconnect the yellow tubing to the Pressure Regulator Adaptor located on the top of the Sieve Canister Assembly.
12. Install the front and rear cabinets.

6.3.5 OXYGEN OUTPUT TEST

1. Power up the concentrator and allow it to run for a minimum of 15 minutes.
2. Connect a calibrated oxygen analyzer to the outlet fitting of the concentrator.

3. Set the flow to 5 LPM (1 LPM for units equipped with pediatric flowmeters).
4. Verify the oxygen reading is as follows:

MODEL NUMBER	OXYGEN PURITY
1020000, 1020001, 1020002, 1020003, 1020002BR, 1020003BR 1020004, 1020005, 1020006, 1020009, 1020010, 1020011, 1020012, 1020013, 1020014, 1020015, 1020016, 1020017, 1039362, 1039363 1039364, 1039365 1039366, 1039368, 1039370	≥ 90%
1020007, 1020008, 1039367	≥ 87%

6.3.6 MAIN PCA OXYGEN VERIFICATION (OPI UNITS ONLY)

This procedure verifies that the Main PCA is operating properly.

1. Plug the unit into a power outlet.
2. Turn the device on, set the flow to 5.0 LPM, and let it run for 10 minutes.
3. If either the yellow or red LED illuminates after 10 minutes, perform the oxygen output test with a calibrated oxygen analyzer. If the red LED illuminates, the audible alarm should also sound at the same time.

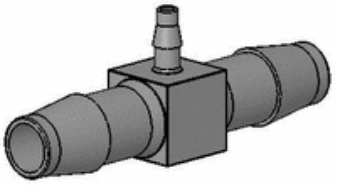
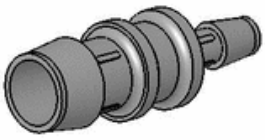
NOTE
The oxygen analyzer used in the following steps must be calibrated to meet the manufacturer's specifications.

If the device is alarming and the oxygen concentration is measured at 82% or higher, check the device for leaks. If no leaks are found then replace the Main PCA.

6.3.7 COMPRESSOR TEST

This procedure verifies if the Compressor is working properly.

EQUIPMENT REQUIRED FOR OPTION 1

Item	Reference Part No.	Description	Picture
1	McMaster-Carr: Qty 1 of Part #: 5121K851	White Polypropylene Barbed Tube Fitting Reducing Tee for 3/8" X 1/8" X 3/8" Tube ID	
2	McMaster-Carr: Qty 1 of Part #: 7781K33	Compact Plastic Needle Valve 3/8" Barb X 3/8" Barb Connections	
3	McMaster-Carr: Qty of 1 of Part #: 4089K13	Multipurpose Gauge +/-2% Mid-Scale Accuracy 2" Dial, 1/4" NPT Male Bottom, 0 - 60 PSI	
4	McMaster-Carr: Qty of 1 of Part #: 5439K19	High Pressure Tubing, 1/8” ID, 3/8” OD, 1/8” Wall	
5	McMaster-Carr: Qty 1 of Part #: 2974K278 (Same as 5463K653)	Durable Nylon Single-Barbed Tube Fitting Reducing Coupling for 1" X 1/2" Tube ID White	

Item	Reference Part No.	Description	Picture
6		Hose Clamp, Qty 5 Clamping range of 1/4” to 5/8”	
7		18” Patient Tubing, Qty 1	
8		TSI Flow Meter, Qty 1	
9		High-Pressure Tygothane Polyurethane Tubing Clear, 3/8" ID, 1/2" OD, 1/8" Wall. 10’L	
10		FDA White Nylon Single Barbed Tube Fitting Adapter for 1/8” Tube ID X ¼” FNPT	
11		Stopwatch	

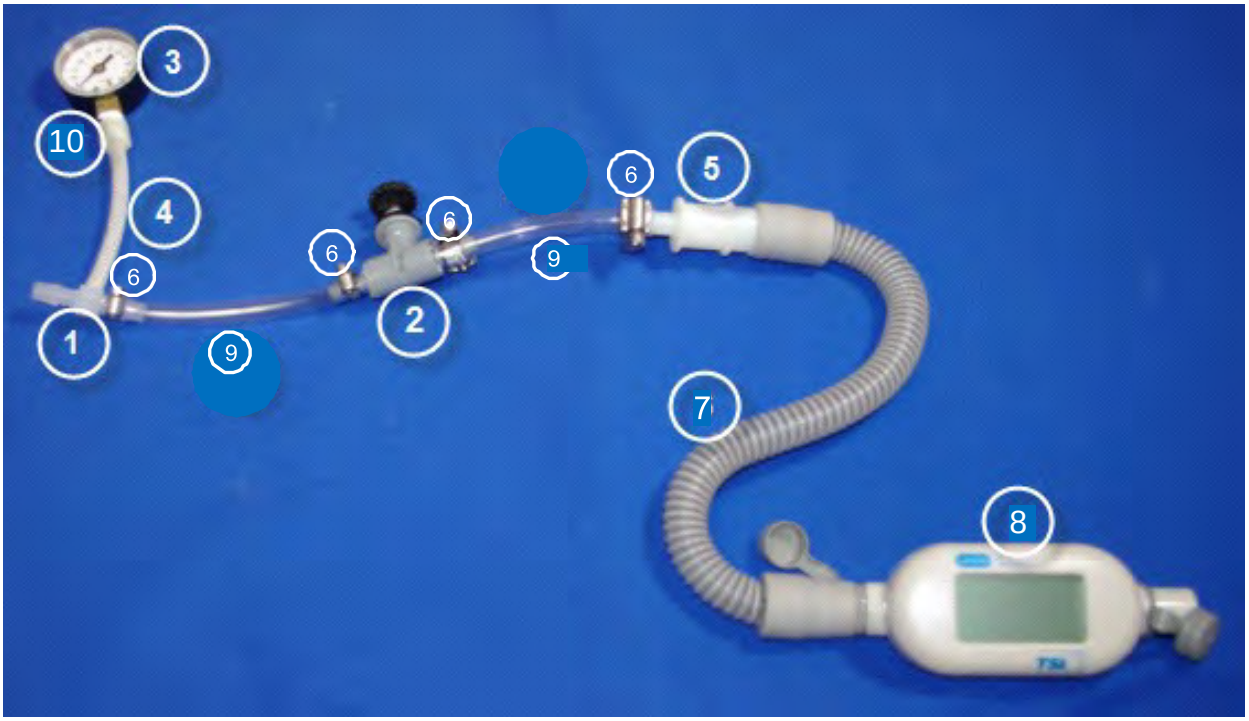
EQUIPMENT REQUIRED FOR OPTION 2

Items 1-4, 6, 9, and 10 as detailed above with the addition of the following items:

ID	Reference Part No.	Description	Picture
1		Male Tube Adapter 1/8” NPT x 3/8” Barb, McMaster-Carr: Part # 5372K116	
2		Flow Meter, Dwyer Instruments Part # RMA-25	

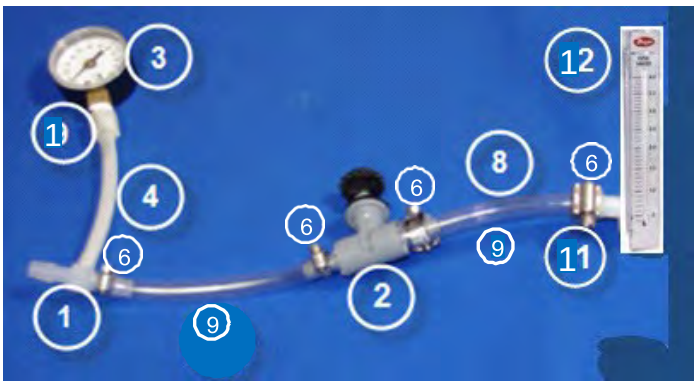
ASSEMBLY INSTRUCTIONS FOR EQUIPMENT OPTION 1

1. Connect the compressor blue outlet tube to Barbed Tube Fitting Reducing Tee (#1) and secure with a hose clamp (#6).
2. Thread the Barbed Tubing Fitting Adapter (#10) to the gauge (#3) using Teflon tape.
3. Connect the Tubing Fitting Adapter (#10) to the Reducing Tee (#1) using the High Pressure Tubing (#4).
4. Install the High Pressure Clear Tubing (#9) to the Reducing Tee (#1) and the Needle Valve (#2) and secure with hose clamps (#6).
5. Install the High Pressure Clear Tubing (#9) to the Needle Valve (#2) and the Single Barbed Tube Fitting (#5) and secure with hose clamps (#6).
6. Install the 18” Patient Tubing (#7) to the Single Barbed Tube Fitting (#5) and the TSI Flow Meter (#8).
7. Install the power adapter to the TSI Flow Meter (#8) and plug into a 120 VAC/60 Hz outlet.



ASSEMBLY INSTRUCTIONS FOR EQUIPMENT OPTION 2

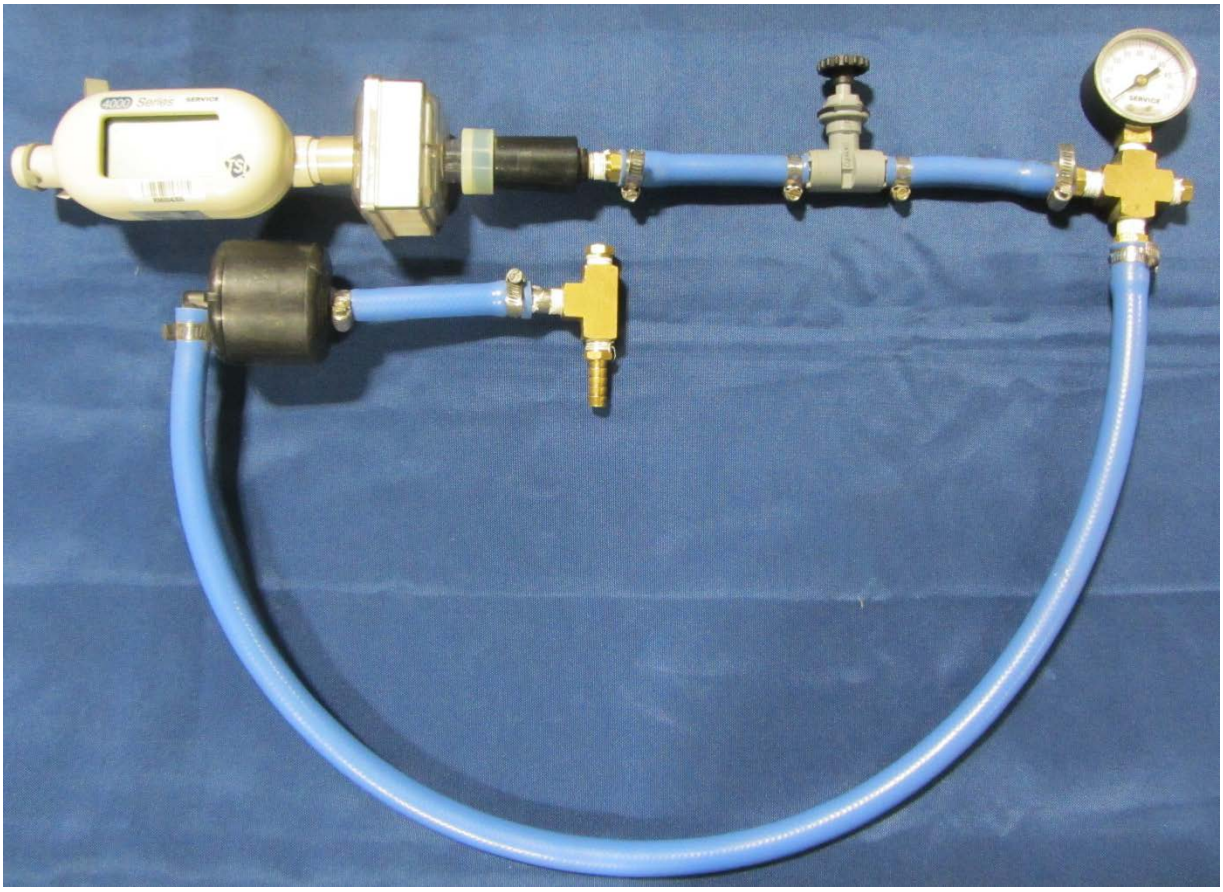
1. Connect the compressor blue outlet tube to Barbed Tube Fitting Reducing Tee (#1) and secure with a hose clamp (#6).
2. Thread the Barbed Tubing Fitting Adapter (#10) to the gauge (3) using Teflon tape.
3. Connect the Tubing Fitting Adapter (#10) to the Reducing Tee (#1) using the High Pressure Tubing (#4).
4. Install the High Pressure Clear Tubing (#9) to the Reducing Tee (#1) and the Needle Valve (#2) and secure with hose clamps (#6).
5. Install the High Pressure Clear Tubing (#9) to the Needle Valve (#2)
6. Install the 1/8” Male Tube Adapter (#12) to the Flow Meter (#13) using Teflon tape.
7. Install the High Pressure Clear Tubing (#9) to the 3/8” Male Tube Adapter (#12) and secure with a hose clamp (#6).



ASSEMBLY INSTRUCTIONS FOR EQUIPMENT OPTION 3

Option 3 is only available in SCMS (equipment not shown above).

1. Attach the TSI flow meter to the inlet filter.
2. Attach the grommet to the inlet adapter.
3. Inset the pipe nipple into a length of hose. (@ 7” in length)
4. Attach the hose to the Compact Plastic Needle Valve 3/8" Barb X 3/8" Barb Connections.
5. Join a short length of hose to the white polypropylene barbed tube.
6. Connect the pressure gage to the tee fitting on the barbed tube.
7. Attach a length of blue hose (30” in length) from the barb fitting to a brass fitting. This is the test end of the device for testing the compressors for flow and pressure.
8. Insert an inline muffler to help collect any sieve material in the test line.
9. Use clamps to secure the fittings together.



PROCEDURE

1. Follow the procedures detailed in the EverFlo Service Manual for the removal of the following components:
    a. Filter Cover
    b. Inlet Filter
    c. Rear Cabinet

2. Remove the blue hose running from the Compressor to the Sieve Canister Assembly by carefully cutting the one-eared clamp.
3. Connect the Compressor blue outlet tube to the Test Fixture's Barbed Tube Fitting Reducing Tee.
4. Install the Inlet Filter to the Compressor's Inlet Boot.
5. If using Test Fixture Option 1, turn ON the flow meter.
6. Ensure is Compact Plastic Needle Valve is fully open.
7. Turn ON the EverFlo power switch.
8. Start the stopwatch.
9. Adjust Compact Plastic Needle Valve to achieve 20 psi pressure. (turning clockwise to increase pressure and turning counter-clockwise to decrease pressure)
10. When time reaches 1 minute, observe and record LPM reading from Flow Meter.
11. Stop the stopwatch.
12. A reading ≥ 69 LPM indicates a "PASS" for the 0.44 compressor, a reading < 69 LPM indicates a "FAIL".
13. A reading ≥ 63 LPM indicates a "PASS" for the 0.38 compressor, a reading of < 63 LPM indicates a "FAIL"
14. If the Compressor failed, replace the compressor as per the Service Manual Compressor Replacement instruction.
15. If the Compressor passed, continue to troubleshoot as per the System Verification Procedures in the Service Manual.

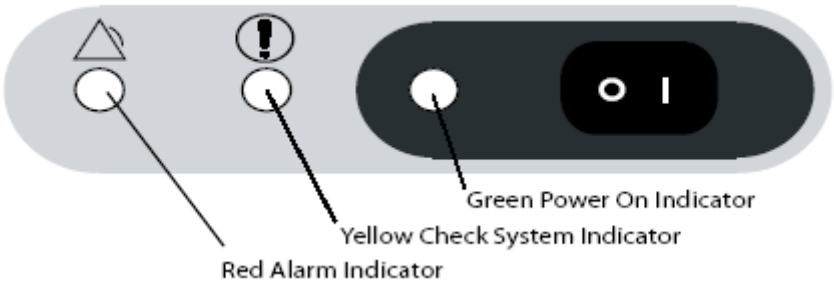
Compressor Table	
EVERFLO .38 COMPRESSOR-120V (MODEL 1098014 OR 1122381)	≤ 63.0 LPM indicates a "FAIL"
EverFlo Compressor-120V .44 (MODEL 1098014 OR 1122381)	≤ 69.0 LPM indicates a "FAIL".
PRI Compressor model 1082141 (115, 60Hz and .38 stroke)	≤ 56.0LPM indicates a "FAIL".
PRI Compressor model 1082142 (115, 60Hz and .44 stroke)	≤ 65.0 LPM indicates a "FAIL".
GSE compressor (115, 60Hz and .45 stroke)	≤ 68.0 LPM indicates a "FAIL".

Chapter 7. TROUBLESHOOTING & ALARMS

7.1 INTRODUCTION

This section provides service technicians with a troubleshooting table to determine which component(s) is any, must be replaced.

7.2 INDICATORS & ALARMS



COLORED LED	POSSIBLE CAUSE
Yellow LED is blinking. The Red LED is off and the Audible Alarm is beeping periodically.	The device has detected a high oxygen flow condition.
Green LED illuminates continuously. The other LEDs are off and the Audible Alarm is silent.	The device is turned on and working properly.
The Audible Alarm is sounding continuously. None of the LEDs are illuminated.	The device is turned on but is not operating. Often this indicates that the device is not plugged in or there is a power failure.
The Audible Alarm is sounding continuously and all 3 LEDs are illuminated.	The device had detected a system malfunction.
Yellow LED illuminates continuously, the Red LED is blinking and the Audible alarm is beeping periodically.	The device has detected an impeded oxygen flow condition.
Red LED illuminates continuously and the Audible Alarm is beeping continuously.	The device has detected a system malfunction.
Yellow LED illuminates continuously. The Red LED is off and the Audible Alarm is silent.	The device has detected a low oxygen condition. (For OPI units only.)

7.3 TROUBLESHOOTING TABLE

SYMPTOM	CAUSE	VERIFICATION	CORRECTIVE ACTION
• Low pressure	**Canister to Compressor tubing failure**	• Verify there are no leaks	• Repair leaks in tubing and hoses
		• Verify the tubing between the canister and Compressor is connected	• Reconnect or replace the tubing
		• Verify the tubing is not kinked or pinched	• Reposition the tubing
	Compressor failure	• Verify there are no leaks in the hose from Compressor to Sieve Canister	• Replace clamps or replace hose
		• Verify the Compressor is operating correctly	• Replace the Compressor
	Valve Solenoid failure	• Verify the Valve Solenoid is working	• Replace the Valve Body
		• Verify wiring harness from the Valve Solenoid to Main PCA are connected	• Reconnect the wiring harnesses and retest
			• If problem continues, install old valve body and new pilot valves
	Sieve Canister leaking	• Verify there are no leaks in Sieve Canister	• Replace the Sieve Canister Assembly

SYMPTOM	CAUSE	VERIFICATION	CORRECTIVE ACTION
• High pressure	**Pressure relief valve**	• Verify that tubing is not kinked or pinched • Verify that the tubing is not damaged • Verify the valve wiring harness is connected at the Main PCA • Verify the Compressor is working correctly	• Reposition the tubing • Replace the damaged tubing • Replace Valve Solenoid Assembly • Replace the Compressor
	Valve Solenoid failure	• Verify the Valve Solenoid is working properly • Verify the valve wiring harness is connected at the Main PCA	• Replace the Valve Body • Reconnect the wiring harnesses and retest • If problem continues, install old valve body and new pilot valves
• Constant Audible Alarm (no LED's on)	**Fuse failure**	• Verify the continuity of the fuse	• Replace the fuse

SYMPTOM	CAUSE	VERIFICATION	CORRECTIVE ACTION
• Fluctuations in oxygen pressure • Fluctuation in flow ball	**Pressure Regulator failure**	• Verify the flow from regulator is correct • Perform Outlet / Regulated Pressure Test	• Replace the regulator
	Valve Solenoid failure	• Verify the Valve Solenoid is working properly • Verify the valve wiring harness is connected at the Main PCA	• Replace the Valve Body • Reconnect the wiring harnesses and retest • If problem continues, install old valve body and new pilot
• Unit will not turn on	**No power to the unit**	• Verify the power cord is connected to the wall outlet • Verify there is power in the wall outlet • Verify if the outlet is connected to a light switch and the switch is in the ON position	• Connect the power cord to the wall outlet • Check the household fuse or circuit breaker • Move the power switch to the ON position

SYMPTOM	CAUSE	VERIFICATION	CORRECTIVE ACTION
• LED failure	**No power to LED's**	• Verify the power cord is plugged in • Verify power in wall outlet • Verify that all wiring harnesses are connected • Verify the Main PCA is not damaged	• Connect the power cord to AC power source • Check the household fuse or circuit breaker • Connect all wiring harnesses • Replace the Main PCA
• Unit is inoperable	**Main PCA failure**	• Verify the wiring harnesses are connected • Verify the wiring harness is not damaged • Verify the condition of the fuse on PCA • Verify the condition of the Power Cord	• Connect the wiring harnesses • Check the wiring harnesses for continuity • Test the fuse for electrical continuity • Verify the Power Cord continuity • Replace Power Cord • Replace the Main PCA
• Start-up alarms in-operable	**Piezoelectric speaker failure**	• Verify the solder joints on the piezoelectric speaker	• Replace the Main PCA

SYMPTOM	CAUSE	VERIFICATION	CORRECTIVE ACTION
• Low oxygen output	**Sieve bed failure**	• Verify the oxygen output with a calibrated oxygen analyzer	• Replace the Sieve Canister
		• Verify the Compressor is working properly	• Replace the Compressor
		• Verify that there are no leaks	• Replace tubing and clamps
	Compressor failure	• Verify Compressor is operating properly	• Replace Compressor
• Low Oxygen percentage indicator not functioning • Continuous red LED	**Main PCA failure**	• Verify the OPI output	• Replace the Main PCA
• Warm cabinet temperature	**Cooling Fan failure**	• Verify the Cooling Fan connectors are seated properly	• Reseat the connectors
		• Verify there is continuity on electrical fan wiring harness	• Replace the fan assembly
		• Verify there is power to the Cooling Fan	• Reseat the connectors
		• Verify the Cooling Fan is not obstructed	• Remove the obstructions from the Cooling Fan

SYMPTOM	CAUSE	VERIFICATION	CORRECTIVE ACTION
• Pressure relief valve activated • Red LED (constant) • Low pressure	**Cycle failure**	• Verify Valve Solenoid Assembly operation • Verify Valve Solenoid assembly wire harness connection with Main PCA • Verify voltage from Main PCA to Valve Solenoid Assembly	• Replace Valve Solenoid Assembly • Reconnect the Valve Solenoid wiring harness to the Main PCA • Replace the Main PCA
• Inaccurate oxygen readings	**Leaks**	• Verify the hoses are connected to the OPI sensor. • Verify that there are no leaks	• Reconnect the hoses • Reconnect the tubing
	Main PCA failure	• Verify the outputwith a calibrated oxygen analyzer	• Replace Main PCA
	Compressor failure	• Verify the Compressor output range.	• Replace the Compressor

SYMPTOM	CAUSE	VERIFICATION	CORRECTIVE ACTION
• Inaccurate oxygen flow	**Flow Meter failure**	• Verify the Flow Meter can be adjusted properly	• Replace the Flow Meter
• Loss of power • Low Pressure	**Compressor thermal switch failure** • Compressor temperature allowed to exceed 65 +/- 5 degrees C 127 +/- 5 degrees F	• Verify that air flow around concentrator is not blocked • Verify that all filters are clan • Verify that the thermal switch is closing after cooling	• Reposition the concentrator to an open area • Replace all dirty filters • Replace the Compressor

PROBLEM	POSSIBLE CAUSE	WHAT YOU SHOULD DO
Not running or lockup	Compressor	Replace the compressor
Noisy at the compressor	Compressor	Replace the compressor
Low Flow if the purity is still good	Compressor	Replace the compressor
Valve not cycling	Valve	Replace the valve
Pressure fluctuating < 10psi	Valve	Replace the valve
Flow meter fluctuating, either observed or device returned with customer complaint	Valve	Replace the valve
Customer complaint of device alarming, but the measured O_2 is within spec	Valve	Replace the valve
Low O_2 with the perf-plates at or above 1.3 inches	Valve	Replace the valve
Low O_2 with new valve installed and compressor flow within spec	Canister	Replace the canister
Either the perf-plate position measured >1.3 inches	Canister	Replace the canister and valve
Peak pressure > 28 psi	Canister	Replace the canister and valve
Estimated flow > 5.5 LPM with the flow meter set to = 5 LPM	System checks	Inspect and fix leaks
EverFlo UltraFill compatible models have cuts or pin holes in tubing near the sieve canister	System checks	Inspect and fix leaks

7.4 SYSTEM PRESSURE TEST TABLE

SYMPTOM	CAUSE	VERIFICATION	CORRECTIVE ACTION
System Pressure Test • Abnormal reading	• High-pressure reading above 25 psig @ 60 Hz @ 5 LPM flow.	• Check oxygen percentage at 5 LPM. If Low?	• Check for proper valve cycling • Replace Sieve Canister
• Fluctuating pressure	• Difference in Peak pressure is > 1 psig.	• Check oxygen percentage at 5 LPM. If Low?	• Check for leaks • Replace Sieve Canister
• Low pressure reading	• Low pressure reading below 20 psig @ 5 LPM	• Check oxygen percentage at 5 LPM. If Low? • Check for leaks • Check tubing • Check fittings • Check for dirty filters • Check Compressor for System Pressure	• Replace tubing • Replace fittings • Replace filters • Replace Compressor

Chapter 8. REPAIR & REPLACEMENT

8.1 OVERVIEW

This chapter illustrates the replaceable components for the EverFlo Oxygen Concentrator. Procedures for replacing the components are also provided in this chapter.

NOTE

Refer to the proper Testing Section for required testing after component replacement.

NOTE

Refer to the Repair Kits Section for proper repair kit identification.

WARNING

- To prevent electrical shock, disconnect the electrical supply before attempting to make any repairs to the EverFlo Concentrator.
- Use extreme caution when handling the Capacitor. The Capacitor can hold a substantial electrical charge until it is properly discharged.
- Even with the unit disconnected from the electrical supply, the Capacitor may still hold an electrical charge strong enough to cause serious bodily injury. DO NOT touch the capacitor terminals simultaneously until the Capacitor has been completely discharged. Discharge the Capacitor by shorting the two posts with an insulated screwdriver.
- Avoid handling the molecular sieve material. Respironics recommends the return of the sieve canister assembly to Respironics for any service that involves sieve material.

CAUTION

- Electronic components used in this device are subject to damage from static electricity. Repairs made to this device must be performed only in an antistatic, ESD-protected environment.
- During all repair and replacement procedures, ensure that any connections that are broken during the process (fittings, tubing, and hoses) are reconnected securely.
- When using a leak detector, be careful that it does not come in contact with any electrical components.
- The fuse on the Main PCA must be replaced with the fuse called out in the Repair Kits Section of this Service Manual. Failure to do so will result in damage to the unit.

8.2 REPAIR KIT REFERENCE TABLE

PART NUMBER(S)	REPAIR KIT NAME
Capacitor Assembly	
1038834	RP-EverFlo Capacitor Assy-120V
1038835	RP-EverFlo Capacitor Assy-230V
1050251	RP-EverFlo (1020013) Capacitor Assembly
Caster	
1026632	RP- CASTER KIT 1-PACK
1126706	RP-CASTER,LOCKING,4-PACK
Compressor Assembly	
1038822	RP-EverFlo Compressor-120V
1038823	RP-EverFlo Compressor-230V
1110619	RP-EverFlo .380 Stroke Compressor-120V
1110620	RP-EverFlo .380 Compressor w/Return Pack
1134131	RP-EverFlo Compressor-Korea **NOTE:** Only Model 1020013 uses this kit
1134637	RP - EverFlo GSE compressor 120 Volt
Cover	
1050773	RP-EverFlo Din Outlet Cover
1038839	RP-EverFlo Filter Cover
Label	
1051037	RP-EverFlo Mill Branding LBLs
1051038	RP-Model 1020013 Fire Warn LBL
Overlay	
1053746	RP-EverFlo Overlay Kit
1056622	RP-EverFlo Q Overlay Kit
Tubing	
1135323	RP-EverFlo Compressor Repair Kit
1038833	RP-EverFlo OPI Concentrator Tubing
1075139	RP-EverFlo-T Pressure Regulator Assy
1132529	RP - PRI Compressor Inlet Tube Assembly **NOTE:** Also requires the use of P/N 1038820
1039642	HUMIDIFIER CONNECTOR TUBE KIT,EVERFLO
1133623	RP,HUMIDIFIER FITTING ONLY(qty100)
Fan Assembly	
1038836	RP-EverFlo Fan Assy-120V
1038837	RP-EverFlo Fan Assy-230V
1056621	RP-EverFlo Model 1020007 Fan Kit
Flow Meter	
1082784	KIT, 5 LPM FLOWMETER, EVERFLO
H644	KIT,LOW RANGE CABINET FLOWMETER
528	KIT, LOCKING FLOWMETER 5LPM
Front Cabinet Assembly	
1038809	RP-EverFlo Front Cabinet Assy-120V

PART NUMBER(S)	REPAIR KIT NAME
1039576	RP-EverFlo Front Cabinet Kit-230V
1050254	RP-EverFlo Q Front Cabinet
Outlet	
1038830	RP-EverFlo Front Cabinet DISS Outlet
Hardware	
1121100	RP-KIT,CABLE TIE, 11 1/2 IN LG(X1000)
1038841	RP-EverFlo Hardware
1116864	RP-Torx, T6 Insert Bit Kit
1116865	RP-Torque Driver Kit 1.5 to 15 in-lbs
1132614	RP-EverFlo SMC 19mm Hdwr Kit
1111250	RP-EverFlo SMC Hardware Kit
1114955	RP-EverFlo ASCO Screw Kit (X100)
1119432	RP-EverFlo #6-19 Screw/Washer Kit (X200)
Strap	
1038840	RP-EverFlo Humidifier Strap
Inlet	
1038820	RP-EverFlo Inlet Boot
1038831	RP-EverFlo Inlet Filter
Main PCA	
1136061	RP Kit-PCA,ROHS,EVERFLO w LCD,DOM,NONOX
1136062	RP Kit-PCA,ROHS,EVERFLO w LCD,DOM,OX
1136063	RP Kit-PCA,ROHS,EVERFLO w LCD,INT,OX
Filter	
520	KIT,OXYGEN MICRODISK FILTERS
Coupler	
1081743	RP-O2 Quick Coupler
Packaging and Returns	
1038842	RP-EverFlo Packaging
1046753	RP-EverFlo Compressor w/ Return Pack
1113951	EF Compr Kit,120V,.44 stroke,90PC,BULK
1113952	EF Compr Kit,230V,.44 stroke,90PC,BULK
1113953	EF Compr Kit,120V,.38 stroke,90PC,BULK
1132718	RP-Everflo Pulp Packaging Bulk Kit
1135771	RP-Everflo Pulp Packaging Bulk Kit-Latin
1135772	RP-Everflo Pulp PackagingBulk Kit-Europe
1121593	RP-EverFlo Packaging FR
Power Cords	
1129417	RP-EverFlo,Pwr Cord,Domestic,STRLF
1129518	RP-EverFlo,Pwr Cord,NEMA,120V, STRLF
1129519	RP-EverFlo,Pwr Cord,Europe, STRLF
1069012	RP-EverFlo,Pwr Cord,UK,Ireland,STRL
1129521	RP-EverFlo,Pwr Cord,Australia,STRLF

PART NUMBER(S)	REPAIR KIT NAME
1129522	RP-EverFlo,Pwr Cord,Italy,Chile,STRLF
1129526	RP-EverFlo,Pwr Cord,Brazil,120V,STRLF
1129520	RP-EverFlo,Pwr Cord,S.Africa,India,STRLF
1129523	RP-EverFlo,Pwr Cord,Argentina,STRLF
1129524	RP-EverFlo,Pwr Cord,Korea,STRLF
1129525	RP-EverFlo,Pwr Cord,Switzerland,STRLF
Pressure Regulator	
1038838	RP-EverFlo Pressure Regulator Adaptor
1038824	RP-EverFlo Pressure Regulator Assy.
1075139	RP-EverFlo-T Pressure Regulator Assy
1092138	RP-EverFlo Reg to O2 Coupler
1119969	RP-EverFlo T Pressure Regulator Adaptor
Rear Cabinet Assembly	
1038810	RP-EverFlo Rear Cabinet Assy-120V
1039577	RP-EverFlo Rear Cabinet-230V
1050253	RPKit-EverFlo 1020007 Rear Cabinet Assy
1050252	RP-EverFlo Q Rear Cabinet
Sieve Canister Assembly	
1038825	RP-EverFlo Canister Assy .035x11.5 **NOTE**: Do not use with GSE Compressor
1050248	RP-EverFlo Canister Assy .035x12.5
1052382	RP-EverFlo Canister Assy .032x12.5
Solenoid Assembly	
1109961	RP-EverFlo O2 Pilot Solenoid Assy
1115003	RP-EverFlo ASCO Valve Body, O2 Pilot
1111249	RP-EverFlo SMC Pilot Valve Kit
1111248	RP-EverFlo SMC Valve Body Kit
1114952	RP-EverFlo ASCO Valve Body Kit
1114954	RP-EverFlo ASCO Pilot Valve Kit
Spring	
1052355	RP-EverFlo Spring Kit
Whisper Cap	
1048534	RP-EverFlo Whisper Cap Kit
Compressor Test Equipment	
1008198	HOSE,22mm-18IN,NON-AUTOCLAV
1071679	1071679
Oxygen Interface	
1073499	Oxygen Interface Hardware Kit
1129195	RP-CABLE, MDIN7, MALE, MALE, 6FT
Oxygen Test Flowmeter	
1106611	RP-OXYGEN TEST FLOW METER
Foam	
1120993	RP-FOAM STOP,COMPRESSOR,EVERFLO (x8)

8.3 FILTER COVER REPLACEMENT

To Remove the Filter Cover

1. Using minimal force, apply pressure to the outside of the Filter Cover.

To install the Filter Cover

1. Place Filter Cover tab into slot.
2. Push the Filter Cover in until it locks.

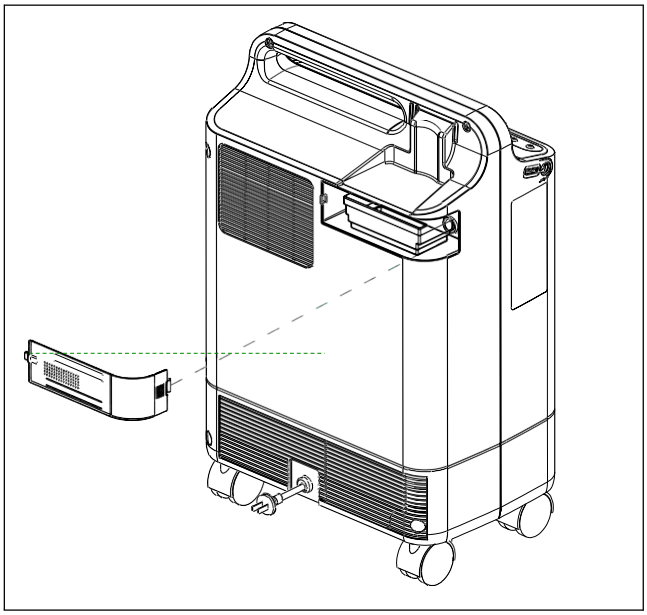


Figure 8-1: FILTER COVER REPLACEMENT

8.4 INLET FILTER REPLACEMENT

To remove the Inlet Filter

1. Remove the Filter Cover. Refer to the Refer to the Filter Cover Replacement section for more information.
2. Remove the Inlet Filter.

To install the Inlet Filter

1. Fully seat the Inlet Filter into the Inlet Boot.
2. Install the Filter Cover.

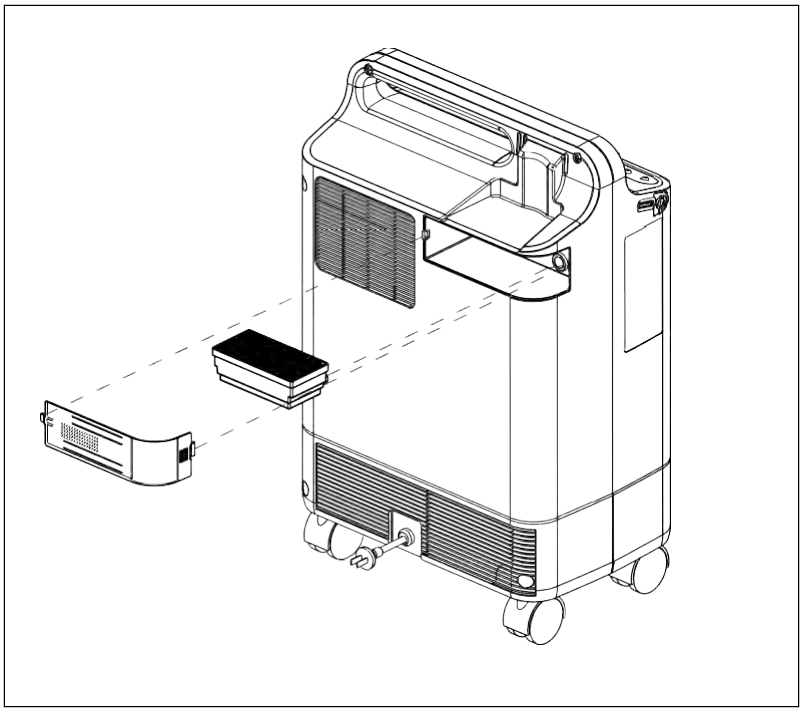


Figure 8-2: INLET FILTER REPLACEMENT

8.5 REAR CABINET/POWER CORD REPLACEMENT

To remove the Rear Cabinet/Power Cord

1. Place the concentrator face down on an ESD Protected surface.
2. Remove the Filter Cover. Refer to the Filter Cover Replacement section for more information.
3. Remove the Inlet Filter. Refer to the Inlet Filter Replacement section for more information.
4. Remove the two phillips screws from the handle of the Rear Cabinet.
5. Remove the four hex screws from the Rear Cabinet.

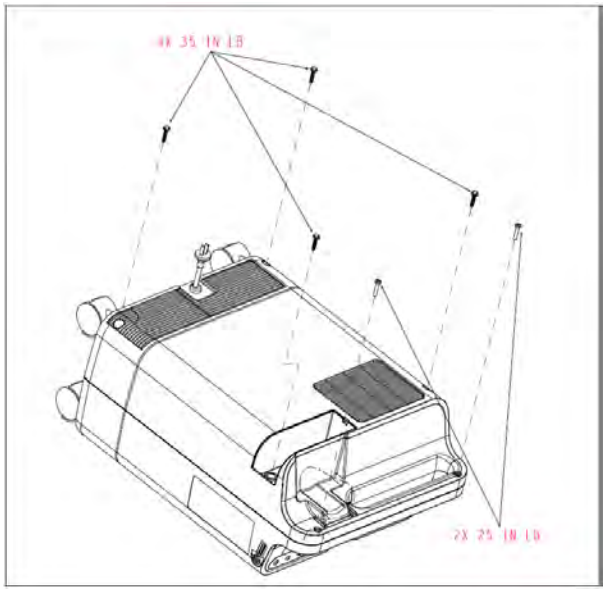


Figure 8-3: SCREW REMOVAL/INSTALLATION

6. Lifting the Rear Cabinet slightly up from the Front Cabinet, fold the Rear Cabinet away from the Front Cabinet.

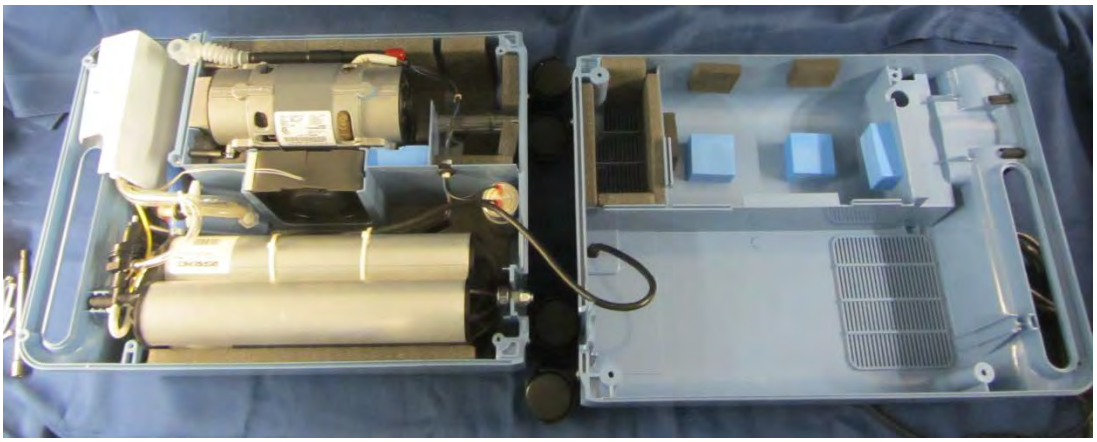


Figure 8-4: EVERFLO REPAIR POSITION

7. Cut the two tie wraps securing the Power Cord to the Sieve Canister.

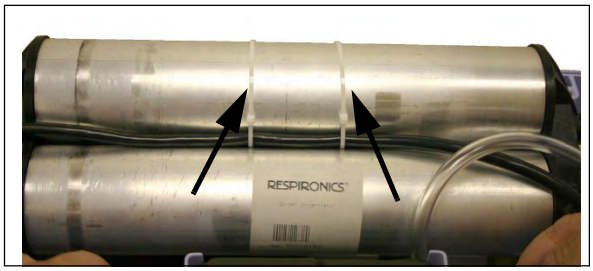


Figure 8-5: TIE WRAP LOCATION

8. Unclip the Main PCA shield from the Front Cabinet and push the PCA toward the bottom of the cabinet until the power switch clears the front cabinet.

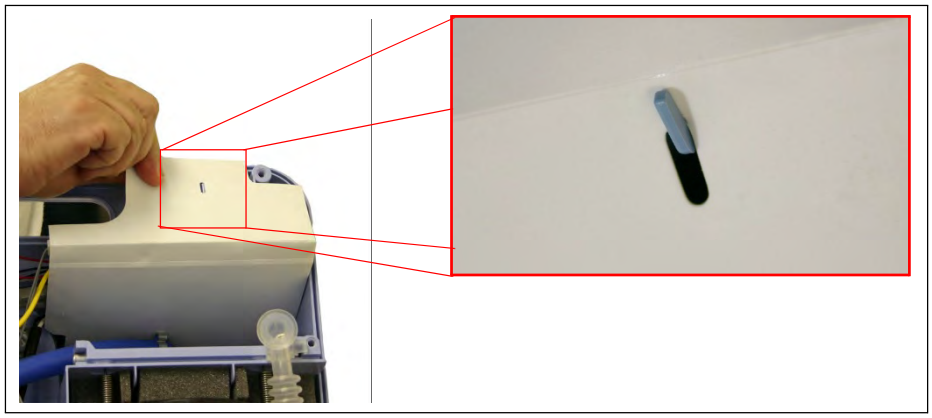


Figure 8-6: UNCLIP MAIN PCA

9. Lift Main PCA out of the Front Cabinet.

Figure 8-7: MAIN PCA REMOVAL

10. Remove the Power Cord wires from the J3 and J4 locations of the Main PCA.
11. Use a large, flat bladed screwdriver to push in the tabs on the top of the strain relief and the bottom strain relief to remove the Power Cord from the Rear Cabinet.

Figure 8-8: STRAIN RELIEF REMOVAL

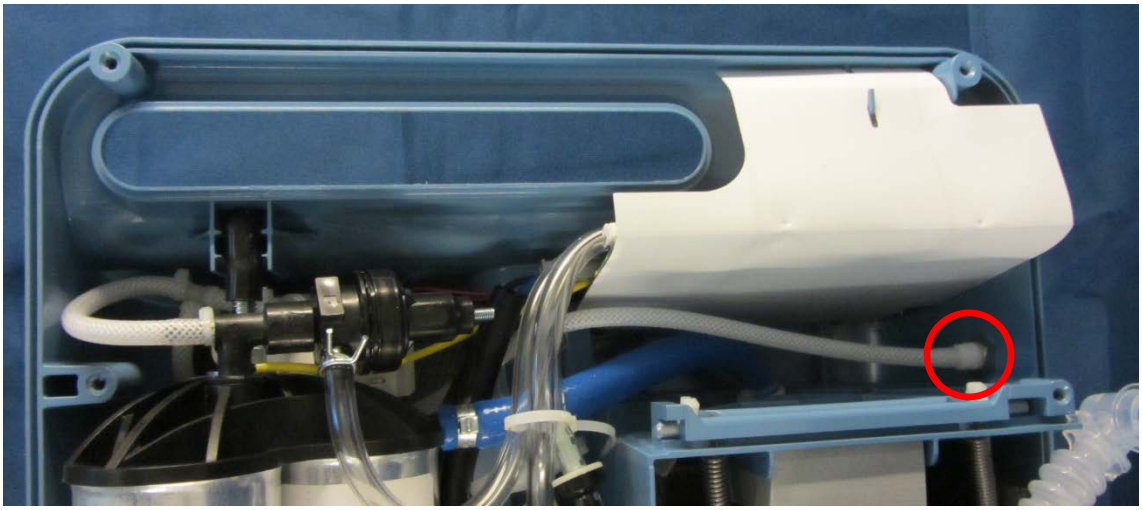
To install the Rear Cabinet/Power Cord

1. Thread the Power Cord through the hole in the Rear Cabinet. A set of bent needle nose pliers will help with the installation of the power cord.
2. Connect the Power Cord connectors to the J3 and J4 locations of the Main PCA. Refer to Figure 8-15.
3. Slide the Main PCA into the grooves in the Front Cabinet.
4. Secure the Power Cord Wires against the Sieve Canister with two cable ties.
5. Place the Rear Cabinet onto the Front Cabinet.
6. Secure the Front and Rear Cabinets together by torqueing the four hex screws (35 in-lbs.) and two phillips screws (25 in-lbs.).
7. Install the Inlet Filter. Refer to the Inlet Filter Replacement section for more information.
8. Install the Filter Cover. Refer to the Filter Cover Replacement section for more information.

8.6 O_2 QUICK COUPLER REPLACEMENT

To remove the O_2 Quick Coupler

1. Remove the Filter Cover. Refer to the Filter Cover Replacement section for more information.
2. Remove the Inlet Filter. Refer to the Inlet Filter Replacement section for more information.
3. Remove the Rear Cabinet. Refer to the Rear Cabinet/Power Cord Replacement section for more information.
4. Cut the tie wrap securing the tubing to the O_2 Coupler.



5. Remove the securing nut from the coupler and push the coupler towards the outside of the device to remove.

To install the O_2 Coupler

1. Insert the O_2 Coupler through the side wall threads toward the inside of the device ensuring that the flat “D” portion of the Coupler is aligned with the flat “D” portion of the pass through hole.
2. Install the securing nut to the O_2 Coupler and tighten.
3. Install the tubing to the O_2 Coupler.
4. Secure the tubing to the O_2 Coupler using a tie wrap.
5. Install the Rear Cabinet. Refer to the Rear Cabinet/Power Cord Replacement section for more information.
6. Install the Inlet Filter. Refer to the Inlet Filter Replacement section for more information.
7. Install the Filter Cover. Refer to the Filter Cover Replacement section for more information.

8.7 EVERFLO AND EVERFLO Q PRESSURE REGULATOR ASSEMBLY REPLACEMENT

To remove the Pressure Regulator Assembly

1. Remove the Filter Cover. Refer to the Filter Cover Replacement section for more information.
2. Remove the Inlet Filter. Refer to the Inlet Filter Replacement section for more information.
3. Remove the Rear Cabinet. Refer to the Rear Cabinet/Power Cord Replacement section for more information.
4. Gently remove the yellow pressure line coming from the Pressure Regulator Adaptor.

Figure 8-9: REMOVE YELLOW PRESSURE LINE

5. Unlock the Pressure Regulator Adaptor by twisting upwards until the Pressure Regulator stops.
6. Lift the Pressure Regulator Assembly straight up until it clears the Sieve Canister Assembly.
7. Using pliers, loosen the clamp and disconnect the flow tubing from the Pressure Regulator Assembly.

To install the Pressure Regulator Assembly

1. Using pliers, clamp the flow tubing to the Pressure Regulator Assembly.
2. Place the Pressure Regulator Assembly in place by lining the Pressure Regulator Adaptor up with the grooves in the Sieve Canister Assembly.
3. Lock the Pressure Regulator Assembly in place by turning the Assembly downwards.

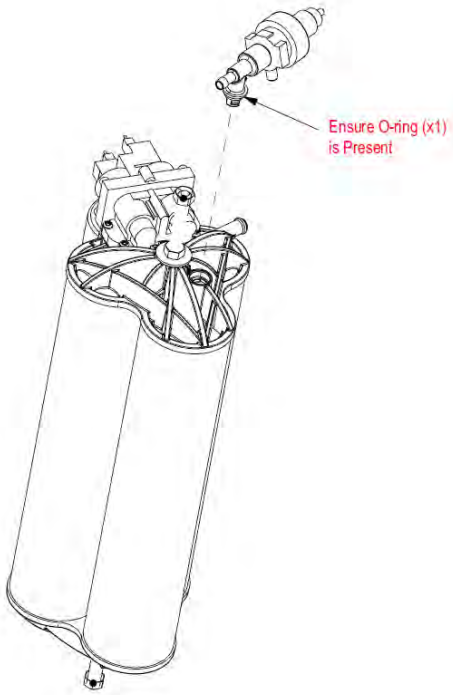


Figure 8-10: PRESSURE REGULATOR ASSEMBLY REMOVAL/INSTALLATION

4. Connect the yellow pressure line to the Pressure Regulator Adaptor. Refer to Figure 8-9.
5. Install the Rear Cabinet. Refer to the Rear Cabinet/Power Cord Replacement section for more information.
6. Install the Inlet Filter. Refer to the Inlet Filter Replacement section for more information.
7. Install the Filter Cover. Refer to the Filter Cover Replacement section for more information.

8.8 EVERFLO ULTRAFILL COMPATIBLE PRESSURE REGULATOR ASSEMBLY REPLACEMENT

To remove the Pressure Regulator Assembly

1. Remove the Filter Cover. Refer to the Filter Cover Replacement section for more information.
2. Remove the Inlet Filter. Refer to the Inlet Filter Replacement section for more information.
3. Remove the Rear Cabinet. Refer to the Rear Cabinet/Power Cord Replacement section for more information.
4. Gently remove the yellow pressure line coming from the Pressure Regulator Adaptor.

Figure 8-11: PRESSURE LINE REMOVAL

5. Cut the tie wrap securing the tubing to the Pressure Regulator Adaptor and the O_2 Coupler and remove the tubing.

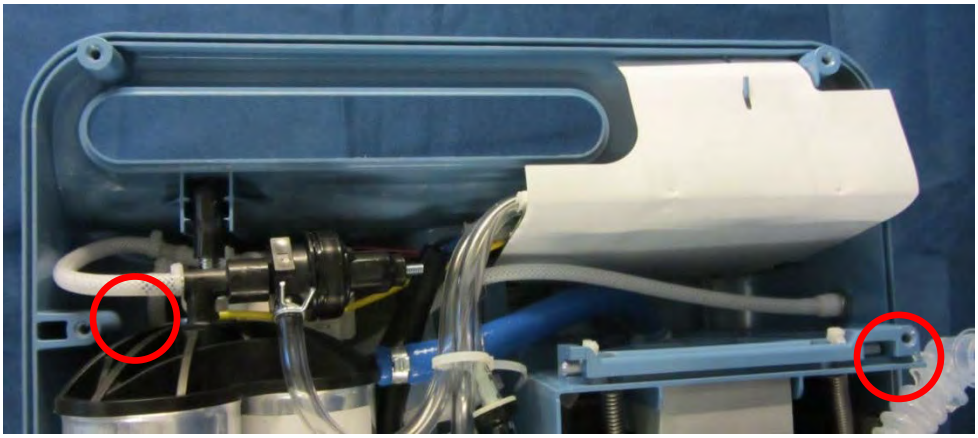


Figure 8-12: TIE WRAP LOCATIONS

6. Unlock the Pressure Regulator Adaptor by twisting upwards until the Pressure Regulator stops.
7. Lift the Pressure Regulator Assembly straight up until it clears the Sieve Canister Assembly.
8. Using pliers loosen the clamp and disconnect the flow tubing from the Pressure Regulator Assembly.

To install the Pressure Regulator Assembly

1. Using pliers, clamp the flow tubing to the Pressure Regulator Assembly.
2. Place the Pressure Regulator Assembly in place by lining the Pressure Regulator Adaptor up with the grooves in the Sieve Canister Assembly.
3. Lock the Pressure Regulator Assembly in place by turning the Assembly downwards.

Figure 8-13: INSTALLING THE PRESSURE REGULATOR

4. Install the clear tubing to the O_2 Coupler and secure with a tie wrap.
5. Route the clear tubing under the Sieve Canister Assembly.

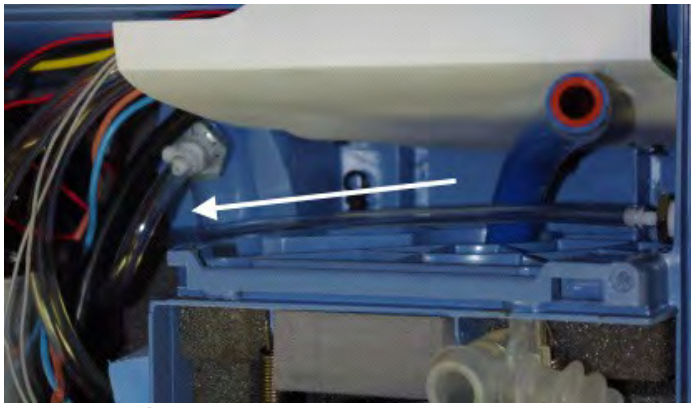


Figure 8-14: CLEAR TUBING POSITION

6. Install the clear tubing to the Pressure Regulator Adapter outlet and secure with a tie wrap.
7. Connect the yellow pressure line to the Pressure Regulator Adapter.
8. Install the Rear Cabinet. Refer to the Rear Cabinet/Power Cord Replacement section for more information.
9. Install the Inlet Filter. Refer to the Inlet Filter Replacement section for more information.
10. Install the Filter Cover. Refer to the Filter Cover Replacement section for more information.

8.9 MAIN PCA REPLACEMENT

Reference Table for Original and New Release Parts, Listed by Model Number

Model	First Serial Number w/o Purge Valve	Sieve Bed - Unit w/ Purge Valve	Sieve Bed - Unit w/o Purge Valve	Main PCA - Unit w/ Purge Valve	Main PCA - Unit w/o Purge Valve
1020000	Since Initial Release	N/A	1038825	N/A	1136061
1020001	Since Initial Release	N/A	1038825	N/A	1136062
1020002	Since Initial Release	N/A	1038825	N/A	1136062
1020002BR	Since Initial Release	N/A	1038825	N/A	1136062
1020003	Since Initial Release	N/A	1038825	N/A	1136061
1020003BR	Since Initial Release	N/A	1038825	N/A	1136061
1020004	> 0009138	1038826	1050248	1038816	1136063
1020005	> 0001456	1038826	1050248	1060160	1136063
1020006	> 0027082	1038826	1052382	1038817	1136063
1020007	> 00008249	1038826	1052382	1038816	1136063
1020008	0004052	1038826	1052382	1038816	1136063
1020009	0002514	1038826	1052382	1038817	1136063
1020010	0006595	1038826	1052382	1038817	1136063
1020011	0002455	1038826	1052382	1038817	1136063
1020012	0002863	1038826	1052382	1038817	1136063
1020013	Since Initial Release	N/A	1050248	N/A	1136063
1020014	Since Initial Release	N/A	1050247	N/A	1136062
1020015	Since Initial Release	N/A	1050247	N/A	1136061
1020016	0001285	1038826	1052382	1038817	1136063
1020017	0002734	1038826	1052382	1038817	1136063

To remove the Main PCA

1. Remove the Filter Cover. Refer to the Filter Cover Replacement section for more information.
2. Remove the Inlet Filter. Refer to the Inlet Filter Replacement section for more information.
3. Remove the Rear Cabinet. Refer to the Rear Cabinet/Power Cord Replacement section for more information.
4. Unclip the Main PCA shield from the locking tab on the Front Cabinet. Refer to Figure 8-7.

5. Remove the Power Cord Connectors from the J3 and J4 locations of the Main PCA. Refer to Figure 8-15.
6. Remove the Fan Connector from the J9 location of the Main PCA. Refer to Figure 8-15.
7. Remove the Valve Solenoid Connector from the J7 location of the Main PCA. Refer to Figure 8-15.
8. Remove the Purge Valve Connector from the J8 location of the Main PCA (230V devices equipped with a Purge Valve Only). Refer to Figure 8-15.
9. Gently remove the yellow pressure line coming from the Pressure Regulator Adaptor from the pressure sensor (SN1) of the Main PCA. Refer to Figure 8-15.
10. Remove the two pieces of flow tubing from the OPI sensor on the Main PCA (OPI devices only). Refer to Figure 8-15.
11. Slide the Main PCA upward from the grooves in the Front Cabinet.
12. Remove the Compressor Wires from the J2 and J6 locations of the Main PCA. Refer to Figure 8-15.

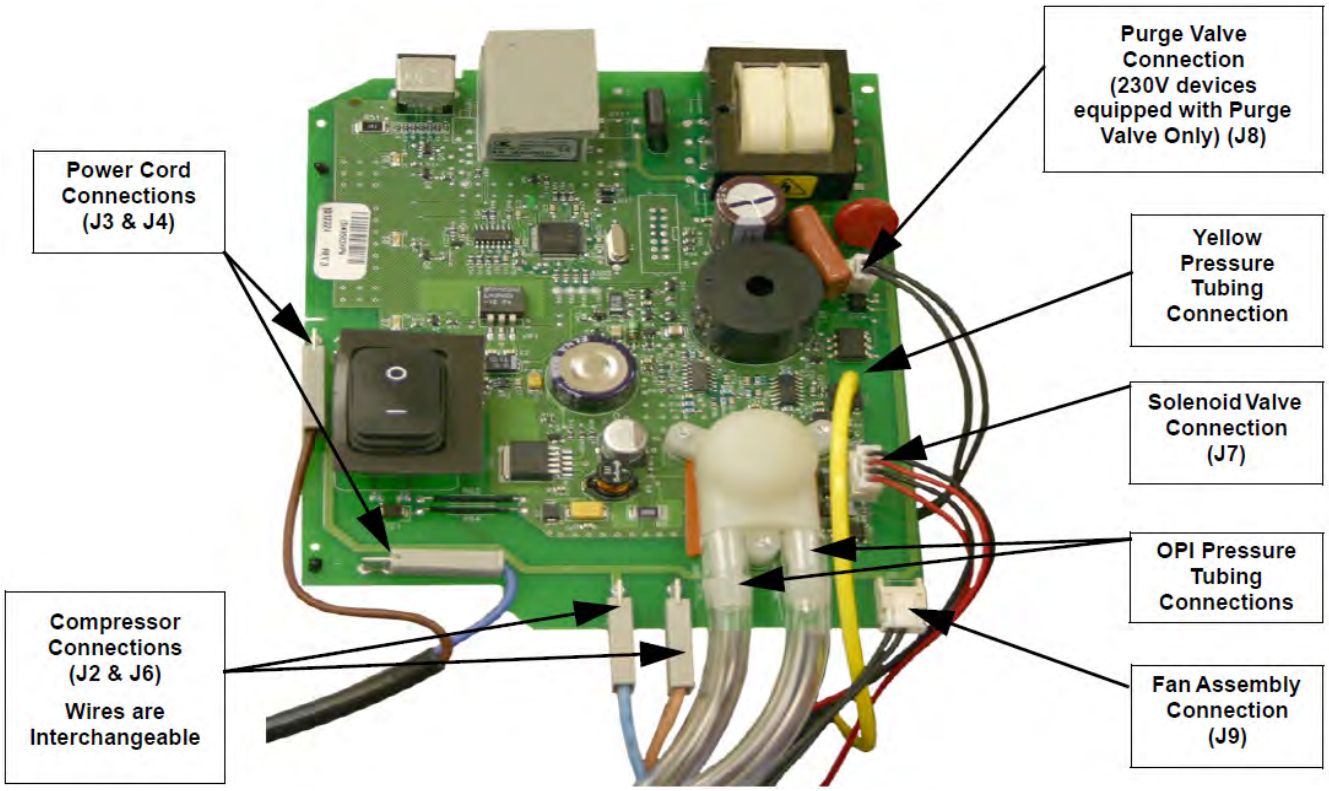


Figure 8-15: CONNECTION POINTS ON THE MAIN PCA

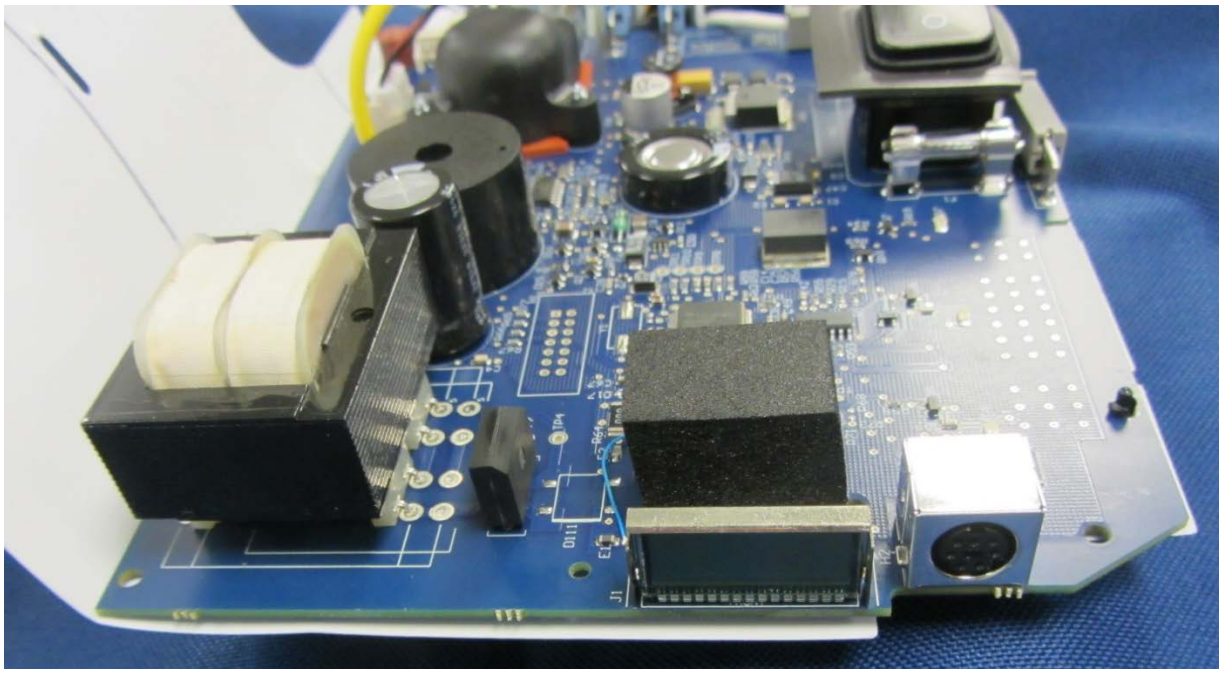
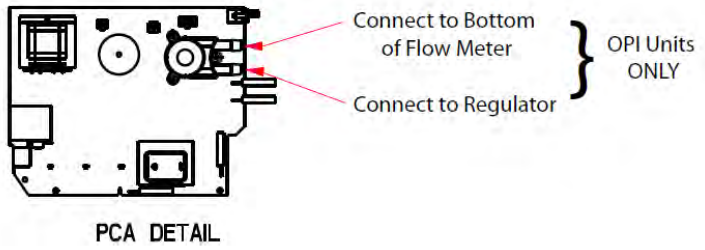


Figure 8-16: Example PCA Equipped with LCD Hour Meter

To install the Main PCA

Note
EverFlo devices originally equipped with the LCD PCA (see Figure 8-16) may only have LCD PCA RP kits as replacements. EverFlo devices with older PCAs, (i.e., with analog hour meters) may use the LCD PCA RP kits as replacements for faulty PCAs.

1. Connect the yellow pressure line coming from the Pressure Regulator Adaptor to the pressure sensor, location SN1, of the Main PCA.
2. Connect the two pieces of flow tubing to the flow sensor of the Main PCA (OPI devices Only).



3. Connect the Valve Solenoid connector to the J7 location of the Main PCA. Refer to Figure 8-15.
4. Connect the Fan Connector to the J9 location of the Main PCA. Refer to Figure 8-15.
5. Connect the Compressor Connectors to the J2 and J6 locations of the Main PCA. The Compressor wires are interchangeable. Refer to Figure 8-15.
6. Connect the Purge Valve Connector to the J8 location of the Main PCA (230V devices equipped with a Purge Valve Only). Refer to Figure 8-15.
7. Connect the Power Cord Connectors to the J3 and J4 locations of the Main PCA. The long wire should be connected at J3 and the shorter wire connected at J4. Refer to Figure 8-15.
8. Place the Main PCA into the grooves in the Front Cabinet.
9. Connect the Main PCA shield to the Front Cabinet locking tab.
10. Install the Rear Cabinet. Refer to the Rear Cabinet/Power Cord Replacement section for more information.
11. Install the Inlet Filter. Refer to the Inlet Filter Replacement section for more information.
12. Install the Filter Cover. Refer to the Filter Cover Replacement section for more information.

8.10 SIEVE CANISTER ASSEMBLY REPLACEMENT

Note

The 230V EverFlo Concentrators have been updated. All 230V models will now be manufactured without a purge valve. To support this change the release of a new Main PCA and Sieve Canister were required.

It is possible to install these new release repair parts into an original unit with the Purge Valve, but both the Main PCA and Sieve Canister without purge valve will need to be replaced.

Reference Table for Original and New Release Parts, Listed by Model Number

Model	First Serial Number w/o Purge Valve	Sieve Bed - Unit w/ Purge Valve	Sieve Bed - Unit w/o Purge Valve	Main PCA - Unit w/ Purge Valve	Main PCA - Unit w/o Purge Valve
1020000	Since Initial Release	N/A	1038825	N/A	1136061
1020001	Since Initial Release	N/A	1038825	N/A	1136062
1020002	Since Initial Release	N/A	1038825	N/A	1136062
1020002BR	Since Initial Release	N/A	1038825	N/A	1136062
1020003	Since Initial Release	N/A	1038825	N/A	1136061
1020003BR	Since Initial Release	N/A	1038825	N/A	1136061
1020004	> 0009138	1038826	1050248	1038816	1136063
1020005	> 0001456	1038826	1050248	1060160	1136063
1020006	> 0027082	1038826	1052382	1038817	1136063
1020007	> 00008249	1038826	1052382	1038816	1136063
1020008	0004052	1038826	1052382	1038816	1136063
1020009	0002514	1038826	1052382	1038817	1136063
1020010	0006595	1038826	1052382	1038817	1136063
1020011	0002455	1038826	1052382	1038817	1136063
1020012	0002863	1038826	1052382	1038817	1136063
1020013	Since Initial Release	N/A	1050248	N/A	1136063
1020014	Since Initial Release	N/A	1050247	N/A	1136062
1020015	Since Initial Release	N/A	1050247	N/A	1136061
1020016	0001285	1038826	1052382	1038817	1136063
1020017	0002734	1038826	1052382	1038817	1136063

To remove the Sieve Assembly

1. Remove the Filter Cover. Refer to the Filter Cover Replacement section for more information.
2. Remove the Inlet Filter. Refer to the Inlet Filter Replacement section for more information.
3. Remove the Rear Cabinet. Refer to the Rear Cabinet/Power Cord Replacement section for more information.
4. Remove the Pressure Regulator Adaptor. Refer to the O2 Quick Coupler Replacement section for more information.
5. Remove the Valve Solenoid connector from the J7 location of the Main PCA.
6. Remove the Purge Valve Connector from the J8 location of the Main PCA (230V devices equipped with a Purge Valve Only).

Figure 8-17*:* PURGE VALVE LOCATION ON SIEVE CANISTER ASSEMBLY

7. Disconnect the blue hose going from the Compressor to the Sieve Canister Assembly.
8. Lift the Sieve Canister Assembly up and out of the slots located in the Front Cabinet.

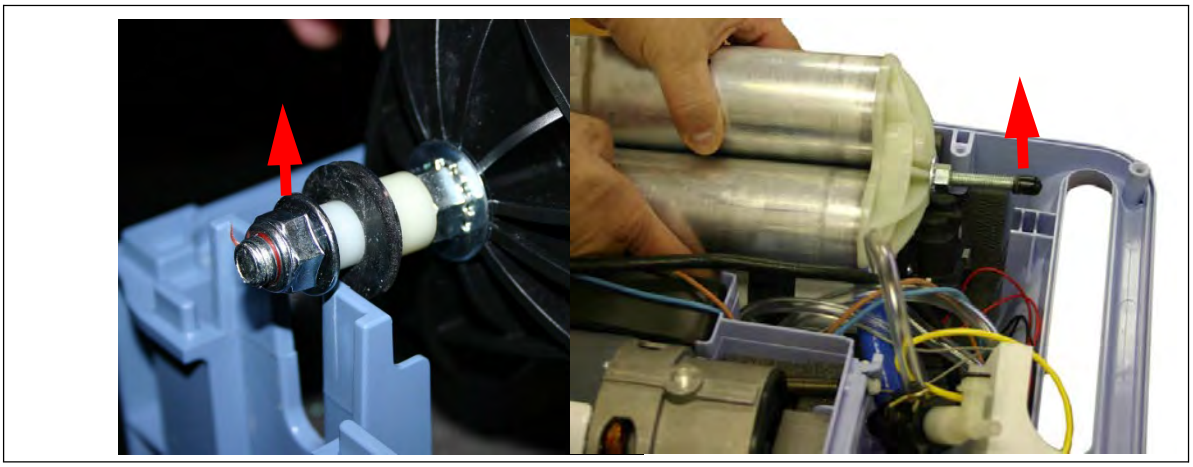


Figure 8-18: SIEVE CANISTER ASSEMBLY REMOVAL

9. Remove the Solenoid Valve Assembly from the Sieve Canister Assembly by removing the five phillips head screws.

To install the Sieve Assembly

1. Install the Solenoid Valve Assembly. Refer to the Valve Solenoid Replacement section for more information.
2. Side the Sieve Canister Assembly into the hole in the bottom of the Front Cabinet.
3. Place the top and bottom of the Sieve Canister Assembly into the guide slots in the Front Cabinet.

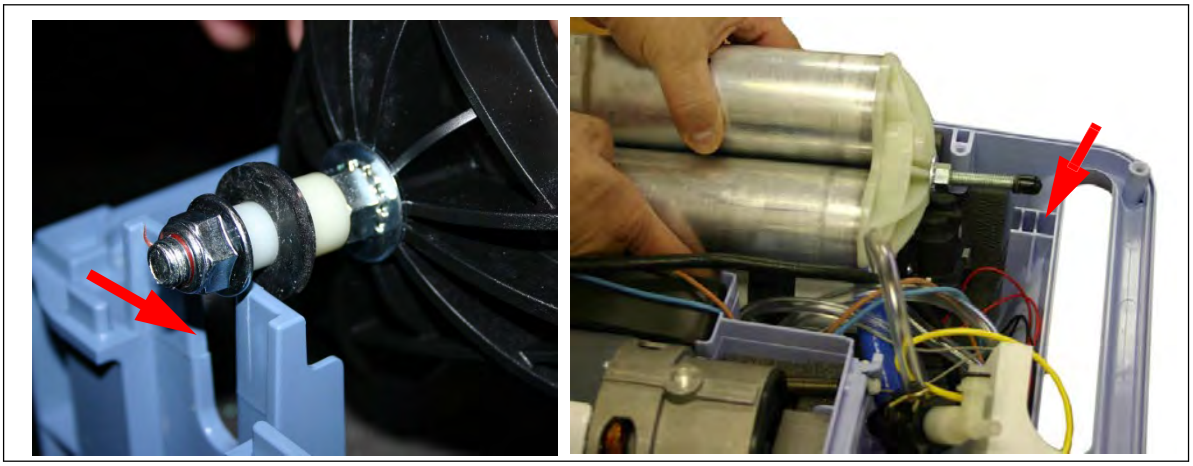


Figure 8-19: SLOT LOCATIONS

4. Connect the blue hose from the Compressor to the Sieve Canister Assembly.
5. Connect the Valve Solenoid connector to J7 of the Main PCA.
6. Connect the Purge Valve connector to J8 of the Main PCA (230V devices equipped with a Purge Valve Only).
7. Install the Pressure Regulator Assembly. Refer to the O2 Quick Coupler Replacement section for more information.
8. Install the Rear Cabinet. Refer to the Rear Cabinet/Power Cord Replacement section for more information.
9. Install the Inlet Filter. Refer to the Inlet Filter Replacement section for more information.
10. Install the Filter Cover. Refer to the Filter Cover Replacement section for more information.
11. Install the Inlet Filter. Refer to the Inlet Filter Replacement section for more information.

NOTE

Devices manufactured after 06/18/2013 will be equipped with longer sieve canisters (P/Ns 1050248 & 1052382). Unless the unit is a Trans Fill capable or International model, the unit will use P/N 1050248; otherwise, P/N 1052382 is used. Older devices will be equipped with shorter sieve canisters (P/N 1038825).

Model	Model Description	Serial Number Cutoff
1020000	EVERFLO DOM NON- OPI 120V US/CAN	0563182 or higher
1020001	EVERFLO DOM OPI 120V US/CAN	0199183-0199282 and 0207578 or higher
1020002	EVERFLO INTL OPI 120V L.A.	0089982 or higher
1020002BR	EVERFLO,120V,OPI,BRAZIL	0003744 or higher
1020003	EVERFLO INTL NON-OPI 120V L.A.	0015500 or higher
1020003BR	EVERFLO,120V,BRAZIL	0003744 or higher
1020004	EVERFLO INTL OPI 220V L.A./BRAZIL	0007100 or higher
1020006	EVERFLO INTL OPI 230V EU	'0116164 or higher
1020007	EVERFLO INTL OPI 230V IKK	0076950 or higher
1020008	EVERFLO INTL OPI 230V U.K./IRELAND	0018570 or higher
1020009	EVERFLO INTL OPI 230V S. AFRICA	0014559 or higher
1020011	EVERFLO INTL OPI 230V ITALY/CHILE	'0008657 or higher
1020012	Everflo Intl OPI 230V Argentina	0008174 or higher
1020014	EVERFLO Q DOM OPI 120V US/CAN	0058836-0058899 and 0062100-0062146
1020015	EVERFLO Q DOM NON OPI 120V US/CAN	0046353 or higher
1020016	EverFlo Intl OPI 230V HK	0004389 or higher
1020017	EverFlo Intl OPI 230V SWTZ	0004638 or higher
1020020	EVERFLO INTL OPI 230V CHINA	0002476 or higher
1102443	EVERFLO,OPI 230V/60HZ,SAUDI ARABIA	0001593 or higher
EverFlo T	**Model Description**	**Serial Number Cutoff**
1039362	EverFlo 120V Dom, UltraFill	'0009824 or higher
1039363	EverFlo 120V OPI Dom, UltraFill	0021951-0022030 and 0021730-0021748 and 0021622
1039364	EverFlo Quiet 120V OPI, Dom, UltraFill	0007247-0007331 and 0006853-0006867
1039365	EverFlo Quiet 120V, Dom, UltraFill	0003271 or higher
1039366	EverFlo 230V OPI, CEE7/7, EUR, UltraFill	0002959 or higher

8.11 VALVE SOLENOID REPLACEMENT

NOTE

There have been three different types/manufacturers of Solenoid Valves:

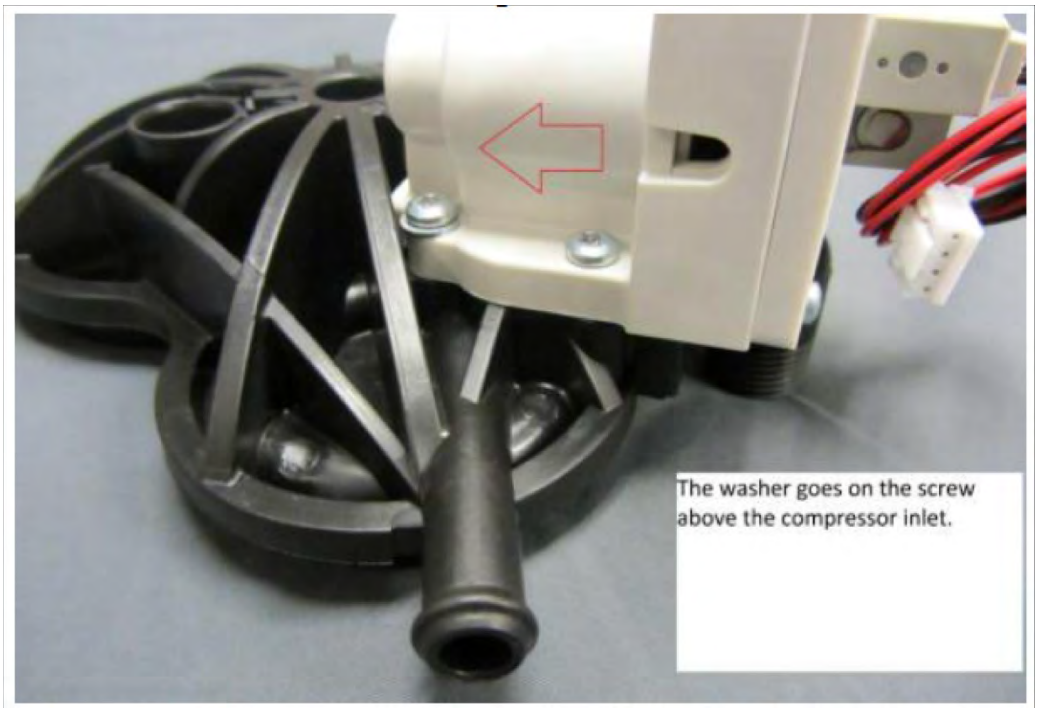
- SMC (air piloted, original type solenoid valve, used from initial product launch until approximately 6/13)
- ASCO (air piloted, original type solenoid valve used from approximately 12/11 until 6/13)
- ASCO (oxygen piloted, current on all models, used from 6/13/ and future)

To remove the Valve Solenoid Assembly

1. Remove the Filter Cover. Refer to the Filter Cover Replacement section for more information.
2. Remove the Inlet Filter. Refer to the Inlet Filter Replacement section for more information.
3. Remove the Rear Cabinet. Refer to the Rear Cabinet/Power Cord Replacement section for more information.
4. Remove the Sieve Canister Assembly. Refer to the Sieve Canister Assembly Replacement section for more information.
5. Remove the five screws and washers securing the Valve Solenoid Assembly to the Sieve Canister Assembly.
6. Remove the pilot valve tubing.

To install the Valve Solenoid Assembly

1. Place the Valve Solenoid onto the top of the Sieve Canister in the proper location.
2. Place a washer under the one screw as outlined in the picture below.

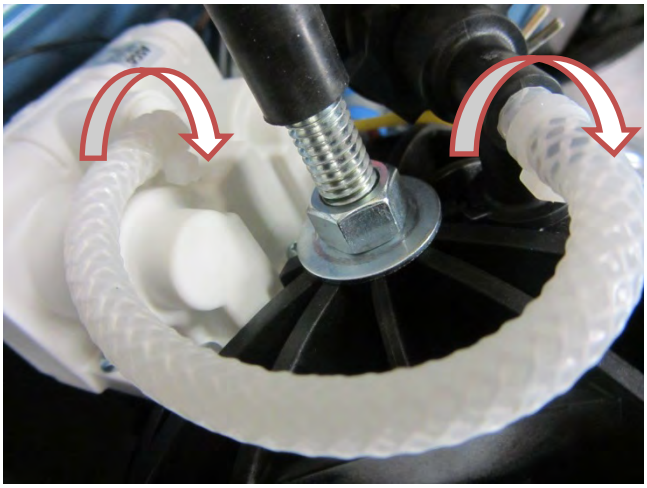


3. Secure the Valve Solenoid Assembly to the Sieve Canister Assembly by securing the five screws to 8 in-lbs. using the torque sequence listed in Refer to Figure 8-19.

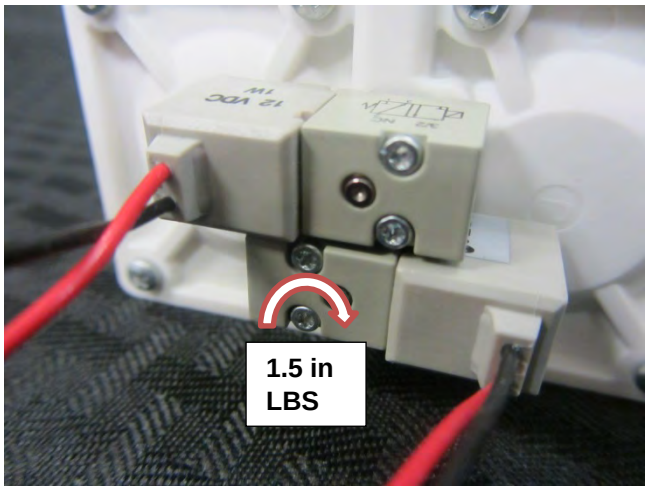
CAUTION

The washer is important so the screw in this location does not penetrate a channel in the valve.

4. Replace cable ties, ensuring the cable ties are facing downward towards the valve body, as shown below.



5. Torque specifications for the pilot valves are 1.5 in-LBS or 1.7 cm-KG. (T6 TORX size bit.) as shown below.



6. Install the Sieve Canister Assembly. Refer to the Sieve Canister Assembly Replacement section for more information.
7. Install the Rear Cabinet. Refer to the Rear Cabinet/Power Cord Replacement section for more information.
8. Install the Inlet Filter. Refer to the Inlet Filter Replacement section for more information.

9. Install the Filter Cover. Refer to the Filter Cover Replacement section for more information.

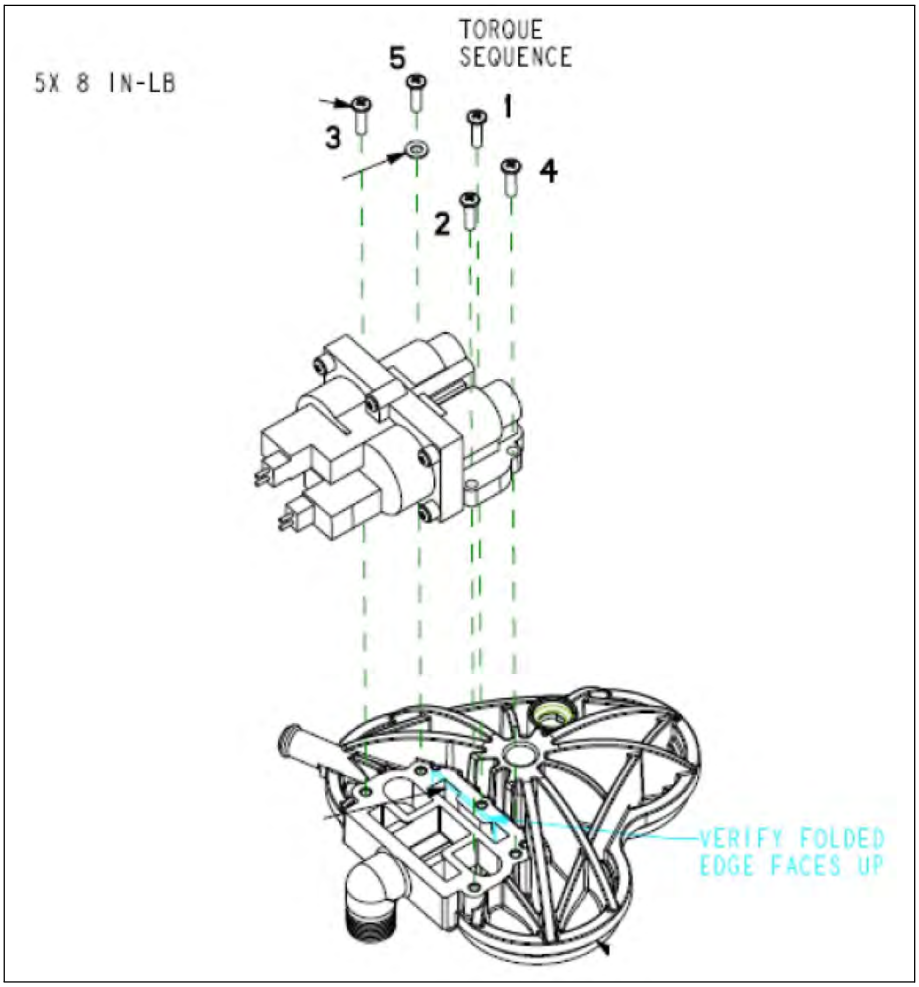


Figure 8-20: VALVE SOLENOID ASSEMBLY REMOVAL/INSTALLATION

NOTE
Devices manufactured after 06/18/2013 will be equipped with the O2 piloted valve. See Section 8.2 for RP Kit P/Ns. See Section 8.10 for a Serial No. cutoff for various EverFlo models with the O2 piloted valve.

8.12 COOLING FAN REPLACEMENT

To remove the Cooling Fan

1. Remove the Filter Cover. Refer to the Filter Cover Replacement section for more information.
2. Remove the Inlet Filter. Refer to the Inlet Filter Replacement section for more information.
3. Remove the Rear Cabinet. Refer to the Rear Cabinet/Power Cord Replacement section for more information.
4. Unlock the Main PCA shield from the locking tab on the Front Cabinet.
5. Remove the Cooling Fan Connector from the J9 location of the Main PCA.
6. Remove the Cooling Fan Wire Clip.
7. Lift the Cooling Fan up and out of mounting.

To install the Cooling Fan

1. Place the Cooling Fan into the mounting location in the Front Cabinet.

WARNING
To ensure proper airflow, the concave side of the fan blade must face the compressor. Otherwise, it may cause the concentrator to overheat.

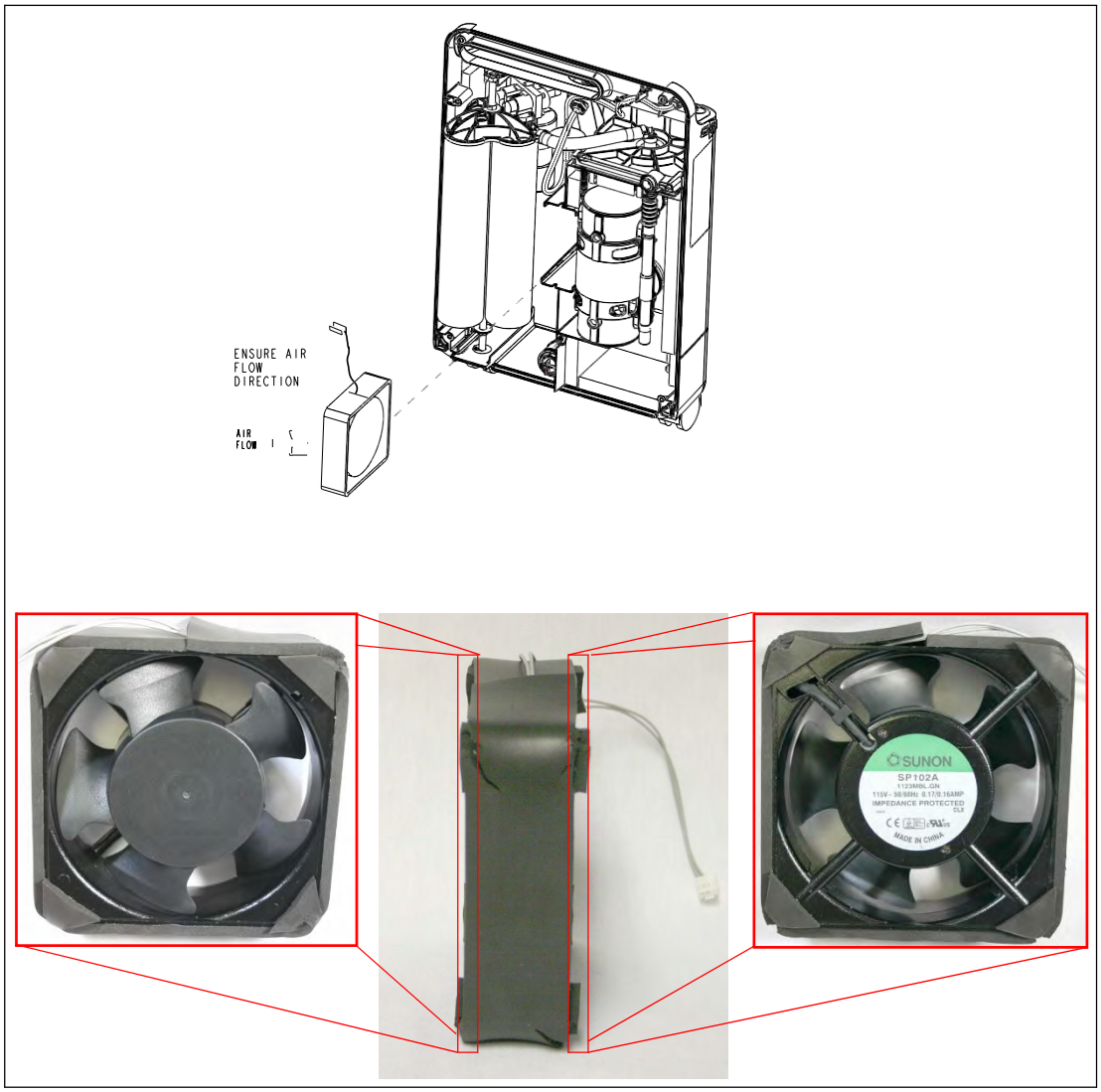


Figure 8-21: FAN REMOVAL/INSTALLATION AND PROPER ORIENTATION

2. Connect the Cooling Fan Connector to the J9 location of the Main PCA.
3. Secure the wires using the Cooling Fan wire clip.
4. Connect the Main PCA shield to the Front Cabinet locking tab.
5. Install the Rear Cabinet. Refer to the Rear Cabinet/Power Cord Replacement section for more information.
6. Install the Inlet Filter. Refer to the Inlet Filter Replacement section for more information.
7. Install the Filter Cover. Refer to the Filter Cover Replacement section for more information.

8.13 CAPACITOR REPLACEMENT

To remove the Capacitor

CAUTION
DO NOT touch the capacitor terminals simultaneously until the capacitor has been completely discharged. Discharge the capacitor by shorting the two posts with an insulated screw driver.

1. Remove the Filter Cover. Refer to the Filter Cover Replacement section for more information.
2. Remove the Inlet Filter. Refer to the Inlet Filter Replacement section for more information.
3. Remove the Rear Cabinet. Refer to the Rear Cabinet/Power Cord Replacement section for more information.
4. Remove the two wires connecting the Compressor to the Capacitor.
5. Cut the tie wrap securing the Capacitor to the Front Cabinet.
6. Remove the Capacitor from the unit.

To install the Capacitor

1. Place the Capacitor into the Front Cabinet.
2. Secure the Capacitor to the Front Cabinet with a tie wrap.
3. Connect the two black wires from the Compressor to the Capacitor.
4. Install the Rear Cabinet.
5. Install the Inlet Filter and Filter Cover.

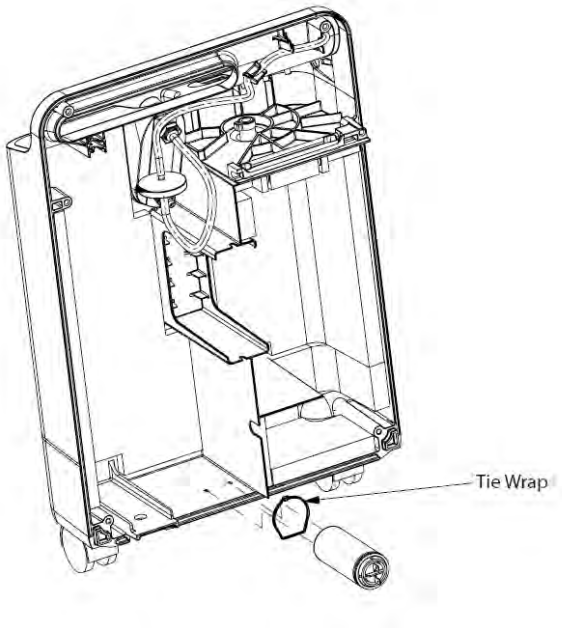
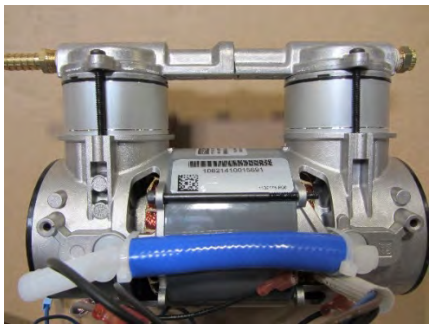


Figure 8-22: CAPACITOR REMOVAL/INSTALLATION

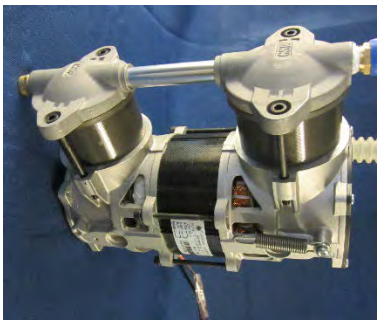
8.14 COMPRESSOR REPLACEMENT

To identify the type of Compressor

1. Units equipped with the 0.38 Compressor can be identified by the “1098014” and “2450AE38” numbers on the Thomas label. This model compressor is not rated for Trans Fill models nor any units converted to TransFill capability.
2. Units equipped with the 0.44 compressor can be identified by “1020070” and “2450AE44” numbers on the Thomas label. This compressor should be used in all domestic TransFill units.



Philips Compressor



GSSE Compressor

Thomas Compressor

To remove the Compressor

1. Remove the Filter Cover. Refer to the Filter Cover Replacement section for more information.
2. Remove the Inlet Filter. Refer to the Inlet Filter Replacement section for more information.
3. Remove the Rear Cabinet. Refer to the Rear Cabinet/Power Cord Replacement section for more information.
4. Remove the Main PCA. Refer to the Main PCA Replacement section for more information.
5. Remove the blue hose running from the Compressor to the Sieve Canister Assembly.
6. Cut the two tie wraps holding the mounting rod in place.

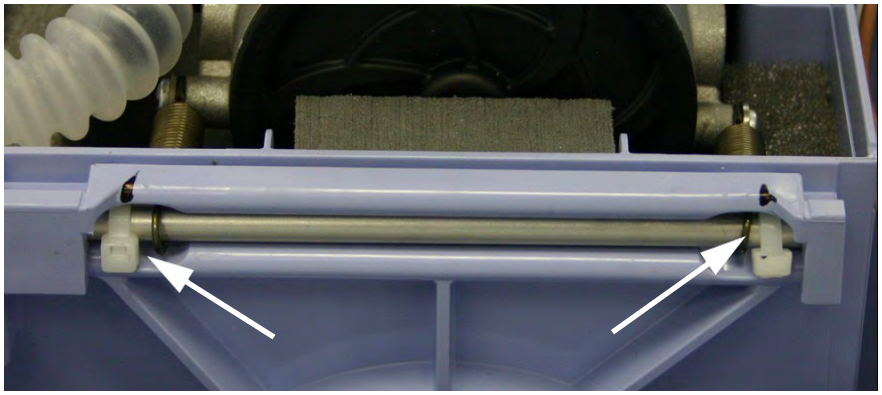


Figure 8-23: MOUNTING ROD TIE WRAPS

7. Remove the mounting rod securing the Compressor Springs to the Front Cabinet.

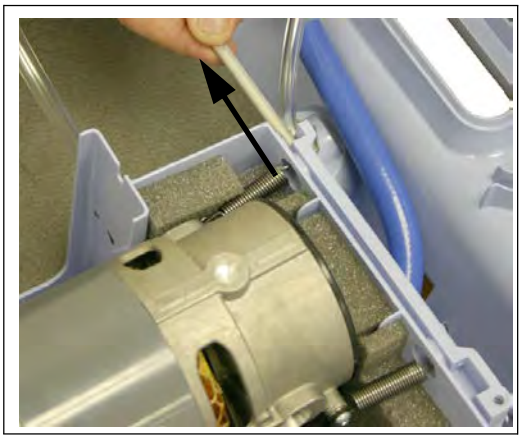


Figure 8-24: MOUNTING ROD REMOVAL

8. Disconnect the Compressor wires from the Capacitor.
9. Slightly lift the back of the compressor while threading the blue hose through the hole in the compressor mounting area in the Front Cabinet.

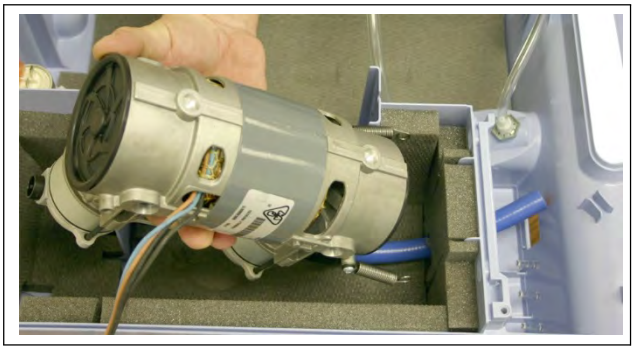


Figure 8-25: COMPRESSOR REMOVAL

10. Remove the Compressor from the Front Cabinet.

To install the Compressor

1. While routing the blue hose through the hole in the compressor mounting area, place the Compressor into the Front Cabinet.

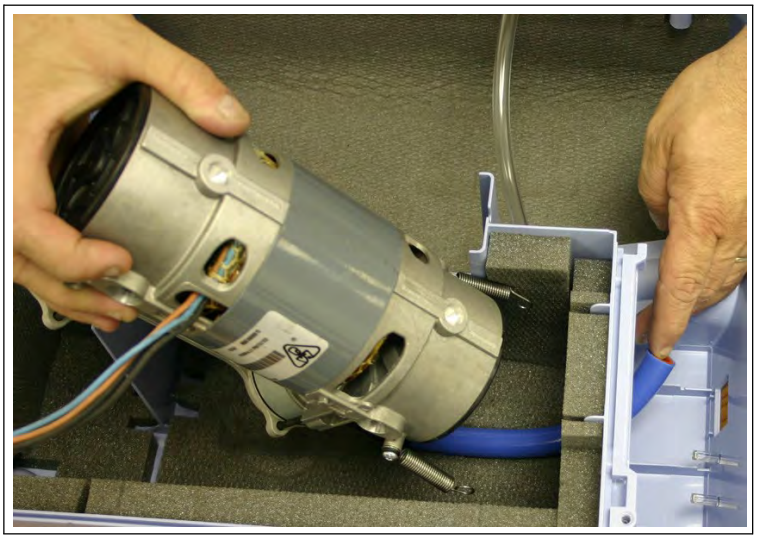


Figure 8-26: COMPRESSOR PLACEMENT INTO FRONT CABINET

2. Connect the blue hose to the Sieve Canister Assembly and secure it using a new one-eared clamp.
3. Connect the black Compressor wires to the Capacitor.
4. Place the Compressor springs in the grooves at the top of the Compressor Mounting area.
5. Lock the Compressor in place by sliding the mounting rod though the compressor springs and into place.
6. Install the Main PCA. Refer to the Main PCA Replacement section for more information.
7. Install the Rear Cabinet. Refer to the Rear Cabinet/Power Cord Replacement section for more information.
8. Install the Inlet Filter. Refer to the Inlet Filter Replacement section for more information.
9. Install the Filter Cover. Refer to the Filter Cover Replacement section for more information.

NOTE
The Philips Respironics manufactured compressors are not repairable and must be replaced.

NOTE
Devices manufactured after 06/18/2013 can be repaired with GSE Compressors. See Section 9.2 for RP Kit P/Ns. See Section 8.9 for a Serial No. cutoff for various EverFlo models. Devices originally equipped with short (11.5 inch) sieve canisters may not have the GSE compressor installed as a replacement.

To replace compressor tubing and foam

1. Remove the faulty blue tubing from the compressor outlet by cutting the clamp.

2. Install the replacement blue tube and attach the clamp with the hose clamp pliers. See assembled kit below.
3. Slide the protective plastic pipe over the blue tube all the way down to the hose clamp.
4. Attach the cable tie above the plastic pipe and trim the excess cable tie.
5. Install the foam in the compressor section of cabinet if the foam was not already installed as original equipment.

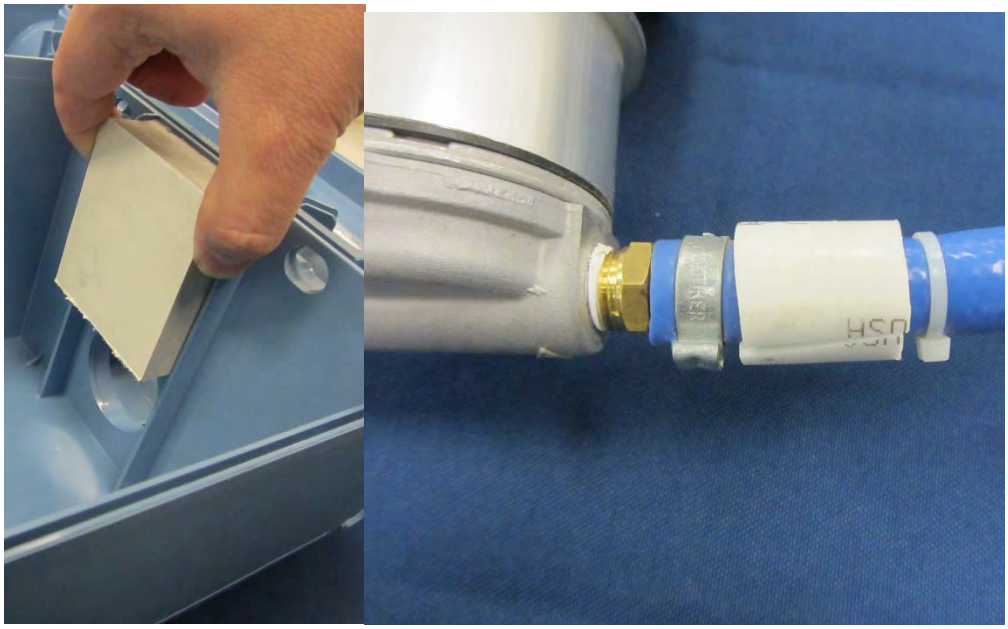
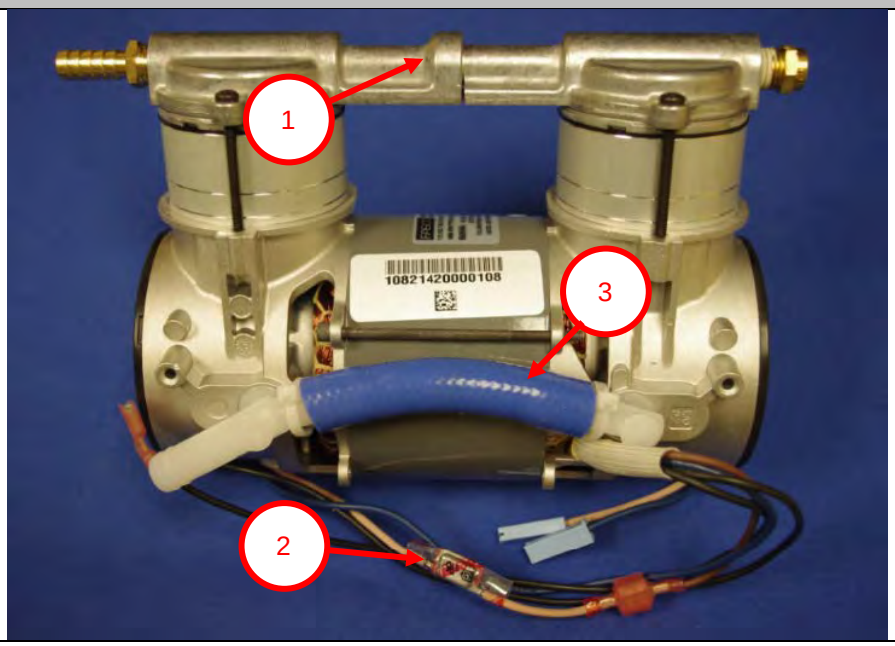


Figure 8-27: Assembled Kit

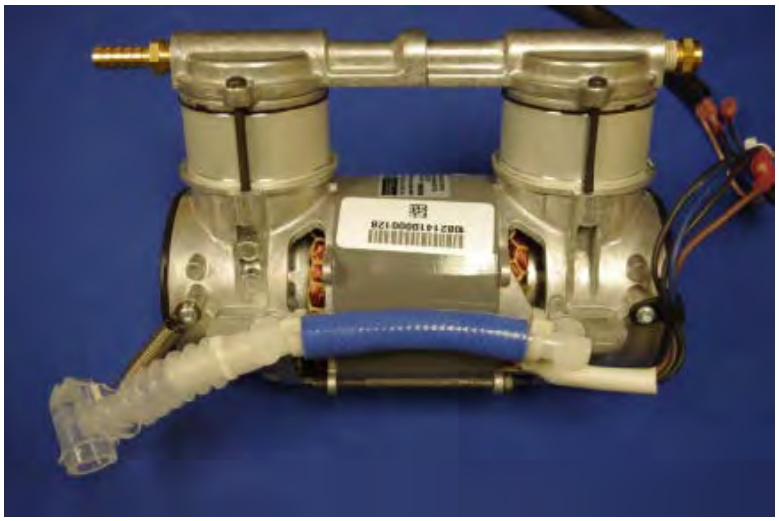
To replace the Philips Respironics compressor's inlet tube assembly

NOTE
The inlet tube assembly removal and replacement procedure detailed in this Procedure section is only applicable for Philips Respironics manufactured compressors.

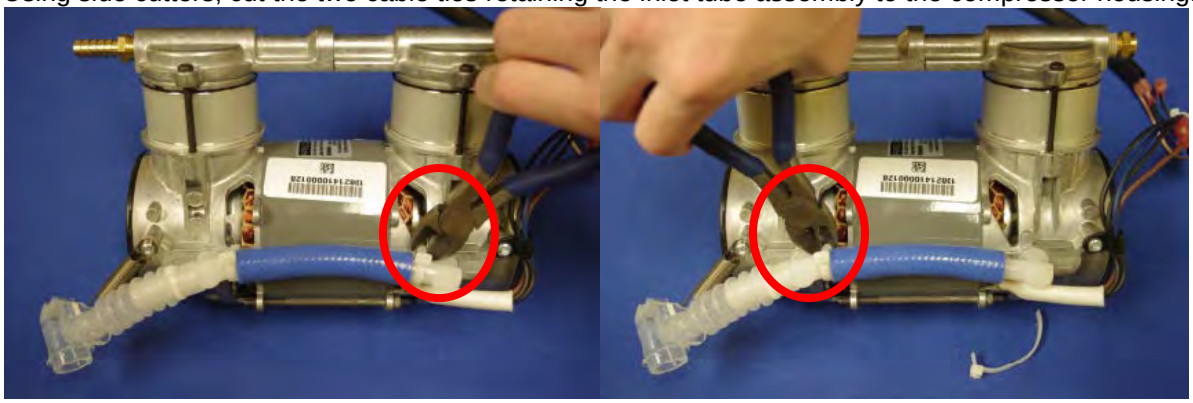
EverFlo Compressor Identification Table	
Compressor Manufacturer	**Compressor Photo**
Philips Respironics 1. Two piece Valve Cover Assembly 2. External thermal cutoff switch 3. New inlet tube assembly design	

Inlet Tube Assembly Removal

1. Remove the back cabinet of the EverFlo.
2. Inspect the EverFlo compressor for visible wear, deterioration, broken components, and service labels.
3. Make note of the manufacturer of the compressor by using the Compressor Identification table in the Detailed Description section of this field communication.
    a. If the compressor is not manufactured by Philips Respironics, this procedure is not applicable.
    b. If the compressor is manufactured by Philips Respironics, and the inlet tube assembly requires replacement, continue with this replacement procedure.
4. Remove the Philips Respironics manufactured compressor from the EverFlo device.

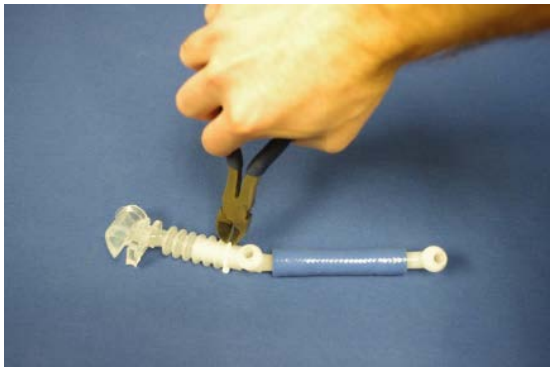
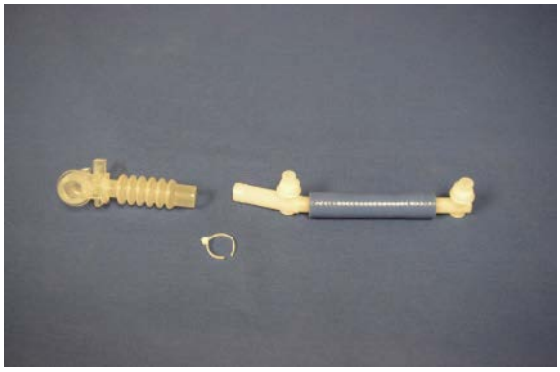


5. Using side cutters, cut the two cable ties retaining the inlet tube assembly to the compressor housing.



6. Gently pull the inlet tube assembly from the compressor housing. Discard the cut cable ties.

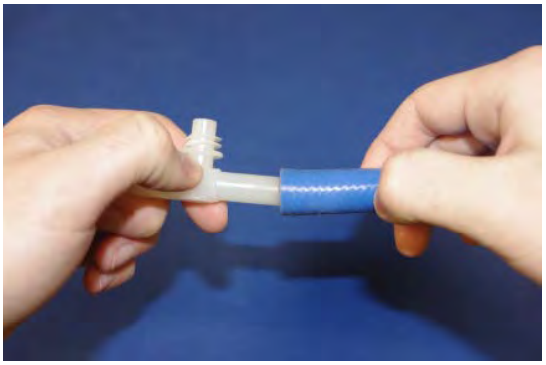
7. Using side cutters, cut the cable tie securing the inlet boot bellows to the inlet tube assembly. Discard the cut cable tie.

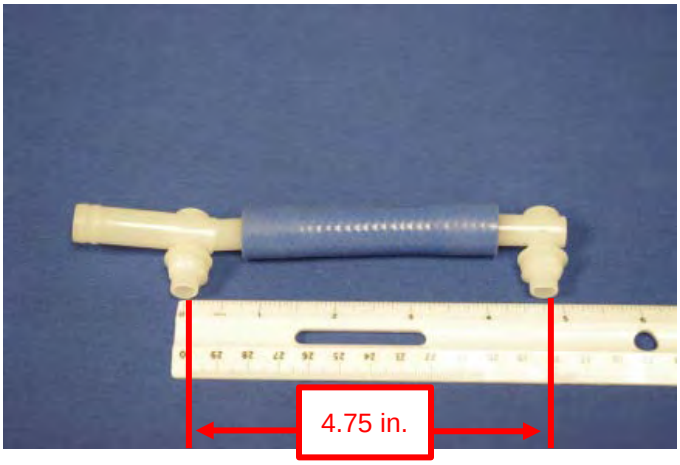



8. Discard the used inlet tube assembly

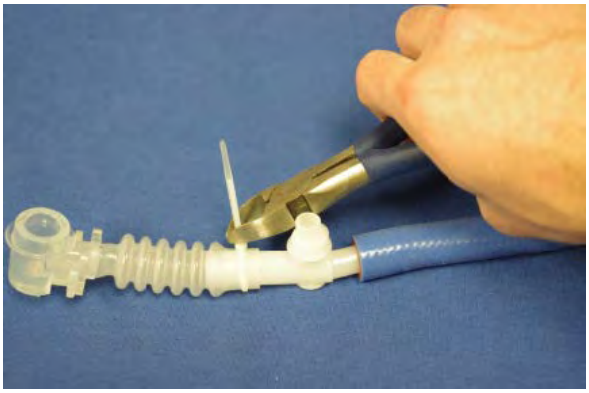
Inlet Tube Installation

1. Assemble the new inlet tube assembly by sliding the silicone tube over the tee and elbow connections. Ensure the center-to-center distance from elbow to tee is approximately 4.75 inches.



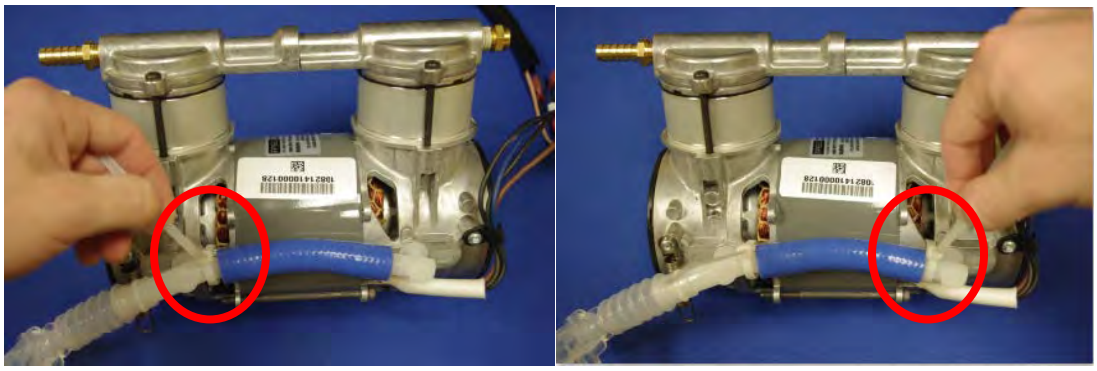


2. Slide the inlet boot bellows (see Section 8.2) onto the tee. Secure with the included cable tie. Cut any excess cable tie and discard.



3. Insert the inlet tube assembly into the compressor housing making sure to orient the inlet boot bellows on the same side of the compressor as the valve cover barb.

4. Secure the inlet tube assembly to the compressor housing by wrapping the two cable ties in the inlet tube assembly repair kit around the elbow and tee and through the compressor housing cutouts. Cut any excess cable tie using side cutters.



5. Install the compressor back into the EverFlo device.

8.15 MICRO-DISK FILTER & TUBING REPLACEMENT

To remove the Micro-Disk Filter & Tubing

1. Remove the Filter Cover. Refer to the Filter Cover Replacement section for more information.
2. Remove the Inlet Filter. Refer to the Inlet Filter Replacement section for more information.
3. Remove the Rear Cabinet. Refer to the Rear Cabinet/Power Cord Replacement section for more information.
4. Remove the Flow Tubing from the DISS Outlet Fitting and the top connection of the Flow Meter.
5. Remove the Flow Tubing from the Micro-Disk Filter.
6. Remove the Pressure Tubing from the Pressure sensor located on the Main PCA (OPI Units Only).
7. Remove the other end of the Pressure Tubing from the bottom connection of the Flow Meter and from the Pressure Regulator (OPI Units Only).

To install the Micro-Disk Filter & Tubing

1. Connect the Pressure Tubing to the Pressure Sensor located on the Main PCA (OPI Units Only).
2. Connect the Other ends of the Pressure Tubing to the Pressure Regulator and bottom connection on the Flow Meter. Refer to Refer to Figure 8-26.

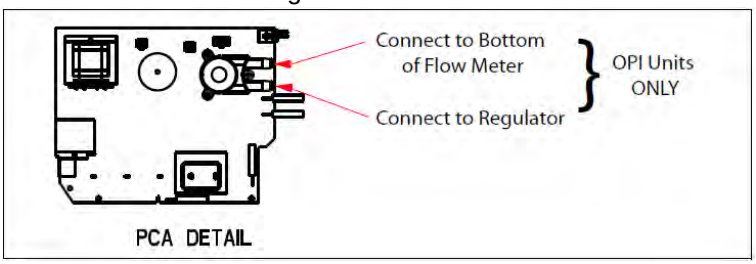


Figure 8-28: PRESSURE TUBING CONNECTIONS

3. Connect the Flow Tubing as shown in Refer to Figure 8-27.

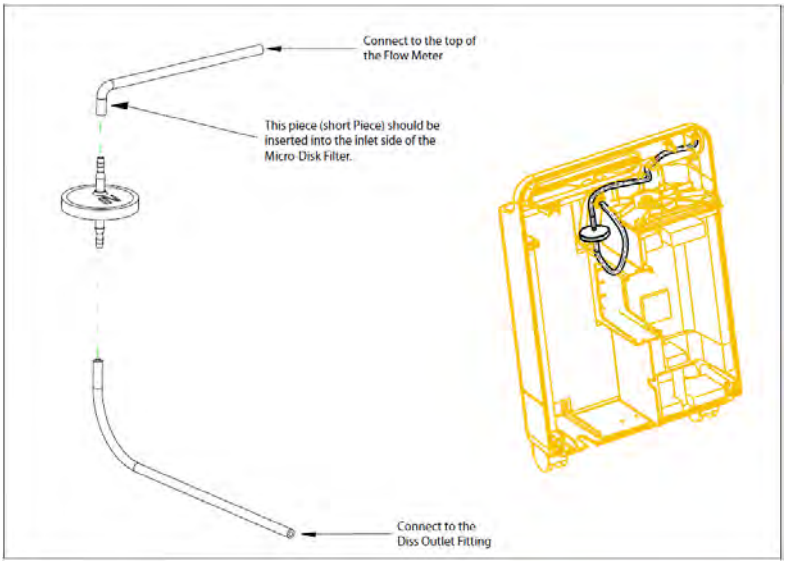


Figure 8-29: FLOW TUBING INSTALLATION

4. Install the Rear Cabinet. Refer to the Rear Cabinet/Power Cord Replacement section for more information.
5. Install the Inlet Filter. Refer to the Inlet Filter Replacement section for more information.
6. Install the Filter Cover. Refer to the Filter Cover Replacement section for more information.

8.16 FLOW METER REPLACEMENT

To remove the Flow Meter

1. Remove the Filter Cover. Refer to the Filter Cover Replacement section for more information.
2. Remove the Inlet Filter. Refer to the Inlet Filter Replacement section for more information.
3. Remove the Rear Cabinet. Refer to the Rear Cabinet/Power Cord Replacement section for more information.
4. Remove the Tubing Connected to the Flow Meter.
5. Using pliers, loosen the two speed nuts from the threaded fitting on the back of the Flow Meter.
6. Remove the Flow Meter from the Front Cabinet.

To install the Flow Meter

1. Align the threaded fittings on the back of the supplied Flow Meter with the holds in the Front Cabinet.

NOTE
The Flow Meter must be mounted with the shaft for the Flow Meter knob at the top.

2. While holding the Flow Meter in place, secure the Flow Meter to the Front Cabinet by hand tightening the two speed nuts.
3. Connect the pressure tubing to the fittings on the Flow Meter.

Figure 8-30: FLOW METER REMOVAL/INSTALLATION

8.17 FRONT CABINET REPLACEMENT

To remove the Front Cabinet

1. Remove the Filter Cover. Refer to the Filter Cover Replacement section for more information.
2. Remove the Inlet Filter. Refer to the Inlet Filter Replacement section for more information.
3. Remove the Rear Cabinet/Power Cord. Refer to the Rear Cabinet/Power Cord Replacement section for more information.
4. Remove the Main PCA. Refer to the Main PCA Replacement section for more information.
5. Remove the Sieve Canister Assembly. Refer to the Sieve Canister Assembly Replacement section for more information.
6. Remove the Cooling Fan. Refer to the Cooling Fan Replacement section for more information.
7. Remove the Capacitor. Refer to the Capacitor Replacement section for more information.
8. Remove the Compressor Assembly. Refer to the Compressor Replacement section for more information.
9. Remove the Micro-Disk Filter and Tubing. Refer to the Micro-Disk Filter & Tubing Replacement section for more information.
10. Remove the Flow Meter. Refer to the Flow Meter Replacement section for more information.

To install the Front Cabinet

1. Choose the correct EverFlo Label and place it in the appropriate spot on the front cabinet.

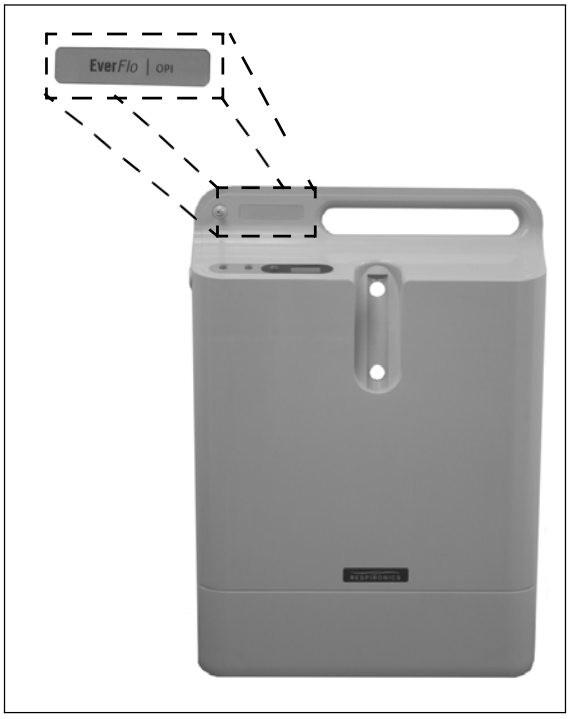


Figure 8-31: EVERFLO LABEL PLACEMENT

2. Print out two labels. One must include the serial label of the device and one must contain the model number of the device (see Section 8.19).

IMPORTANT

The labels MUST be type written. Handwritten text is unacceptable.

NOTE

The following specifications are required for the new Serial and Model number labels.

- Label Size: 1/2” x 1 3/4” (Maximum Size)
- Font Size: 10 Point (Minimum)

NOTE

The new Serial and Model Number Labels must include the same serial and model number as those of which are on the original label.

3. Place the two labels onto the Front cabinet and align with the clear section of the new Serial/Warning label included in the front cabinet repair kit. Refer to Figure 8-30.
4. Place the Serial/Warning label over the generic labels and onto the Front Cabinet in the proper location. Refer to Figure 8-30.

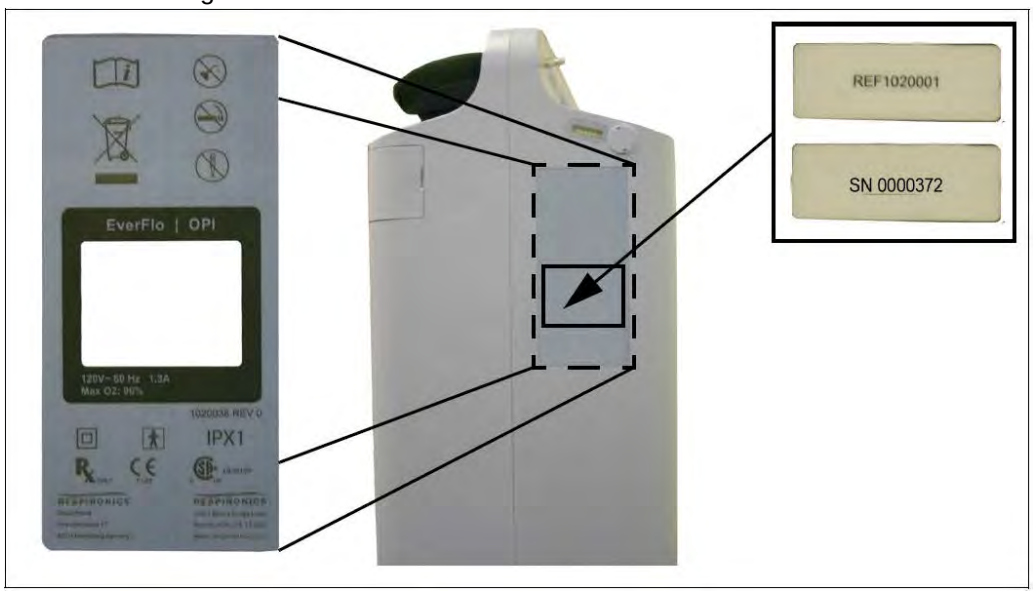


Figure 8-32: NEW SERIAL/MODEL NUMBER LABEL PLACEMENT

5. Install the Flow Meter. Refer to the Flow Meter Replacement section for more information.
6. Install the Micro-Disk Filter and Tubing. Refer to the Micro-Disk Filter & Tubing Replacement section for more information.
7. Install the Compressor Assembly. Refer to the Compressor Replacement section for more information.
8. Install the Capacitor. Refer to the Capacitor Replacement section for more information.
9. Install the Cooling Fan. Refer to the Cooling Fan Replacement section for more information.
10. Install the Sieve Canister Assembly. Refer to the Sieve Canister Assembly Replacement section for more information.
11. Install the Main PCA. Refer to the Main PCA Replacement section for more information.
12. Install the Rear Cabinet/Power Cord. Refer to the Rear Cabinet/Power Cord Replacement section for more information.
13. Install the Inlet Filter. Refer to the Inlet Filter Replacement section for more information.
14. Install the Filter Cover. Refer to the Filter Cover Replacement section for more information.

To replace foam material stop

1. Remove front cabinet
2. Remove any of the remaining original foam and adhesive from the cabinet. Use < 70% alcohol solution to remove residual adhesive.
3. Detach one of the foam stops from the RP Kit and remove the adhesive backing.
4. Attach the new foam stop in the same location as the original.

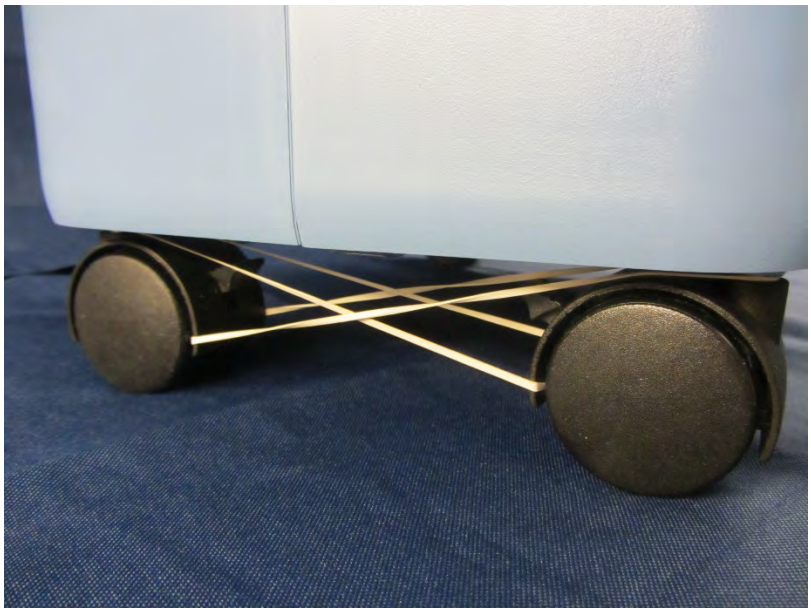
8.18 RETURNS / PACKAGING

To package EverFlo

1. Assemble the packing carton and insert the base pulp part. Raise the right side of the base pulp part approximately 3 inches.

2. Insert the side pulp pack with the tab facing down and the hollow part facing the wall of the carton.
3. Press the side pulp pack part down until the base pulp part sits flat on the bottom of the carton.

4. Secure the casters with rubber bands.



5. Place the EverFlo in the carton as per the diagram on the carton.

6. Place the left and right pieces of the pulp packing on the top of the EverFlo. The piece with the hole goes on the left side opposite the humidifier bottle rest.

- Order return pack RP kits to return faulty devices to Philips or reuse the original device packaging.

To return Thomas compressors

1. All Thomas EverFlo Compressors determined to be faulty during device servicing may be returned to Philips. See Section 8.2 for return packaging. Bulk kit users will use the return crates. GSE Compressors are not returned to Philips and should be disposed of locally.

8.19 LABELS

UDI Labelling

Per the Unique Device Identification (UDI) initiative, medical devices are required to be labeled with certain device identifiers. The information provided on these labels allows the public to search and download information from the Global Unique Device Identification Database (GUDID) at AccessGUDID.

A UDI is a unique numeric or alphanumeric code that consists of two parts:

- a device identifier (DI), a mandatory, fixed portion of a UDI that identifies the labeler and the specific version or model of a device, and
- a production identifier (PI), a conditional, variable portion of a UDI that identifies one or more of the following when included on the label of a device:
    - the lot or batch number within which a device was manufactured;
    - the serial number of a specific device;
    - the date a specific device was manufactured;
    - the distinct identification code required by §1271.290(c) for a human cell, tissue, or cellular and tissue-based product (HCT/P) regulated as a device.

Devices that are currently out in the field and manufactured before September 24th, 2016 that are returned for repair, return to stock, conversion, or otherwise do not need to be relabeled with UDI compliant serial/model labeling. However, the device packaging will need to be updated to reflect UDI information.

Devices that are manufactured after September 24th, 2016 with a UDI compliant serial/model label and is converted to R/U from the base part number will not need new UDI serial/model labeling applied. However, a new UDI number will be assigned to the corresponding R/U part number for the packaging labeling.

Serial/model labels need to be replaced with UDI compliant labeling if the label has become illegible or the repair part where the serial label is applied requires replacement.

EQUIPMENT:

Depending on which option is chosen, the printer used needs to ensure the barcode is legible and can be easily scanned. When reprinting a 2D barcode, a higher resolution, 300 DPI or higher, printer may be necessary.

The following printer (or equivalent) is recommended:

Zebra GX430T or similar printer specifications:

- Label printer
- monochrome
- direct thermal / thermal transfer
- Roll (4.25 in)
- 300 dpi
- up to 240.9 inch/min
- USB
- LAN
- serial

RECOMMENDED SOFTWARE:

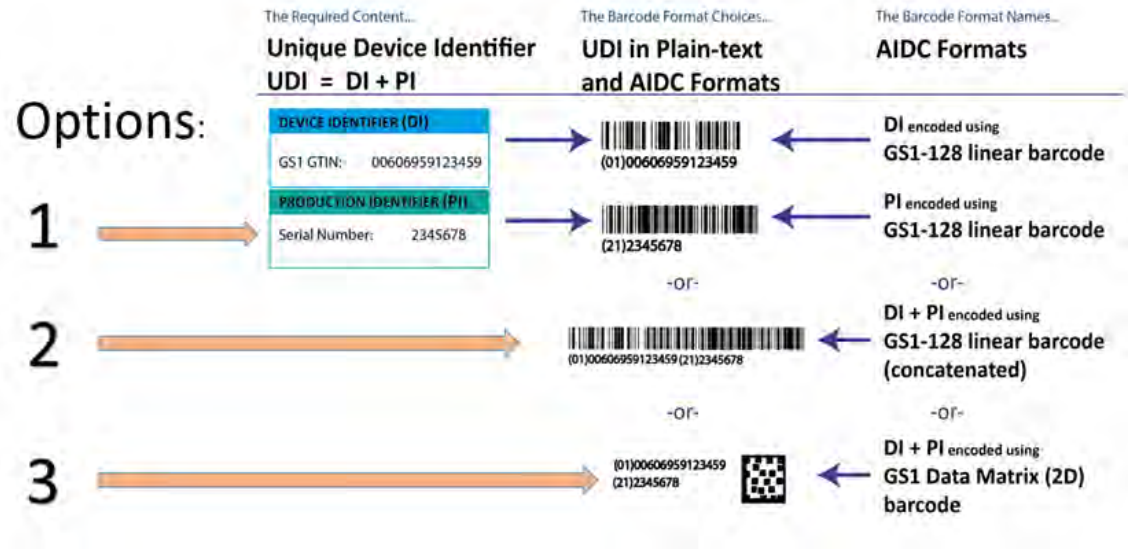
- Loftware Software & Print Key (Fees Apply)
  - For a full detailed list of Loftware supported printers and fees, please refer to: http://www.loftware.com/support/tech_printers.cfm
  - For software support, visit their website at www.loftware.com

ACTION TAKEN

Each label being replaced will need to display:

- Reference (model) Number (e.g. 1068693)
- UDI Information: Choose 1 of 3 options listed below
- Serial Number (e.g. 200001)
- Original Manufacturing Date (e.g. 2016-02-29)
- Country of Origin, if necessary

There are three (3) different options available for reprinting the serial number label, as seen in the figure below.



PROCEDURE:

1. Print a UDI compliant serial/model number label in accordance with the specifications detailed above.
2. Apply the new label to the product in the same location as the original label.
3. Place a clear overlay over the label, if necessary.

Chapter 9. TESTING

9.1 LONG LIFE FILTER TEST

This following test can be performed to determine if the EverFlo Long Life Filter has become restricted.

9.1.1 TESTING PROCEDURE

1. Power up the EverFlo Concentrator and set the flow to 5 LPM.
2. Run the device for 10 minutes
3. Measure and record the Oxygen Concentration (1st Reading).
4. Remove the Door and the Long Life Filter from the concentrator.
5. Wait approximately 3 minutes.
6. Measure and record the Oxygen Concentration (2nd Reading).
7. If the 2nd Oxygen Concentration reading is greater then 2.0 from the 1st Oxygen Concentration reading, the Long Life Filter needs replaced.

9.2 EVERFLO SYSTEM FINAL TEST

The following test must be performed after any repairs to the EverFlo Oxygen Concentrator. The results of the test must be entered on the Testing Data Sheet provided and signed, in ink, and dated by the technician performing the test.

This test may also be used as a performance verification procedure on the unit between patient usages.

9.2.1 TEST EQUIPMENT

NOTE

- The results of this test must be recorded in the space provided on the Testing Data Sheet.
- All testing on the unit must be performed at the proper voltage and frequency applicable for the country where the unit is being used.
- Before starting the System Final Test, the unit must be turned on and run for a minimum of one hour with the front and back cabinets in place.

- Concentrator Tool Kit (H647)
- Calibrated Oxygen Analyzer
- Test Flow Meter for EverFlo UltraFill Compatible Devices (Assemble Pieces as shown below)
  - 1/8” NPT Coupling Insert (1)
  - Brass 1/8” NPT Male to Female Adapter (2)
  - Flowmeter (3)
  - Orifice (0.038”) (4)

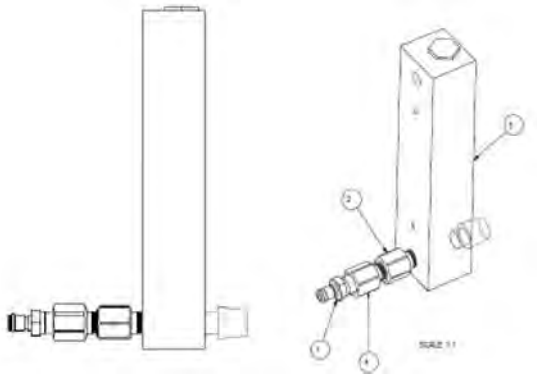


Figure 9-1: TEST FLOWMETER ASSEMBLY

9.2.2 TESTING PROCEDURE

1. Ensure that the unit has been run-in for a minimum of 1 hour.
2. Record the serial number and model number located on the side of the unit, in the space provided on the Testing Data Sheet.
3. Record the voltage and frequency at which the unit is being tested.
4. Record the hours from the hour meter after the Device has finished its 1 hour run in on the Test Data Sheet.
5. Verify the flow meter is set to 5 LPM. If a pediatric flow meter is installed, verify the flow meter is set to 1.0 LPM. Connect the test gauge to the outlet barb. Measure the outlet pressure. The outlet pressure should be within 5.0- 7.0 psig. Record the results. On the test data sheet, circle Yes or No for pediatric flow meter. If testing a device with a pediatric flow meter installed, the “No Flow Alarm” feature is not available, remove the pressure gauge from the outlet barb and proceed to step 7.
6. With the pressure gauge still connected to the outlet, the flow meter ball will drop down to zero (0) LPM. Within 120 seconds (160 seconds for EverFlo T models) the “No Flow” alarm will sound and the yellow LED (Low Oxygen) will illuminate. Record the results. Remove the pressure gauge from the outlet barb.
7. Set the flow meter to two (2) LPM (for units equipped with pediatric flow meters set the flow to 0.1 LPM). Connect a calibrated oxygen analyzer to the outlet barb, measure and record the oxygen concentration. Set the flow meter to five (5) LPM (for units equipped with pediatric flow meters set the flow to 1 LPM). Measure the oxygen concentration. Record the results. For OPI devices proceed to step 8. For non OPI devices proceed to step 9.
8. Verify that the OPI is working properly by observing that the red or yellow LEDs are NOT illuminated and the oxygen concentration is above 90% for the following model numbers:

1020001	1020009	1020013	1039364
1020002	1020010	1020014	1039365
1020004	1020011	1039362	
1020006	1020012	1039363	

Above 87% for model numbers 1020007 and 1020008, record the results.

9. Disconnect the oxygen analyzer and tubing from the outlet of the concentrator. For EverFlo UltraFill Compatible devices set the concentrator to 1-3 LPM. Proceed to Step 10. For all other EverFlo devices proceed to Step 14.
10. Connect the Test Flowmeter to the UltraFill port, located on the side of the EverFlo.

11. Open the Test Flowmeter flow knob 3-4 turns.
12. Wait at least 1-3 seconds.
13. Read the Test Flowmeter value. Record the results. If the flow is greater than 10 SLPM the unit PASSES.
14. In ink, fill out the rest of the Test Data Sheet after all tests have been completed. If the unit has failed any of the tests performed, the unit must be repaired and retested according to released documentation.

9.3 EVERFLO TEST DATA SHEET

NOTE
All information on this data sheet should be entered in the correct location after the associated test was completed. The data sheet must then be signed in ink and dated by the technician performing tests. Circle “Pass” or “Fail”. Leave all unused boxes blank.

Step 2
Serial Number: _____

Step 3
VAC: _____ Hz: _____

Step 4
Hour Meter: _____

Model Number: _____

Step 5

Oxygen Outlet Pressure 5.0 - 7.0 psig		**Pediatric Flow Meter**	**Yes**	**No**

Step 6

No Flow Alarms < 120 sec. EverFlo T Devices < 160 sec.	**Pass**	**Fail**

Step 7

Flow Meter Oxygen Concentration (Pediatric Flow Settings)	**EverFlo Models** 90-96% @ 2 LPM 90-96% @ 5 LPM		**1020007 and 1020008** 87-96% @ 2 LPM 87-96% @ 5 LPM	
	2 LPM (0.1LPM)	***5 LPM (1LPM)***	***2 LPM (0.1LPM)***	***5 LPM (1LPM)***

Step 8 **Step 13**

OPI Verification	**Pass**	**Fail**	**O2 Coupler Flow > 10 SLPM**	**Pass**	**Fail**

Signature: _____ Date: _____ Notification Number: _____
(PRI internal use Only)

Print Name _____Asset Numbers_____/ _____
(PRI internal use Only)

Chapter 10. TOOLS AND EQUIPMENT

You should have the following hand tools and supplies available for troubleshooting, testing, and repairing the EverFlo Concentrator.

Common Hand Tools
Antistatic, Electro-Static Discharge (ESD)-protected work station - minimum requirement is a grounded mat and wrist strap
Phillips Screwdriver - medium (included in H646 Tool Kit)
Phillips screwdriver, size “00”
5/16” Hex Driver (5/16” bit included in H646 Tool Kit)
6 inch long 5/16” Hex Driver Bit Kit
9/16” Open-end wrench
9/16” Socket
Heyco Pliers
Torque Wrench 1.5 in-lbs.
Torque Wrench 8 in-lbs.
Torque Wrench 25 in-lbs.
Torque Wrench 35 in-lbs.
Torque driver 1-2 INLBS range with T6 bit.
Fuse Extractor
Concentrator Tool Kit (H647)
Diagonals (wire cutters)
Needle Nose Pliers (insulated)
Channel Locks (medium)
One Ear Clamp Pliers
Pressure Gauge

Equipment
Digital Multimeter
Calibrated Oxygen Analyzer
1/8” NPT Coupling Insert (Colder P/N MC2402 or equivalent)
Brass 1/8” NPT Male to Female Adapter (McMaster-Carr P/N 9171K610 or equivalent)
Flowmeter (Dwyer P/N VFB-67-SSV or equivalent)
Orifice 0.038” (McMaster-Carr P/N 2712T482 or equivalent)
Oxygen Interface Hardware Kit (see Section 8.2)

Supplies
Cleaning Cloth
Mild Detergent

10.1 ACCEPTABLE TEST EQUIPMENT

10.1.1 DIGITAL MULTIMETER

Specifications

- 3 1/2” digital readout

Acceptable Options

- Fluke 87 or better model
- Any commercially available digital multimeter that meets the above specification.

10.1.2 OXYGEN ANALYZER

NOTE
The oxygen Analyzer used must be calibrated to meet the manufacturer’s specifications.

Specifications

- Range: 0.0% to 100% O_2
- Accuracy +/- 2.0% O_2

Acceptable Options

- MSA MiniOX I-CE Oxygen Analyzer

Any commercially available calibrated Oxygen Analyzer that meets the above specifications.

Chapter 11. SERVICE SOFTWARE

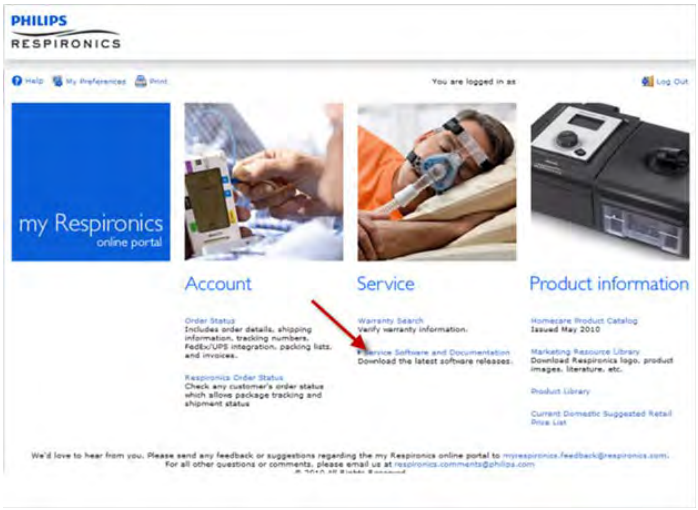
11.1 EVERFLO SERVICE TOOL

11.1.1 Required Equipment

Description	Version
Oxygen Interface RP Kit	N/A
Laptop/Desktop PC with Windows 7 Operating System (32/64 bit) or Windows 10 Operating System.	N/A
EverFlo Service Tool Installer	2.0.0.1
EverFlo Service Manifest File	1.0.3

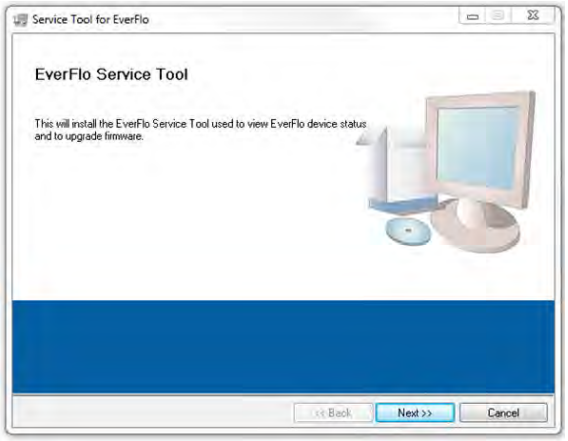
11.1.2 Download and Installation

1. Log into my.respironics.com
2. Select "*Service Software and Documentation*

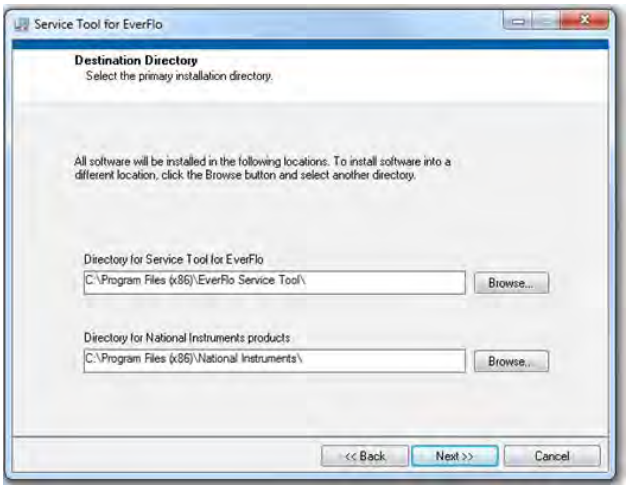


3. Select *EverFlo Service* from the Service Software Category list

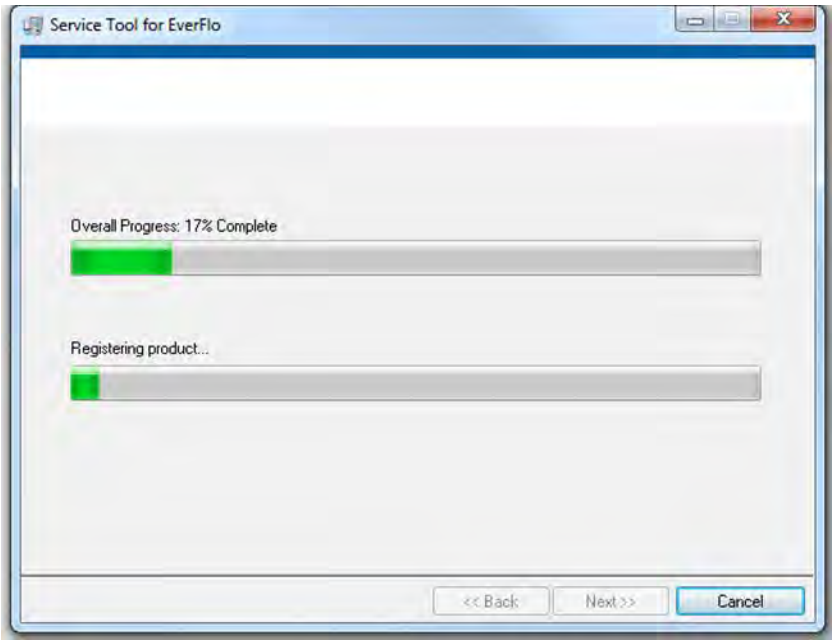
4. Download the software and follow the on screen instructions in regards to file location.
5. Install the EverFlo Service Tool



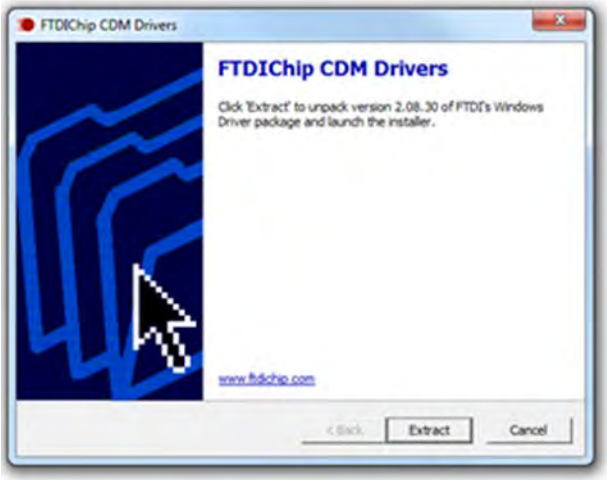
6. Allow the program to install to the default location



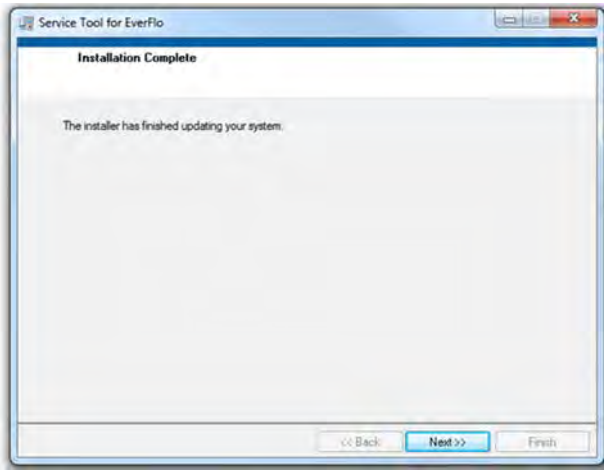
7. Agree to the legal licenses and click *Next*.
8. A couple status bars will show the progress of the download



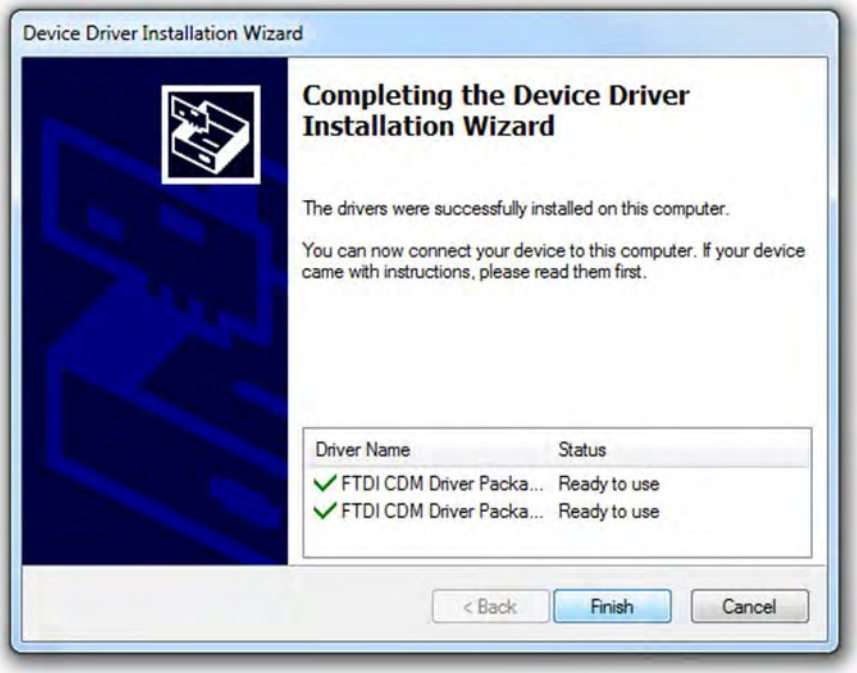
9. The installer will indicate the status of the Service Tool installation.
10. Click the *Extract* button to install the current version driver of the FTDI drivers

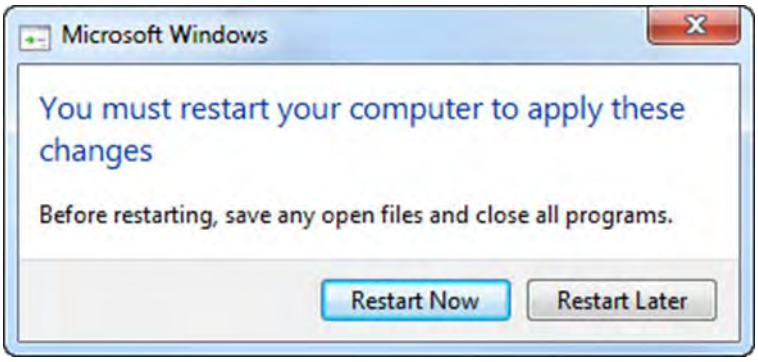


11. Click the *Next* button and continue with the procedure



12. Click the *Finish* button once the installer finishes loading the software. Users will be prompted to restart their computer. See screenshot below

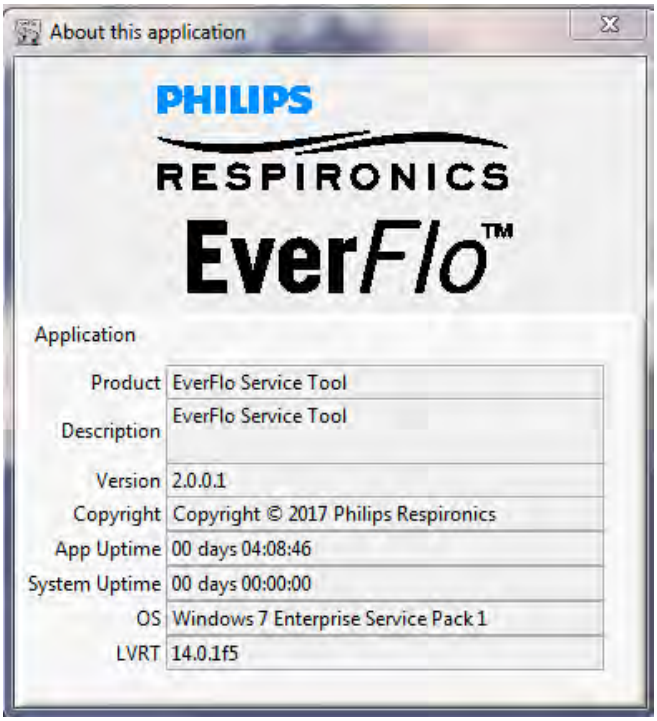




13. Repeat step 1-3 to load the Manifest ZIP file from my.respironics.com.
14. Then unzip file into location where EverFlo Service Upgrade tool was installed. For example: C:\Program Files (x86)\EverFlo Service Tool.

11.1.3 Context Definitions for Main Screen:

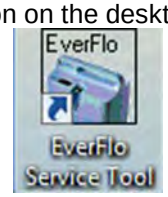
Click on the “Help” tab and select the “About” option. This will display the Service Upgrade Tool flash screen



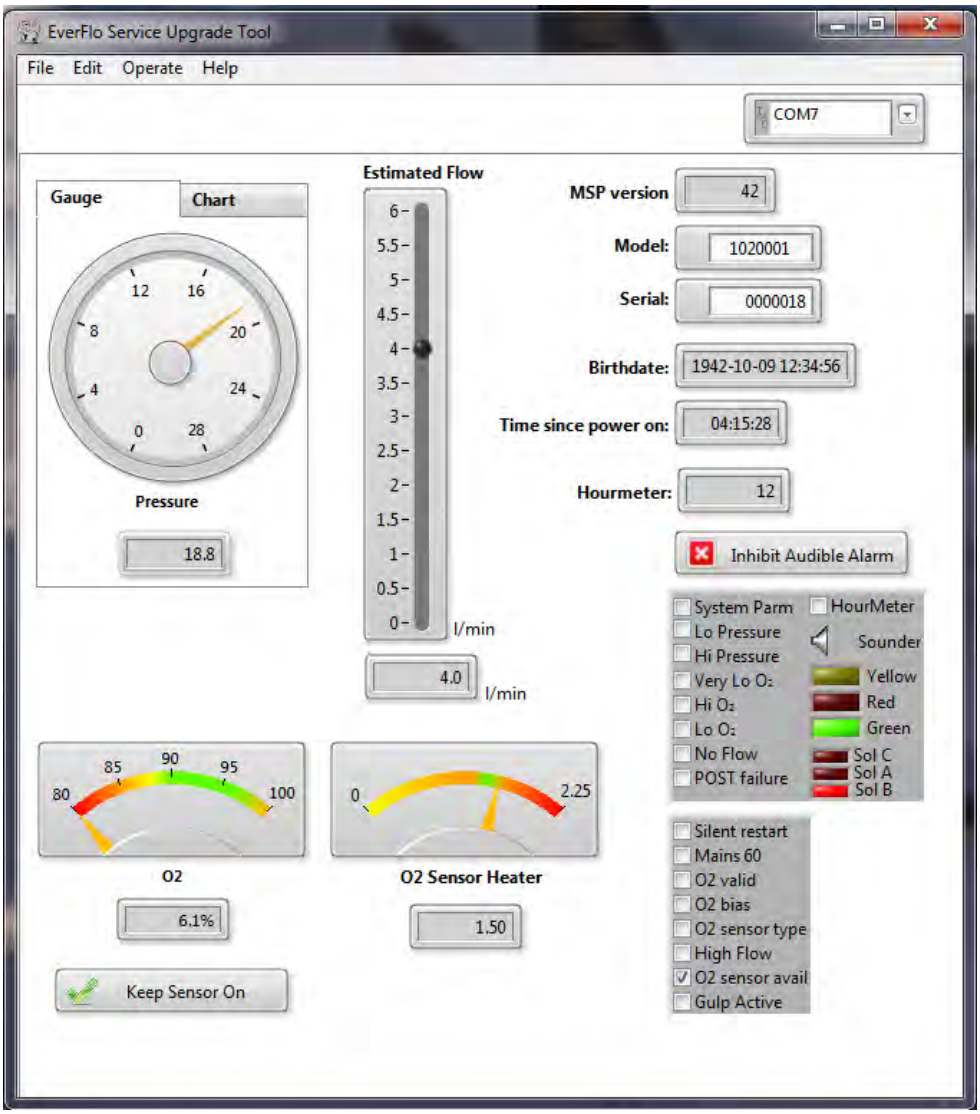
1. Enter Device manager and set the COM port advanced settings to the proper latency setting.

11.1.4 COMMUNICATION PORT SETTINGS:

1. Connect the Oxygen Interface kit to the computer USB port.
2. Once the Communication Port has been assigned/ established to communicate with the EverFlo, locate the My Computer Icon on the computer Desktop or through Windows start menu.
3. Using the mouse, right *click* on My Computer and select Properties.
4. Select the Hardware tab and then the Device Manager Link.
5. Select the Ports drop down arrow, locate and right *click* the USB serial port, and select Properties.
6. Select the Port Settings tab and then select the *Advanced* button.
7. Locate and select the Latency Timer drop down arrow and select a setting of 1.
8. Select the Ok button when applicable and then close all windows.
9. Open the software by clicking the icon on the desktop and select the proper COM port.



10. Connect the Interface USB cable to the computer and connect the Mini-DIN to the EverFlo.
11. The main screen will open and will display the EverFlo Service Tool.



Feature	Definition
Gauge and Chart	Pressure measurement of the product tank in PSI Used to measure the balance and peak pressure. To be used to check the sieve canister balance. 15-27 PSI range
Estimated Flow	Estimation of flow rate in liters per minute from EverFlo product tank, derived from the pressure slope.
Serial ID, Birthdate, Time, Model	Factory supplied identifier and date/time from the flash memory. Internal timer which resets to zero when the device is reset or powered off. Model number and Serial **Number are enabled for edits to the PCA based on the device label.**

Inhibit Audible Alarm	Alarm silence
O2 Gauge	Oxygen purity reported by the internal OPI sensor. OPI devices only.
Keep Sensor On	OPI sensor remains on as long as the device is turned on.
MSP version	Firmware version of the MSP microcontroller: Currently released manufacturing firmware is 3.0 and will show as 30 in the MSP version box. 4.2 will show as 42 in the version box.
O2 Sensor Heater	Oxygen sensor heater power gauge
Estimated Flow	The device computed flow from the PCA.
Hour Meter	This field is now enabled to input hours from the device hour meter. Used to transfer the hours from the analog hour meter into the LCD hour meter.

11.1.5 EverFlo Service Tool information:

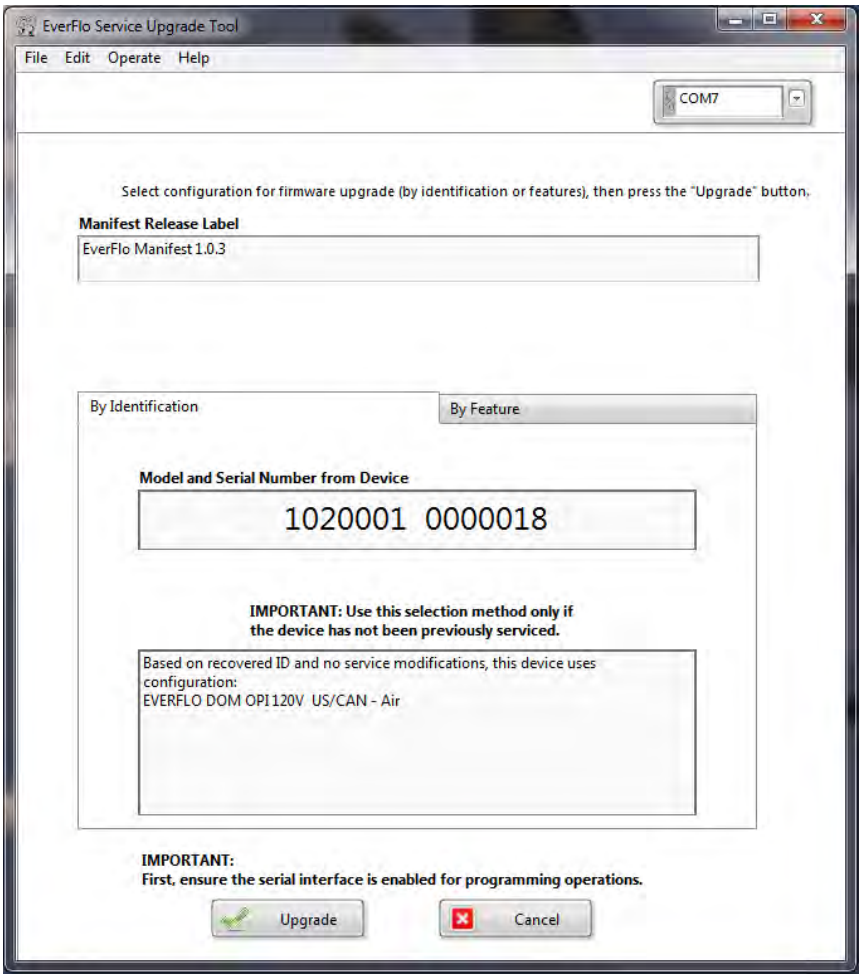
Definitions Of The Lower Check Box Section	
Silent Restart	TRUE if a silent restart is in progress.
Mains 60	TRUE if AC mains frequency detection reports 60 Hz.
O2 Valid	TRUE if O2 sensor output is considered valid.
O2 bias	TRUE if the O2 sensor bias is enabled.
Pin 5.7	(Not used for Service.)
High Flow	TRUE if high flow alarm condition is active
Gulp Active	TRUE if the EverFlo is TransFill Enabled and actively supplying a TransFill device.

11.1.6 Table for the Device Alarms Box:

Definitions Of The Higher Check Box Section: Alarms	
System Parm	If checked, the memory consistency check of the parameter memory has failed.
Lo Pressure	If checked, product canister pressure has remained below the low pressure threshold.
Hi Pressure	If checked, product canister pressure has remained above the high pressure threshold.
Very Lo O2	If checked, product O2 purity has remained below the Very low O2 threshold. Red light alarm
Hi O2	If checked, product O2 purity has remained above the High O2 threshold and the O2 Sensor has stopped working.
Lo O2	If checked, product O2 purity has remained below the low O2 threshold, but above the Very Low O2 threshold.
No Flow	If checked, output flow has been determined to be at or near zero flow.
POST failure	If checked, a power on self-test failure occurred.
Hour Meter	Checked, when the elapsed hour indicator discrete output is being pulsed.
Sounder	Active when the audible alarm discrete output is driven active.

Yellow	Illuminated when the yellow LED is active.
Red	Illuminated when the red LED is active.
Green	Illuminated when the green LED is active.
Sol C	Illuminated when solenoid valve C is active and the device is equipped with a Purge valve.*See Note below
Sol A	Illuminated when solenoid valve A is active.
Sol B	Illuminated when solenoid valve B is active.

11.1.7 Content Definitions for Upgrade Firmware:



IMPORTANT NOTE

MODEL NUMBER AND SERIAL NUMBER ARE ENABLED FOR EDITS TO THE PCA BASED ON THE DEVICE LABEL. MUST BE NAMED TO LOAD FIRMWARE

Feature	Definition
Firmware Upgrade	By Identification from the PCA or By Feature of the parts contained in the EverFlo.
By Identification	Model and serial number imprinted on the PCA and read by the Service Tool
By Feature	Model type, Compressor and Solenoid valve type the unit is equipped with. A single known configuration must be found in order to upgrade the Firmware.
Upgrade	Execute button to load firmware. The unit will alarm until the firmware installs.
COM Port	Selects the available serial port for the EverFlo
Manifest Release Label	Identification of the released version of the manifest file.
Cancel Button	Cancels the upgrade process without installing the firmware and returns to the main screen.

NOTE
This EverFlo Service Tool is intended to be used for the EverFlo devices only. Damage and functionality loss will result if this Software is used on other Respironics products.

11.1.8 Upgrade Procedure:

NOTE
This Service Upgrade Tool is not to be used on units equipped with a purge valve assembly. Installing 3.0 Software will cause the purge valve to no longer function. See EverFlo 230 VAC New Spare Parts,17-04-09

1. All devices returned to for Service are recommended to have its firmware checked and upgraded as needed.

IMPORTANT NOTE
EverFlo devices with PCAs equipped with an LCD hour meter will use firmware 4.2. EverFlo devices with PCAs equipped with an Analog hour meter will use firmware 3.0.

2. Open the program from the desktop or program list.
3. Connect the Oxygen Interface Kit to the COM port on the computer that is used by this program.
4. Set the Interface Kit to the Program Mode by sliding the switch to the left.
5. Turn on the EverFlo and remove the Mini DIN cover.
6. Connect the Interface Kit to the Mini DIN connection on the EverFlo near the Hour Meter.
7. Select the COM port the EverFlo is connected to.
8. The EverFlo Service Tool will begin to downloading the information from the EverFlo and bring up the Main Screen.

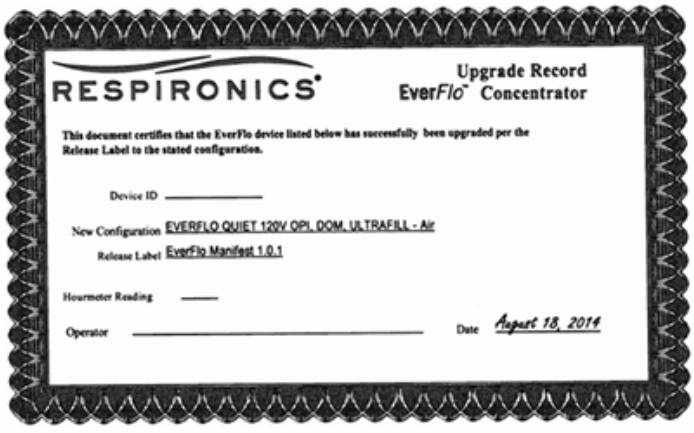
9. Verify the MSP software version is the most current. If not the most current version, then continue with the Upgrade process.
10. Select the *File* and then the *Upgrade Firmware* option.

NOTE
If the Upgrade Firmware option is unavailable, the Manifest file has not been properly loaded.

11. If the PCA is original to the unit, the model number and serial number will match the device label and show up in the *By Identification* box. See Note below. If not, then proceed to step:18

NOTE
The technician must determine that the device is completely original and has not been serviced previously. If the unit was serviced in the past then upgrade the firmware **By Feature Only**. PCAs equipped with LCD hour meters require upgrading via the **By Feature** method.

12. Upgrade when a single known configuration shows in the bottom box.
13. Click the *Upgrade* button and the EverFlo will alarm as the firmware is installed.
14. Click the *Print* button to print an Upgrade Record form. Print Function: see with an example of the Upgrade Record. The technician is required to fill out the information on the form and keep it with the Service paperwork (**Only Chance to Do This**)


RESPIRONICS

Upgrade Record
EverFlo® Concentrator

This document certifies that the EverFlo device listed below has successfully been upgraded per the Release Label to the stated configuration.

Device ID _____

New Configuration EVERFLO QUIET 120V OPL DOM, ULTRAFILL - Air

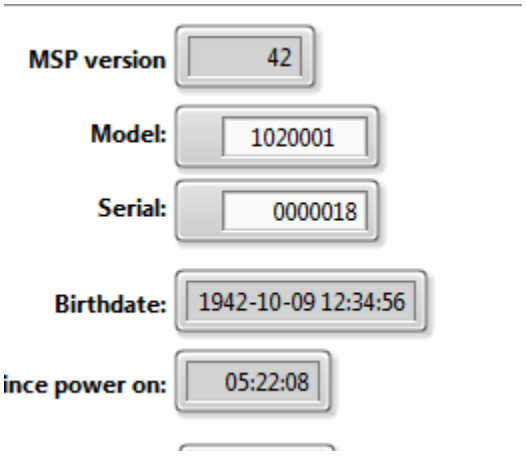
Release Label EverFlo Manifest 1.0.1

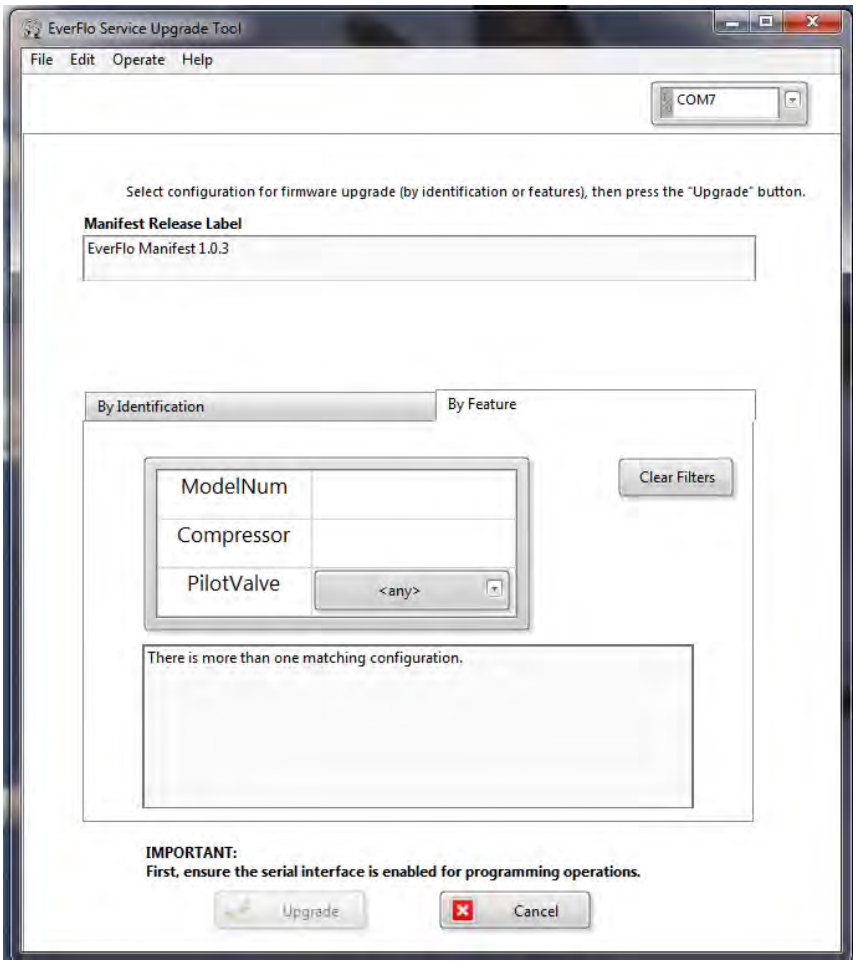
Hourmeter Reading _____

Operator _____ Date August 18, 2014

15. Click the *OK* button to return to the main screen.

16. The Service Tool will reload the information and the main screen will display.
17. The MSP version will be changed to the current release of firmware and is complete.
18. Upgrading by feature is used if the PCA was replaced in the past and PCA serial number and model number do not match the device label. The technician must inspect the unit for the required components such as the device model number, compressor type and solenoid valve type
19. Reference Field Communications for additional information on configurations and serial number cutoffs. The model number and serial number must be updated to show the model number and serial number from the device label and enter that information in the fields on the main screen





20. Once the firmware is upgraded retest the unit for the customer complaint.
21. If the unit passes, then continue with the repair process and final test.
22. When all the features match, a single known configuration will show in the bottom box. If not, the following message appears “There are no matching configurations” and the device needs to be reevaluated as to its original equipment configuration.
23. Click the *Upgrade* button and then proceed with Steps 13 thru 17.

Feature	Definition
By Feature:	Select the model number, compressor type (.44 or .38) and solenoid type (Air or O2 pilot)
Clear Filters:	Allows you to clear the By Features section
Cancel Button:	Cancel Button stops the firmware upgrade operation.
MSP version:	MSP version of the firmware installed.

Exhibit 3
25-470-O
Oxus America, Inc.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Inspection – Violation Form

Complete this form and email the form and accompanying documents that support the finding(s) to Jessette Phaynarikone at jphaynarikone@pharmacy.nv.gov.

Date this form was completed:	12/1/2025
Name of person who completed this form:	Mui Lee
Inspector Name:	Mui Lee
Date of Inspection:	9/23/2025
Name of Licensee/Registrant:	Bennett Medical Services
License or Registration #:	MP00002
Licensee/Registrant Address:	5475 Louie Ln Ste A, Reno NV 89511
Licensee/Registrant phone #:	775-329-0799
Licensee/Registrant Email:	licensing@adapthealth.com, rkuzbyt@adapthealth.com
Licensee/Registrant Contact Person Name and role:	Rudolph Kuzbyt, MDEG Administrator (passed away in November, 2025) New MDEG Administrator is Christopher Misanik

Type of violation(s) (select the violation(s) and complete the applicable section(s) below)

- ☒ 1. Unlicensed Practice
- ☐ 2. No managing pharmacist/failure to submit Change in Managing Pharmacist Form
- ☐ 3. No MDEG Administrator/failure to submit change in MDEG Administrator Form
- ☐ 4. Failure to submit new business application for Address Change
- ☐ 5. Failure to submit new business application for Name Change
- ☐ 6. Failure to submit new business application for Ownership Change
- ☐ 7. Pharmaceutical Technician in Training (PTT) performing immunizations
- ☐ 8. Pharmacy failure to meet security requirements
- ☐ 9. Unauthorized access to the pharmacy
- ☐ 10. Other:

1. Unlicensed Practice (unlicensed wholesaler, practitioner practicing with expired CS registration)

Unlicensed person/entity name:	Oxus America, Inc
Unlicensed person/entity address:	175 Kay Industrial Dr, Orion Township MI 48359
Unlicensed person/entity phone #:	248-475-0925
Unlicensed person/entity email:	

Complete/Obtain the following:

1. Evidence of unlicensed activity
    a. For non-renewed or unlicensed CS registrants:
        i. Prescriber Activity Report from the PMP;
        ii. Copy of a prescription from a pharmacy indicating the prescription was prescribed by the non-renewed or unlicensed CS registrant.
        iii. Confirm person is not registered or has not renewed their CS registration in In-Lumon
    b. For unlicensed wholesalers:
        i. Invoice showing entity shipped “Rx Only” product into Nevada;
        ii. Confirmation that the item sold are “Rx Only” products by:
            1. Taking a picture of the product and packaging where "Rx Only" is indicated;
            2. Confirming product is “Rx Only” through AccessGUDID - Identify Your Medical Device.
        iii. Confirm wholesaler is not licensed In-Lumon
2. Contact the non-renewed or unlicensed person/entity to:
    a. Inquire as to why they are engaging in unlicensed practice;
    b. Determine duration, with specific dates, of unlicensed activity
3. Summarize your findings in section 10.

(**For legal**: **unless otherwise advised**, $5,000 fine for unlicensed business or unlicensed CS person, NRS 639.2895; $1,000 for operating with an expired CS registration if it is within a year from the expiration. R057-23AP.pdf)

2. No managing pharmacist (PIC)/failure to submit Change in Managing Pharmacist Form	
Previous PIC name:	
Dates previous PIC served:	
New PIC name (if applicable):	
Date new person began serving as PIC (if applicable):	
Dates operated without a PIC (if applicable):	

Complete/Obtain the following:
1. Confirm through In-Lumon no Change in Managing Pharmacist Form was received for the new PIC
2. Determine why pharmacy operated without a PIC/failed to submit Change in Managing Pharmacist Form.
3. Summarize your findings in section 10.

(**For legal**: **unless otherwise advised**, $500 fine for the pharmacy if failure to submit Change in Managing Pharmacist form; $1000 for operating a pharmacy without someone designated and performing the functions of a PIC. R057-23AP.pdf)

3. No MDEG Administrator/failure to submit change in MDEG Administrator Form	
Previous MDEG Admin name:	
Dates previous MDEG Admin served:	
New MDEG Admin name (if applicable):	
Date new person began serving as MDEG Admin (if applicable):	
Dates operated without a MDEG Admin (if applicable):	

Complete/Obtain the following:
1. Confirm through In-Lumon no Change in MDEG Admin Form was received for the new MDEG Admin.
2. Determine why the company is operating without an MDEG Admin/failed to submit new MDEG Admin application.
3. Summarize your findings in section 10.

(**For legal**: **unless otherwise advised**, $500 fine for the MDEG if failure to submit new MDEG Administrator form; $1000 for running business without someone performing the functions of an MDEG Administrator. R057-23AP.pdf)

4. Failure to submit new business application for Address Change	
Previous business address:	
New business address:	
Date when change occurred:	

Complete/Obtain the following:
1. Confirm through In-Lumon no new business application was received for the address change.
2. Determine why a new business application was not submitted for the change.
3. Summarize your findings in section 10.

(**For legal**: **unless otherwise advised**, $500 fine for the business. R057-23AP.pdf)

5. Failure to submit new business application for Name Change	
Previous business name:	
New business name:	
Date when change occurred:	

Complete/Obtain the following:
1. Confirm through In-Lumon no new business application was received for the name change.
2. Determine why a new business application was not submitted for the change.
3. Summarize your findings in section 10.

(**For legal**: **unless otherwise advised**, $500 fine for the business. R057-23AP.pdf)

6. Failure to submit new business application for Ownership Change	
Previous business Owner:	
New business Owner:	
Date when change occurred:	

Complete/Obtain the following:
1. Confirm through In-Lumon no new business application was received for the ownership change.
2. Determine why a new business application was not submitted for the change.
3. Summarize your findings in section 10.

(**For legal**: **unless otherwise advised**, $500 fine for the business. R057-23AP.pdf)

7. PTT performing immunizations	
PIC name:	
PIC Registration #:	
PTT Name:	
PTT Registration #:	
Date when PTT began performing immunizations:	

Complete/Obtain the following:

1. Determine why the pharmacy/PIC has authorized the PTT to perform immunizations.
2. Determine When/Who provided training to PTT to perform immunizations.
3. Evidence that the PTT performed immunizations (i.e. Immunization Informed Consent form).
4. Summarize your findings in section 10.

(**For legal**: **unless otherwise advised**, $500 fine for pharmacy, $500 fine for PIC. R057-23AP.pdf)

8. Pharmacy failure to meet security requirements

Complete/Obtain the following:

1. Determine why the pharmacy has not complied with the security requirements in NAC 639.520.
2. Confirm that the 2024 Inspection Report documented that security requirements were not met and time frame for completion (attach the 2024 Inspection Report).
3. Document in 2025 Inspection report that the security requirements were not met within the time frame documented in the 2024 inspection report (Attach the 2025 Inspection Report).
4. Evidence/photos to show pharmacy's non-compliance with security requirements (attach these photos).
5. Summarize your findings in section 10.

(**For legal**: **unless otherwise advised**, $2,000 fine for pharmacy for non-compliance in 2024 and 2025 ($1,000 for each year), pharmacy required to provide proof of compliance within 30 days. R057-23AP.pdf)

9. Unauthorized access to the pharmacy	
Unauthorized person's name:	
Role of unauthorized person:	
Dates of unauthorized access:	

Complete/Obtain the following:

1. Determine why there was unauthorized access to the pharmacy.
2. Was the PIC aware of the unauthorized access?
3. Summarize your findings in section 10.

(**For legal**: **unless otherwise advised**, $500 fine for pharmacy, $500 fine for PIC (if PIC was aware). R057-23AP.pdf)

10. Other AND/OR Summary of your Findings

1. During an annual routine inspection of Bennett Medical Services on 9/23/2025, Inspector Lee obtained an invoice showing Oxus America, Inc (Oxus) shipping respiratory concentrator sieves into Nevada. (Attachment 1)

2. A query into InLumon found that neither Oxus nor the shipping address is licensed with NVBOP.

3. An attempted call, 248-475-0925, to Oxus on 9/30/2025 and was forwarded to Jessica Woodruff (Woodruff), sales manager/administrator at extension 202, to leave a voice message for a return call.

4. On 10/13/2025, Inspector Lee made a second call to Oxus to leave a voice message for the operator to forward a voice message to Woodruff.

5. On 10/20/2025, Inspector Lee made a third call to leave another voice message for Woodruff using the same number.

6. On 10/23/2025, Jessica Shopt or Shopp (Later found out it is Shopp) called back and provided her direct contact information, 248-920-8122 or j.shopt@oxusamerica.com. When Inspector Lee attempted to send an email to Jessica Shopp, it was not a deliverable email address. Inspector Lee attempted to send an email to j.shopp@oxusamerica.com in case of the spelling was not correct but it was unsuccessful as well.

7. On 11/3/2025 Inspector Lee tried to contact Jessica Shopp (Shopp) by phone directly using the phone number provided and left a message requesting a return call.

8. Since there was no response from Shopp as of 11/4/2025, Inspector Lee decided to send an email to the CEO of Oxus, Gary Abusamra at gabusamra@oxusamerica.com and garyabusamra@comcast.net as listed on the internet. (Attachment 2)

9. On 11/18/2025, Inspector Lee tried to send email to Shopp again using jshopp@oxusamerica.com and the email was successfully delivered. (Attachment 3)

10. No response whatsoever from Oxus (Shopp or Abusamra) as of 12/1/2025.

Attachment 1	oxus invoice product verification.pdf
Attachment 2	email to oxus ceo.msg
Attachment 3	email to jshopp.msg
Attachment 4	
Attachment 5	

6C

FILED
DEC 10 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

PRIME PLUS LAKEVIEW,

Respondent.

Case No. 25-110-V-O

FIRST AMENDED STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, on or about September 15, 2025, a Citation and Fine Order was served upon Respondent Prime Plus Lakeview, (Respondent) alleging violations of Nevada law as set forth herein.

FACTUAL ALLEGATIONS

1. Respondent is a pharmacy located at 3156 N. Clark St. in Chicago, Illinois.

2. Respondent does not hold a license issued by the Board to engage in wholesaling in the State of Nevada as required by NRS 639.233 and NAC 639.593.

3. First Choice Pharmacy, LLC is a pharmacy licensed by the Board and is located at 7260 S. Cimmaron Road, Suite 115, in Las Vegas, Nevada.

4. Rxeed is a wholesaling platform that represents itself on its website, www.rxeed.com, as an online marketplace that solicits and brokers the sales of prescription drug products between pharmacies across the United States.

5. Rxeed is not licensed to engage in business as a wholesaler in Nevada.

6. On August 25, 2023, through Rxeed, Respondent sold and/or shipped Vemlidy to First Choice Pharmacy in Las Vegas, Nevada, despite not having a license issued pursuant to NRS 639.233 and NAC 639.593. First Choice Pharmacy received the shipment in Nevada on September 1, 2023.

7. On or about October 10, 2024, the Board served an Order to Cease-and-Desist/Citation and Fine upon Rxeed for unlicensed wholesale distribution in Nevada. Rxeed satisfied the citation on June 12, 2025.

8. On or about September 15, 2025, following a Board investigation into Respondent's conduct in August and September 2023, the Board issued a Citation and Fine Order on Respondent.

9. On or about October 15, 2025, Respondent appealed the Citation and Fine Order and requested a hearing before the Board.

APPLICABLE LAW

10. Anyone who engages in the business of wholesale distribution or furnishing of drugs that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license pursuant to the provisions of NRS Chapter 639. NRS 639.100(3); NRS 639.233(1).

11. A person is "engaged in the business of furnishing" if the person solicits or accepts orders for drugs or devices whose sale in this State are restricted by chapters 453, 454 and/or 639 of the Nevada Revised Statutes. NRS 639.233(2).

12. "Wholesaler" means a wholesale distributor as defined by 21 CFR § 205.3(g). NRS 639.016.

13. Every wholesale distributor who engages in wholesale distribution of prescription drugs in interstate commerce must be licensed by the state into which the drug is distributed. 21 U.S.C. § 353(e)(1)(A); 21 CFR § 205.4.

14. Pursuant to Nevada law, exceptions involving pharmacy-to-pharmacy sales apply only in specific circumstances. NRS 639.0155.

15. Wholesalers are subject to the licensing requirements specified in NRS 639.500, NRS 639.505, and NAC 639.593-5938, inclusive. Licensing of wholesalers is also subject to the requirements of federal law. 21 U.S.C. § 353(e)(l)(A); 21 CFR Part 205.

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

Violation of State Law: Wholesale Distribution in Nevada without a License

18. Respondent engaged in wholesale distribution into Nevada without first obtaining a license as required by NRS 639.233 and NAC 639.593.

19. Because of these actions, Respondent unlawfully engaged in wholesale distribution within the state. NRS 639.100(1), 21 U.S.C. § 353(e)(l)(A) and/or 21 CFR Part 205.

20. Having engaged in unlawful conduct as alleged above, Respondent is subject to discipline by the Board. NRS 639.100(1); NRS 639.2895.

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 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. 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.

The Board has scheduled your hearing on this matter for Wednesday, January 14, 2026, at 9:00 a.m. or soon thereafter. The hearing will occur at Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada 89123.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged

misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

Dated this 16th day of December 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 10th day of December 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:

Prime Plus Lakeview
3156 N Clark
Chicago, IL 60657

Prime Plus Lakeview
c/o Chandon S. Alexander, Esq.
400 South Seventh St, Suite 100
Las Vegas, NV 89101

And via Electronic Mail to: chandon@spartacuslawfirm.com

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
OCT 23 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PRIME PLUS LAKEVIEW,** **Respondent.**	**Case No. 25-110-V-O** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, on or about September 15, 2025, a Citation and Fine Order was served upon Respondent Prime Plus Lakeview, (Respondent) alleging violations of Nevada law as set forth herein.

FACTUAL ALLEGATIONS

1. Respondent is a pharmacy located at 3156 N. Clark St. in Chicago, Illinois.

2. Respondent does not hold a license issued by the Board to engage in wholesaling in the State of Nevada as required by NRS 639.233 and NAC 639.593.

3. First Choice Pharmacy, LLC is a pharmacy licensed by the Board and is located at 7260 S. Cimmaron Road, Suite 115, in Las Vegas, Nevada.

4. Rxeed is a wholesaling platform that represents itself on its website, www.rxeed.com, as an online marketplace that solicits and brokers the sales of prescription drug products between pharmacies across the United States.

5. Rxeed is not licensed to engage in business as a wholesaler in Nevada.

6. On August 25, 2023, through Rxeed, Respondent sold and/or shipped Vemlidy to First Choice Pharmacy in Las Vegas, Nevada, despite not having a license issued pursuant to NRS 639.233 and NAC 639.593. First Choice Pharmacy received the shipment in Nevada on September 1, 2023.

7. On or about October 10, 2024, the Board served an Order to Cease-and-Desist/Citation and Fine upon Rxeed for unlicensed wholesale distribution in Nevada. Rxeed satisfied the citation on June 12, 2025.

8. On or about September 15, 2025, following a Board investigation into Respondent's conduct in August and September 2023, the Board issued a Citation and Fine Order on Respondent.

9. On or about October 15, 2025, Respondent appealed the Citation and Fine Order and requested a hearing before the Board.

APPLICABLE LAW

10. Anyone who engages in the business of wholesale distribution or furnishing of drugs that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license pursuant to the provisions of NRS Chapter 639. NRS 639.100(3); NRS 639.233(1).

11. A person is "engaged in the business of furnishing" if the person solicits or accepts orders for drugs or devices whose sale in this State are restricted by chapters 453, 454 and/or 639 of the Nevada Revised Statutes. NRS 639.233(2).

12. "Wholesaler" means a wholesale distributor as defined by 21 CFR § 205.3(g). NRS 639.016.

13. Every wholesale distributor who engages in wholesale distribution of prescription drugs in interstate commerce must be licensed by the state into which the drug is distributed. 21 U.S.C. § 353(e)(1)(A); 21 CFR § 205.4.

14. Pursuant to Nevada law, exceptions involving pharmacy-to-pharmacy sales apply only in specific circumstances. NRS 639.0155.

15. Wholesalers are subject to the licensing requirements specified in NRS 639.500, NRS 639.505, and NAC 639.593-5938, inclusive. Licensing of wholesalers is also subject to the requirements of federal law. 21 U.S.C. § 353(e)(l)(A); 21 CFR Part 205.

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
Prescribing Controlled Substances Without a License

18. Respondent engaged in wholesale distribution into Nevada without first obtaining a license as required by NRS 639.233 and NAC 639.593.

19. Because of these actions, Respondent unlawfully engaged in wholesale distribution within the state. NRS 639.100(1), 21 U.S.C. § 353(e)(l)(A) and/or 21 CFR Part 205.

20. Having engaged in unlawful conduct as alleged above, Respondent is subject to discipline by the Board. NRS 639.100(1); NRS 639.2895.

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 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. 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.

The Board has scheduled your hearing on this matter for Wednesday, January 14, 2026, at 9:00 a.m. or soon thereafter. The hearing will occur at Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada 89123.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged

misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

Dated this 23rd day of OCTOBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23RD day of OCTOBER 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:

Prime Plus Lakeview
c/o Chandon S. Alexander, Esq.
400 South Seventh St, Suite 100
Las Vegas, NV 89101

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
MAY 14 2026
NEVADA STATE BOARD OF PHARMACY

Chandon S. Alexander, Esq.
Nevada Bar No. 12033
SPARTACUS LAW FIRM
3993 Howard Hughes Pkwy, Suite 480
Las Vegas, Nevada 89169
Tel: (702) 660-1234
Fax: (702) 441-1626
Attorney for Respondent

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. PRIME PLUS LAKEVIEW, Respondent.	Case No.: 25-110-V-O

RESPONDENT'S ANSWER TO FIRST AMENDED STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

COMES NOW, Respondent PRIME PLUS LAKEVIEW ("Respondent" or "Prime Plus"), by and through its counsel of record, Chandon S. Alexander, Esq. of the SPARTACUS LAW FIRM, and in response to the First Amended Statement to the Respondent and Notice of Hearing filed by the Nevada State Board of Pharmacy ("Board") on or about December 10, 2025 (the "Amended Statement"), answers as follows.

By filing this Answer, Respondent does not waive, and expressly preserves, all jurisdictional, definitional, procedural, and constitutional objections set forth herein, including but not limited to its position that the alleged conduct does not constitute "wholesale distribution" within the meaning of NRS Chapter 639, that Respondent is not a "wholesaler" within the meaning of NRS 639.016, and that the cited statutes and regulations are inapplicable to the conduct alleged.

RESPONSES TO FACTUAL ALLEGATIONS

1. Respondent admits the allegations of Paragraph 1, namely that Respondent is a pharmacy located at 3156 N. Clark St. in Chicago, Illinois.

2. Respondent admits only that it does not hold a wholesaler license issued by the Nevada State Board of Pharmacy. Respondent denies that any license under NRS 639.233 or NAC 639.593 was required to be held by Respondent at the time of the conduct alleged. Respondent specifically denies that NRS 639.233 and NAC 639.593 apply to its conduct because Respondent is not a "wholesaler" within the meaning of NRS 639.016 and 21 CFR § 205.3(g); the single, isolated, pharmacy-to-pharmacy transaction alleged does not constitute "wholesale distribution" within the meaning of federal or Nevada law; and Respondent did not "engage in the business" of wholesale distribution or furnishing within the meaning of NRS 639.100(3) and NRS 639.233.

3. Upon information and belief, Respondent admits the allegations of Paragraph 3 regarding First Choice Pharmacy, LLC's licensure and location.

4. Respondent lacks sufficient information to admit or deny the allegations of Paragraph 4 regarding Rxeed's self-representations on its website, and on that basis denies them. Respondent further states that any representations made by Rxeed on its own website are not attributable to Respondent and provide no basis for disciplinary action against Respondent.

5. Respondent lacks sufficient information to admit or deny the allegations of Paragraph 5 regarding Rxeed's licensure status with the Nevada State Board of Pharmacy, and on that basis denies them. Respondent further denies that Rxeed's licensure status is imputable to Respondent or material to the disposition of this matter.

6. Respondent admits only that on or about August 25, 2023, through the Rxeed online marketplace platform, Respondent shipped a single, sealed, original-container bottle of Vemlidy 25mg oral tablets (NDC 61958-2301-01, manufactured by Gilead Sciences, Inc., Lot 034042, expiration 2/2025) to First Choice Pharmacy in Las Vegas, Nevada, and that the shipment was received by First Choice Pharmacy in Nevada on or about September 1, 2023. Respondent affirmatively states that the transaction was a single, isolated, one-time sale of one (1) sealed, original-container bottle of Vemlidy 25mg (Order No. 90181) with a total invoice value of $1,200, between two licensed pharmacies, facilitated through a third-party online marketplace platform; that Vemlidy is not a controlled substance; that the product was not purchased using a government discount program (such as 340B) or preferred pricing; that Respondent attested to compliance with the Drug Supply Chain Security Act with respect to the product; and that the operative invoice for the transaction recites, on its face, that "[p]er Rxeed.com User Agreement, buyer attests that items are for a specific patient need." Respondent denies that this transaction constituted "wholesale distribution" within the meaning of NRS 639.233, NAC 639.593, 21 U.S.C. § 353(e)(1)(A), or 21 CFR Part 205. Respondent denies that any license was required to be held by Respondent to lawfully effect the transaction described.

7. Respondent lacks sufficient information to admit or deny the allegations of Paragraph 7 regarding the Board's enforcement action against Rxeed, and on that basis denies them. Respondent further denies that Rxeed's conduct, citation, satisfaction of citation, or any other enforcement action against Rxeed is imputable to Respondent.

8. Respondent admits that the Board served a Citation and Fine Order on Respondent on or about September 15, 2025. Respondent denies that any violation of law occurred, denies

that any "investigation" was sufficient to establish a violation, and denies the implicit suggestion that the Citation and Fine Order was lawfully issued.

9. Respondent admits that on or about October 15, 2025, it timely appealed the Citation and Fine Order and requested a hearing before the Board.

10.–17. Paragraphs 10 through 17 state legal conclusions and recitations of statutory and regulatory provisions for which no answer is required. To the extent any answer is required, Respondent admits only the existence of the cited statutory and regulatory provisions, but denies that the provisions apply to Respondent's conduct as alleged and denies any characterization of the law inconsistent with the affirmative defenses set forth below. Respondent specifically denies any implication that the cited provisions render Respondent's single, isolated, pharmacy-to-pharmacy transaction unlawful or subject to licensure requirements.

Respondent further notes, as to Paragraph 14, that the Board concedes the existence of "exceptions involving pharmacy-to-pharmacy sales" under NRS 639.0155, but the Amended Statement nowhere alleges that such exceptions do not apply to the conduct at issue. Respondent affirmatively states that the transaction at issue falls within the pharmacy-to-pharmacy exceptions to wholesaler licensure under Nevada and federal law.

RESPONSES TO COUNT ONE

18. Denied. Respondent denies that it engaged in wholesale distribution into Nevada. Respondent denies that any license was required to be obtained by Respondent under NRS 639.233 or NAC 639.593 for the conduct alleged.

19. Denied. Respondent denies that it unlawfully engaged in wholesale distribution within the State of Nevada, and denies any violation of NRS 639.100(1), 21 U.S.C. § 353(e)(1)(A), or 21 CFR Part 205.

20. Denied. Respondent denies that it engaged in any unlawful conduct and denies that it is subject to discipline by the Board.

AFFIRMATIVE DEFENSES

As separate and distinct affirmative defenses, Respondent alleges as follows:

FIRST AFFIRMATIVE DEFENSE

(Failure to State a Claim)

The Amended Statement fails to state a claim because Respondent does not meet the statutory definition of "wholesaler" upon which the entire prosecution depends. NRS 639.016 defines "wholesaler" as "a wholesale distributor as defined by 21 CFR § 205.3(g)." That federal regulation, in turn, defines "wholesale distribution" by reference to ongoing commercial activity in the wholesale distribution of prescription drugs to persons other than the consumer or patient. A single, isolated, one-bottle pharmacy-to-pharmacy sale facilitated through a third-party online marketplace does not transform a licensed retail pharmacy into a "wholesale distributor" within the meaning of federal or Nevada law. Because Respondent is not a "wholesaler," NRS 639.100(3), NRS 639.233, and NAC 639.593 do not apply to Respondent's conduct as a matter of law, and no violation can be established. *See* NAC § 632.921(2)(a) (charging document must state facts which, if true, form a sufficient basis for discipline).

Further, NRS 639.100(3) and NRS 639.233(1) require licensure of persons who "engage[] in the business" of wholesale distribution or furnishing of prescription drugs. The

phrase "engaged in the business" is a term of art denoting ongoing, regular commercial activity, not isolated transactions. A single sale of a single bottle of a single prescription drug, between two licensed pharmacies, through a third-party marketplace platform, on a single date, does not constitute "engaging in the business" of wholesale distribution within the meaning of these statutes. The Amended Statement alleges only one transaction across the entirety of Respondent's history; that single transaction is legally insufficient to establish that Respondent was "engaged in the business" of anything cognizable under NRS Chapter 639.

SECOND AFFIRMATIVE DEFENSE

(Pharmacy-to-Pharmacy Exception — NRS 639.0155 and Federal Law)

The transaction at issue falls within the pharmacy-to-pharmacy exceptions recognized under Nevada law and within recognized federal exclusions from "wholesale distribution." The Amended Statement itself acknowledges, at Paragraph 14, that "exceptions involving pharmacy-to-pharmacy sales apply only in specific circumstances" pursuant to NRS 639.0155. Yet the Amended Statement nowhere alleges that the specific circumstances of the transaction at issue fall outside those exceptions, and it does not plead the factual predicates that would distinguish this transaction from a NRS 639.0155-exempt transfer.

Under federal law incorporated by NRS 639.016, 21 CFR § 203.3(cc) enumerates the activities that constitute, and the activities that are excluded from, "wholesale distribution." Multiple enumerated exclusions are may be applicable to the transaction here. The exclusion for "[t]he sale, purchase, or trade of a drug, an offer to sell, purchase, or trade a drug, or the dispensing of a drug under a prescription executed in accordance with section 503(b) of the act" extends, by its plain terms, beyond the dispensing event to the upstream "sale" and "purchase" of a drug "under" a 503(b) prescription. The operative invoice for the transaction at

issue recites that "buyer attests that items are for a specific patient need." That contemporaneous, contractual recital is consistent with — and on its face supports — a transaction in which the receiving pharmacy purchased a single sealed bottle to fill a specific patient's 503(b) prescription, placing the transaction within exclusion (6).

The exclusion under 21 CFR § 203.3(cc)(5) for "[t]he sale, purchase, or trade of a drug or an offer to sell, purchase, or trade a drug for emergency medical reasons" applies to pharmacy-to-pharmacy transfers made to address a specific patient's prescription need when the receiving pharmacy is short on stock. The single-unit, sealed-original-container, specific-patient-need-attested nature of the transaction is consistent with such an exempt transfer.

The Amended Statement pleads no facts negating either exclusion. The Board has not alleged that the transaction falls outside the federal pharmacy-to-pharmacy exclusions, has not pleaded any fact inconsistent with the buyer's recital of specific patient need, and has not alleged that the transfer was made for any wholesale-distribution purpose rather than to fill a specific patient's prescription. Respondent reserves the right to develop the factual record supporting application of these exclusions, including through the testimony or declaration of the buying pharmacist at First Choice Pharmacy, the records of the underlying patient prescription, and the text of the Rxeed User Agreement.

THIRD AFFIRMATIVE DEFENSE

(21 U.S.C. § 353(e) and 21 CFR Part 205)

The Amended Statement invokes 21 U.S.C. § 353(e)(1)(A) and 21 CFR Part 205 as predicates for the alleged Nevada violation. These federal provisions, however, apply only to entities engaged in "wholesale distribution" as defined by federal law, and federal law expressly excludes pharmacy-to-pharmacy transfers made to fill specific patient prescriptions

from the definition of "wholesale distribution." The transactional record in this matter — including the buyer's express attestation under the Rxeed User Agreement that the product was for a specific patient need, the sealed-original-container status of the product, the non-controlled-substance nature of Vemlidy — places this transaction squarely within that federal exclusion. Because Respondent is not engaged in "wholesale distribution" within the federal definition for the reasons set forth above, the federal predicate fails. Without a valid federal predicate, the derivative Nevada theory cannot stand.

FOURTH AFFIRMATIVE DEFENSE

(Procedural Due Process — Vagueness and Inadequate Notice)

The Amended Statement violates Respondent's right to procedural due process under the Fourteenth Amendment to the United States Constitution and Article 1, Section 8 of the Nevada Constitution. Although the Amended Statement identifies a date and a product, it fails to allege the material facts necessary to establish that Respondent was "engaged in the business of wholesale distribution" or was a "wholesaler" under NRS 639.016. The Amended Statement does not allege the quantity of product shipped (one bottle); the value of the transaction ($1,200); the existence (or absence) of any other transactions by Respondent into Nevada at any time before or after the August 2023 shipment; any pattern, course, or regularity of conduct; whether the shipment was made to fill a specific patient prescription; or any facts that would distinguish the transaction from an exempt pharmacy-to-pharmacy transfer. The selective omission of these material facts — facts the Board necessarily possesses by virtue of the underlying Rxeed invoice — deprives Respondent of fair notice of the specific theory of liability and impairs Respondent's ability to mount a meaningful defense. *See Mathews v.*

Eldridge, 424 U.S. 319, 335 (1976); *Callie v. Bowling*, 123 Nev. 181, 183, 160 P.3d 878, 879 (2007).

FIFTH AFFIRMATIVE DEFENSE

(Violation of Nevada Administrative Procedure Act)

The Amended Statement fails to comply with NRS § 233B.121(1)(d), which requires that notice of a hearing in a contested case include "a short and plain statement of the matters asserted." The Amended Statement's allegations, while identifying a date and a product, omit the factual context necessary to establish that the alleged conduct constitutes "wholesale distribution" by a "wholesaler," and accordingly fail to inform Respondent of the actual basis for the proposed discipline. The Amended Statement also fails to plead the elements necessary to establish that Respondent was "engaged in the business" of wholesale distribution.

SIXTH AFFIRMATIVE DEFENSE

(Denial of Statutory Right to Informal Disposition Under Nevada Administrative Procedure Act — NRS 233B.121(5))

NRS 233B.121(5) confers a substantive procedural right on parties to a contested case: "Unless precluded by law, informal disposition may be made of any contested case by stipulation, agreed settlement, consent order or default. If an informal disposition is made, the parties may waive the requirement for findings of fact and conclusions of law." This statutory right does not turn on whether an agency, in the exercise of its discretion, ultimately agrees to any particular stipulation; it requires, at a minimum, that the agency exercise discretion on whether to enter into one. The distinction between an agency's discretionary refusal to settle a particular proposal on its merits, on the one hand, and an agency's categorical refusal to consider informal disposition at all, on the other, is statutorily and constitutionally significant.

The former is within agency discretion; the latter is a denial of a substantive APA right. The Board has denied Respondent that right by adopting a categorical, non-discretionary position that the Board "cannot" resolve a citation matter informally under any circumstances.

This matter is unambiguously a "contested case" within NRS 233B.032, which defines a contested case disjunctively as a proceeding "in which the legal rights, duties or privileges of a party are required by law to be determined by an agency after an opportunity for hearing, *or* in which an administrative penalty may be imposed." This proceeding satisfies both prongs:. NRS 639.2895(2) requires an opportunity for hearing upon timely appeal, and NRS 639.2895(3) authorizes the imposition of an administrative penalty. The Board's own statute confirms the point: NRS 639.2575(2) expressly provides that "[a] decision of the hearing officer or panel relating to the imposition of a fine is a final decision in a contested case."

Because this matter is a contested case, NRS 233B.121(5) applies on its own terms. Nothing in NRS Chapter 639 precludes informal disposition of a citation matter. NRS 639.2895(2) does not preclude settlement; it is the very provision that, by guaranteeing an opportunity for hearing, makes the proceeding a contested case in the first place.

The Legislature has independently authorized the precise mechanism Respondent proposed. NRS 622.330(1), which applies generally to all regulatory bodies in Title 54 (including the Board), provides that a regulatory body may "enter into a consent or settlement agreement with a person who has allegedly committed a violation of any provision of this title which the regulatory body has the authority to enforce, any regulation adopted pursuant thereto or any order of the regulatory body," subject only to discussion and approval in a public meeting. NRS 622.400(1)(b) further contemplates that regulatory bodies will recover fees and costs through "consent or settlement agreement[s] in which the regulatory body finds or the

person admits or does not contest that the person has violated any provision of this title which the regulatory body has the authority to enforce."

The Board's General Counsel declined Respondent's proposal for informal resolution on the stated ground that the Board is "unable to negotiate an alternative outcome" because "this is a citation," citing NRS 639.2895(2) and NRS 639.255(4). Both positions are misplaced. NRS 639.2895(2) provides the right to appeal a citation, which is what makes the citation a contested case subject to NRS 233B.121(5). NRS 639.255(4) prohibits *private* reprimands; a consent or settlement agreement with a public administrative fine and a public finding or non-contest admission of violation is not a private reprimand and is, in fact, the public-disposition mechanism expressly authorized by NRS 622.330 and NRS 622.400(1)(b). The Board's categorical position that it cannot negotiate any citation matter therefore rests on a misreading of its statutory authority, denies Respondent a substantive procedural right conferred by NRS 233B.121(5), and is, in addition, an abuse of discretion subject to reversal under NRS 233B.135(3)(f).

SEVENTH AFFIRMATIVE DEFENSE

(Selective and Disparate Enforcement)

Upon information and belief, the Board has not pursued similar disciplinary action against other licensed pharmacies engaged in single-transaction, marketplace-facilitated, pharmacy-to-pharmacy transfers into Nevada. The Board's selective decision to pursue Respondent for an isolated, single-unit, single-date transaction, while declining or failing to pursue similarly situated entities, constitutes disparate enforcement in violation of Respondent's right to equal protection under the Fourteenth Amendment to the United States Constitution and Article 4, Section 21 of the Nevada Constitution. Respondent reserves the

right to develop this defense through discovery and to identify specific similarly situated parties at hearing.

EIGHTH AFFIRMATIVE DEFENSE

(De Minimis Conduct / Disproportionate Sanction)

The conduct alleged — a single shipment of a single bottle of a single prescription drug between two licensed pharmacies, with a total transaction value of approximately $1,200 — is de minimis in nature and presents no cognizable risk to public health or safety. The proposed $5,000 administrative fine is grossly disproportionate to the conduct alleged. The Board's authority to impose a fine "up to" $10,000 per violation under NRS 639.255(1)(f) is a maximum, not a presumption, and any fine must bear a rational relationship to the gravity of the conduct. Imposition of the maximum or near-maximum fine for a single, isolated, non-recurring, non-harmful transaction is arbitrary, capricious, and not supported by substantial evidence.

NINTH AFFIRMATIVE DEFENSE

(Laches)

The Board's prosecution of this matter is barred by laches. The transaction at issue occurred on August 25, 2023. The Board did not issue its Citation and Fine Order until September 15, 2025 — more than two years later. The Amended Statement was not issued until December 10, 2025 — more than two years and three months after the alleged conduct. The Board's protracted delay in commencing this proceeding is inexcusable and has prejudiced Respondent by impairing the availability of contemporaneous documentation, recollections of personnel involved in the August 2023 transaction, and Respondent's ability to develop a full evidentiary record on the underlying patient-prescription basis for the transaction.

TENTH AFFIRMATIVE DEFENSE

(Conduct of Third-Party Platform Not Imputable to Respondent)

To the extent the Board's theory rests in part on Rxeed's status as an unlicensed wholesaling platform, Rxeed's conduct, representations, regulatory status, or prior citation by the Board are not imputable to Respondent and cannot serve as a basis for discipline against Respondent. Respondent is not Rxeed, did not control Rxeed's representations to the marketplace, and bears no derivative liability for Rxeed's regulatory posture. The Board's prior citation against Rxeed — which Rxeed satisfied on June 12, 2025 — resolved the regulatory concern as to the platform, and offers no independent basis for proceeding against an individual pharmacy that used the platform on a single occasion.

ELEVENTH AFFIRMATIVE DEFENSE

(No Substantial Evidence)

Any decision imposing discipline against Respondent on the record as presently pleaded would be unsupported by substantial evidence and would be subject to reversal under NRS 233B.135(3)(e). The Amended Statement pleads a single date, a single product, and a single shipment, and infers from that single transaction that Respondent was "engaged in the business" of wholesale distribution. That inference is not supported by substantial evidence and could not be sustained on judicial review.

TWELFTH AFFIRMATIVE DEFENSE

(Reservation of Affirmative Defenses)

Respondent reserves the right to amend this Answer to add additional affirmative defenses as discovery and continued investigation of the Board's claims may warrant, including but not limited to defenses arising from the patient-prescription basis of the August

25, 2023 shipment, the operational details of the Rxeed platform, and the Board's enforcement history with respect to similarly situated entities.

PRAYER FOR RELIEF

WHEREFORE, Respondent prays for relief as follows:

1. That the Board take nothing and impose no discipline by way of the Amended Statement;

2. That the Amended Statement and the underlying Citation and Fine Order be dismissed with prejudice;

3. That the Board find Respondent not subject to the wholesaler licensure requirements of NRS Chapter 639 with respect to the conduct alleged, on the ground that Respondent is not a "wholesaler" within the meaning of NRS 639.016 and was not "engaged in the business" of wholesale distribution within the meaning of NRS 639.100(3) and NRS 639.233;

4. In the alternative, if the Board determines that some form of discipline is warranted, that any administrative fine be substantially reduced from the $5,000 sought, to a level proportionate to the de minimis nature of the alleged conduct;

5. In the alternative, hat the Board reconsider its categorical position on stipulated resolution and afford Respondent a meaningful opportunity to resolve this matter by stipulation consistent with NRS 233B.121(5);

6. That Respondent be awarded its reasonable fees and costs pursuant to NRS 622.400 or any other applicable provision; and

7. For any such other and further relief as the Board may deem just and proper in this case.

DATED: May 14, 2026

Respectfully Submitted,

SPARTACUS LAW FIRM

/s/ Chandon S. Alexander
Chandon S. Alexander, Esq.
Nevada Bar No. 12033
3993 Howard Hughes Pkwy, Suite 480
Las Vegas, Nevada 89169
Attorney for Respondent

CERTIFICATE OF SERVICE

Pursuant to Nev. R. Civ. P. 5(b), I hereby certify that on the 14th day of May, 2026 I caused the preceding document entitled **RESPONDENT'S ANSWER TO FIRST AMENDED STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** to be served on the following parties via email:

Laura M. Tucker, Esq.
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521
Email: L.tucker@pharmacy.nv.gov

/s/ Chandon S. Alexander
An Employee of SPARTACUS LAW FIRM

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 MP00066	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: American Ancillaries Inc dba AA Medical

MDEG Physical Address: Sunrise Hospital and Medical Center 3186 S. Maryland Pkwy

City: Las Vegas State: NV Zip: 89109

Mailing Address (if different from physical address): 555 East North Lane, Suite 5075

City: Conshohocken State: PA Zip: 19428-2233

Telephone: 725-258-5217 Website: www.adapthealth.com

Email: credentialing@adapthealth.com

Name of MDEG Administrator (NAC 639.694): Hymon Theodore Johnson

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: Ambulatory Aides
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: Hymon Theodore Johnson
	Telephone: 725-258-5217

Check the Days the Business will be Opened and provide the Hours of Operation				
☒ Mon: 9am-6pm	☒ Tue: 9am-6pm	☒ Wed: 9am-6pm	☒ Thurs: 9am-6pm	☒ Fri: 9am-6pm
☒ Sat: 9am-6pm	☒ Sun: 9am-6pm	☒ Holidays: 9am-6pm		

*Closet can be accessed 24/7 for on-call orders

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)(l))
Medicare PTAN: 0428260001
Medicare NPI: 1669449930
Medicaid: 3302036

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): Medstar Surgical & Breathing Equipment Inc

Corporation/Organization Name: Medstar Holdings LLC

Mailing Address: 555 East North Lane, Suite 5075

City: Conshohocken State: PA Zip: 19428-2233

Telephone: 610-630-6357 Email: credentialing@adapthealth.com

Contact Person Name: Natascha Amster

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.

Natascha Amster

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

03.20.2026

Date

Board Use Only	Date Received: 3/23/26	Amount: $300

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/17/2026 | 3/30/2026

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 1508555 American Ancillaries Inc dba AA Medical Sunrise Hospital and Medical Center 3186 S. Maryland Pkwy, Las Vegas NV 89109	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Illinois Union Insurance Company — 27960 INSURER B : Lloyd's Syndicate 1414 (Ascot Underwriting Limited) INSURER C : Ironshore Specialty Insurance Co — 25445 INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 23250977 **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	MLP G48980181 001	5/17/2025	5/17/2026	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 $ Not Applicable $ $1,000,000 $ $3,000,000 $ $3,000,000 $
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ XXXXXXX $ XXXXXXX $ XXXXXXX $ XXXXXXX $ XXXXXXX
A B C	UMBRELLA LIAB / X OCCUR X EXCESS LIAB / X CLAIMS-MADE DED / RETENTION $	N	N	XFL G48980193 001 UA25ZGOF8K1X HC7BADAE3B001	5/17/2025 5/17/2025 5/17/2025	5/17/2026 5/17/2026 5/17/2026	EACH OCCURRENCE AGGREGATE Abuse&Molestati	$ 15,000,000 $ 15,000,000 $ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		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	MLP G48980181 001	5/17/2025	5/17/2026	$1,000,000 each incident/$3,000,000 Agg	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

23250977
Novitas Solutions (NPEast)
PO Box 3704,
Mechanicsburg, PA 17055-1863

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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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 **AMERICAN ANCILLARIES, 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 09/25/1985, 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 03/13/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202603136553335
You may verify this certificate online at https://www.nvsilverflume.gov/home

adapthealth

555 East North Lane, Suite 5075, Conshohocken, PA 19428-2233
adapthealth.com P: 610-424-4515 E: credentialing@adapthealth.com

Friday, March 13, 2026

American Ancillaries Inc dba AA Medical

Suzanne Foster- Chief Executive Officer
Jason Clemens – Chief Financial Officer
Wendy Russalesi – Chief Compliance Officer

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 American Ancilliaries Inc dba AA Medical

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) MP00066

Physical Address Sunrise Hospital and Medical Center 3186 S. Maryland Pkwy

City LAS VEGAS State NV Zip 89109

Mailing Address (if different from physical address) 555 E North Lane, Suite 5075

City Conshohocken State PA Zip 19428

Telephone 725-258-5217 Website www.adapthealth.com

Licensing Company Email credentialing@adapthealth.com

Section 2: Personal Information

First Wendy Middle Ann Last Russalesi

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City Toms River State NJ Zip [redacted]

Telephone [redacted] Email wendy.russalesi@adapthealth.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)	
Thomas Edison State University		03/2004	
Address	**City**	**State**	**Zip**
111 W State St	Trenton	NJ	08608
Diploma/Degree obtained, if any			
Bachelors - Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Woodbridge High School		09/1984-06/1988	
Address	**City**	**State**	**Zip**
1 Samuel Lupo Pl	Woodbridge	NJ	07095
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
06/2022-Current	[redacted]	Toms River	NJ	[redacted]
07/2013-06/2022		Jackson	NJ	

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)
AdaptHealth			07/2013-Current
Business Address	**City**	**State**	**Zip**
220 W. Germantown Pike, Suite 250	Plymouth Meeting	PA	19462-1437
Phone	**Title**		
610-424-4515	Chief Compliance Officer		

Description of Duties

design and implement internal controls to ensure compliance with applicable laws and regulations.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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
N/A

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Wendy Russalesi

Print Name (First, Last)

Wendy Russalesi

Original Signature (electronic, copies or stamps not accepted)

3/17/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Pinellas

I, Wendy Russalesi, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Natasha

Original Signature

03.17.2026

Date

Subscribed and Sworn to before me this 17th day of March 2026

Natasha

Notary Public Signature

NATASCHA AMSTER
Commission # HH 626840
Expires February 17, 2029

(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: American Ancillaries Inc dba AA Medical — MDEG License # (if applicable): MP00066
Physical Address: Sunrise Hospital and Medical Center 3186 S. Maryland Pkwy
City: Las Vegas — State: NV — Zip: 89109
Mailing Address (if different from physical address): 555 East North Lane, Suite 5075
City: Conshohocken — State: PA — Zip: 19428-2233
Telephone: 725-258-5217 — Website: www.adapthealth.com
Licensing Company Email: credentialing@adapthealth.com

Section 2: Personal Information

First: Hymon — Middle: Theodore — Last: Johnson
Alias(es, nicknames, name changes, etc.):
Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☒ M ☐ F ☐ X
Mailing Address: [redacted]
City: Henderson — State: IL — Zip: [redacted]
Telephone: [redacted] — Email: theo.johnson@adapthealth.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)	
Roosevelt University			05/20 - 12/21	
Address		City	State	Zip
430 S. Michigan Ave		Chicago	IL	60645
Diploma/Degree obtained, if any				
Masters of Health Administration				
School Name			From - To (MM/YY – MM/YY)	
McKendree University			08/15 - 05/19	
Address		City	State	Zip
701 College Road		Lebanon	IL	62254
Diploma/Degree obtained, if any				
Bachelors of Business				
School Name			From - To (MM/YY – MM/YY)	
Thornton Fractional South High School			08/11 - 05/15	
Address		City	State	Zip
18500 Burnham Ave		Lansing	IL	60438
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: Usual residences you have had for the last 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
02/22 - 03/26	[redacted]	Henderson	NV	[redacted]
From - To (MM/YY – MM/YY)		City	State	
07/21 - 02/22		Chicago	IL	
From - To (MM/YY – MM/YY)		City	State	
04/97 - 07/21		Lynwood	IL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has at 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)	
Adapt Health			07/21 - Present	
Business Address		**City**	**State**	**Zip**
4135 N. Rancho Road		Las Vegas	NV	89130
Phone	**Title**		**Number of Employed Hours**	
725-258-5217	Account Liasion		15,288	
Description of Duties				
Conducts daily sales calls to assigned referrals, establish new and maintain ongoing business with referral sources in the medical community promoting availability for order processing, maintenance of accounts and problem solving as needed				

Business Name			From - To (MM/YY – MM/YY)	
Cleveland Clinic			05/22 - 07-24	
Business Address		**City**	**State**	**Zip**
888 W. Bonneville Ave		Las Vegas	NV	89106
Phone	**Title**		**Number of Employed Hours**	
(702) 483-6000	Clinical Research Coordinator		18,984	
Description of Duties				
Assists with the coordination, implementation, and conduct of research projects ensuring adherence to research protocol requirements				

Business Name			From - To (MM/YY – MM/YY)	
Northshore University Healthsystems			12/20 - 01/22	
Business Address		**City**	**State**	**Zip**
2650 Ridge Ave.		Evanston	IL	60201
Phone	**Title**		**Number of Employed Hours**	
(847) 570-2000	Patient Access Specialist		9,504	
Description of Duties				
Handle patients requests, over the phone, for multiple Medical Group/Hospital departments while applying correct workflows and protocols				

Business Name			From - To (MM/YY – MM/YY)	
Planet Fitness			10/19 - 12/20	
Business Address		**City**	**State**	**Zip**
520 E 81st Ave		Merrillville	IN	46410
Phone	**Title**		**Number of Employed Hours**	
(219) 750-9634	Member Service Representitive		10,248	
Description of Duties				
Greet members, prospective members and guests, providing exceptional customer service				

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, Hymon Theodore Johnson, **certify that as the MDEG Administrator for**

American Ancillaries Inc dba AA Medical,

that I (initial that you have read and meet the following requirements):

1. HJ Have a high school diploma or its equivalent;
2. HJ 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. HJ 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. HJ 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.

Hymon Johnson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/13/2026
Date

Board Use Only	Date Received: 3/23/26

7B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	■ Nevada	☐ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	☐ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
■ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	■ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Progressive Recovery LLC

MDEG Physical Address: 5025 Blue Diamond Rd #104

City: Las Vegas State: NV Zip: 89139

Mailing Address (if different from physical address): 12161 Mercado Drive #213

City: Venice State: FL Zip: 34293

Telephone: 888-688-0995 Website: www.progressiverecoverynow.com

Email: jharris@progressiverecoverynow.com

Name of MDEG Administrator (NAC 639.694): James Cox

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: _____
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
☑ Mon: 8am to 7pm	☑ Tue: 8am to 7pm	☑ Wed: 8am to 7pm	☑ Thurs: 8am to 7pm	☑ Fri: 8am to 7pm
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
N/A

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: Chaz Harris

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: Chaz Harris

Business Name: Progressive Recovery LLC

Business Address: [redacted] 12161 Mercado Dr #213

City: Venice State: FL Zip: 34293

Telephone: 716 868 2429 Email: Charris@progressiverecoverynow.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.

Chaz Harris

Print Name of Authorized Person Submitting Application

Chaz Harris

Original signature of Authorized Person (copies or stamps not accepted)

1/6/26

Date

Board Use Only	Date Received: 1/13/26	Amount: $500.00

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/18/2026

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 76210781 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#
Progressive recovery, LLC 5025 BLUE DIAMOND RD STE 104 LAS VEGAS NV 89139-8116	INSURER A : Property and Casualty Insurance Company of Hartford	34690
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED.NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] General Liability GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			76 SBU BT6E7B	06/13/2025	06/13/2026	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 $1,000,000 $10,000 $2,000,000 $4,000,000 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 [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE -EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
A	Employment Practices Liability Insurance			76 SBU BT6E7B	06/13/2025	06/13/2026	Each Claim Limit Annual Aggregate Limit	$25,000 $25,000

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

For Informational Purposes
5025 BLUE DIAMOND RD STE 104
LAS VEGAS NV 89139-8116

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Susan L. Castaneda

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THE HARTFORD
BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251

March 18, 2026

For Informational Purposes
5025 BLUE DIAMOND RD STE 104
LAS VEGAS NV 89139-8116

Account Information:

Policy Holder Details :	**Progressive recovery, LLC**

Contact Us

Need Help?
Chat online or call us at
(866) 467-8730.
We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,
Your Hartford Service Team

State of Florida
Department of State

I certify from the records of this office that PROGRESSIVE RECOVERY, LLC is a limited liability company organized under the laws of the State of Florida, filed on February 14, 2023.

The document number of this limited liability company is L23000070218.

I further certify that said limited liability company has paid all fees due this office through December 31, 2025, that its most recent annual report was filed on February 6, 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 Sixth day of January, 2026

Secretary of State

Tracking Number: 9338213504CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

H23000056655 3

ARTICLES OF ORGANIZATION

OF

PROGRESSIVE RECOVERY, LLC

The undersigned person under the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes, adopts the following Articles of Organization:

ARTICLE I - NAME

The name of this limited liability company is:

PROGRESSIVE RECOVERY, LLC

ARTICLE II - COMMENCEMENT AND DURATION OF EXISTENCE

The existence of the company will commence on the date these Articles of Organization are filed with the Florida Department of State, and the existence of the company shall be perpetual.

ARTICLE III - PURPOSE

The company may transact any or all lawful business for which a limited liability company may be organized under the Florida Revised Limited Liability Company Act.

ARTICLE IV - INITIAL REGISTERED AGENT AND OFFICE

The street address of the initial registered office of the company is 1819 Main Street, Suite 610, Sarasota, Florida 34236, and the name of the company's initial registered agent at that address is CHRISTOPHER J. FOWLER.

H.23000058455 3

ARTICLE V - PLACE OF BUSINESS

The street and mailing addresses of the principal office of the company are 12161 Mercado Dr. #213, Venice. FL 34293.

ARTICLE VI - ADMISSION OF ADDITIONAL MEMBERS

The right of the members to admit additional members and the terms and conditions of the admissions shall be restricted solely to those members approved as set forth in the Company's Operating Agreement.

ARTICLE VII - MANAGEMENT BY MANAGER

The company will be manager-managed. The initial manager of the Company shall be KEVIN PARKER. located at 12161 Mercado Dr. #213, Venice, FL 34293.

ARTICLE VIII - AMENDMENT OF ARTICLES OF ORGANIZATION

Any amendment to the Articles of Organization shall be approved by all of the members and shall be as prescribed by the Florida Secretary of State.

DATED: February 14, 2023.

CHRISTOPHER J. FOWLER, authorized representative

3005

H23000052653

ACCEPTANCE OF REGISTERED AGENT

Pursuant to Section 605.0113, Florida Statutes, the following is submitted:

That PROGRESSIVE RECOVERY, LLC, desiring to organize as a limited liability company under the laws of the State of Florida with its initial registered office, as indicated in its Articles of Organization, at 1819 Main Street, Suite 610, Sarasota, Florida 34236, has named CHRISTOPHER J. FOWLER as its agent to accept service of process within the State of Florida.

Having been named to accept service of process for PROGRESSIVE RECOVERY, LLC at the place designated in this document, the undersigned agrees to act in that capacity and to comply with the provisions of the Florida Revised Limited Liability Company Act, as amended, relative to keeping open the registered office. The undersigned is familiar with, and accepts the obligations of, Section 605.0113, Florida Statutes.

DATE: February 14, 2023.

CHRISTOPHER J. FOWLER

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000070218

Entity Name: PROGRESSIVE RECOVERY, LLC

Current Principal Place of Business:

[redacted]
VENICE, FL [redacted]

Current Mailing Address:

12161 MERCADO DR. #213
VENICE, FL 34293 US

FEI Number: 92-2454485

FILED
Feb 06, 2025
Secretary of State
2793176621CC

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHRISTOPHER J. FOWLER
1819 MAIN STREET, SUITE 610
SARASOTA, FL 34236 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	HARRIS, CHAZ
Address	12161 MERCADO DR. #213
City-State-Zip:	VENICE FL 34293

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHAZ HARRIS CEO 02/06/2025

Electronic Signature of Signing Authorized Person(s) Detail — 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 Progressive Recovery

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 3381 Camino Dr.

City Las Vegas State NV Zip 34293

Mailing Address (if different from physical address) 12161 Mercado Dr #213

City Venice State FL Zip 34293

Telephone 716 868 2429 Website progressiverecoverynow.com

Licensing Company Email _____

Section 2: Personal Information

First Chaz Middle Joseph Last Harris

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 12161 Mercado Dr #213

City Venice State FL Zip 34293

Telephone 716 868 2429 Email Charris@progressiverecoverynow.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)
Buffalo State College			1/2004 - 2008
Address	**City**	**State**	**Zip**
1300 Elmwood Ave	Buffalo	NY	14222
Diploma/Degree obtained, if any			
Bachelor of Business			

School Name			From - To (MM/YY – MM/YY)
Hamburg High School			9/95 - 6/00
Address	**City**	**State**	**Zip**
4111 Legion Dr	Hamburg	NY	14075
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/22 - Current	[redacted]	Venice	FL	[redacted]
8/18 - 6/22		Lake View	NY	
8/10 - 8/18		Hamburg	NY	

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)
Progressive Recovery LLC			12/23 - Current
Business Address	**City**	**State**	**Zip**
12161 Mercado Dr #213	Venice	FL	34293
Phone	**Title**		
716 868 2429	CEO		
Description of Duties			
Run Company + oversee day to day operations			

Business Name			From - To (MM/YY – MM/YY)
Orthocor Medical			1/19 - 1/22
Business Address	**City**	**State**	**Zip**
8611 W. 35W Service Dr	Mineapolis	MN	55449
Phone	**Title**		
605 475 4707	Director of Government Affairs		
Description of Duties			
Sell PEMF DME to VA Hospitals in the USA			

Business Name			From - To (MM/YY – MM/YY)
Great lakes Home Properties			2017 Current
Business Address	**City**	**State**	**Zip**
152 E. Main St	Hamburg	NY	14075
Phone	**Title**		
716 868 2429	CEO		
Description of Duties			
Remodel + Flip Houses			

Business Name			From - To (MM/YY – MM/YY)
Full Range Rehas			2013 - 2017
Business Address	**City**	**State**	**Zip**
9010 Gold Park Dr	West Chester	OH	45011
Phone	**Title**		
513 330 5995	Sales Rep.		
Description of Duties			
Sell + Setup Knee rehab equipment DME to US Veteran (VA) Hospitals			

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.

Chaz Harris
Print Name (First, Last)

Chaz H
Original Signature (electronic, copies or stamps not accepted)

1/6/26
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Sarasota

I, Chaz Harris, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Chaz H
Original Signature

1/7/26
Date

Subscribed and Sworn to before me this 7th day of January.

Notary Public Signature Damien Rodriguez

DAMIEN RODRIGUEZ
Notary Public - State of Florida
Commission # HH 536240
My Comm. Expires Jun 6, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

updated

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 Progressive Recovery LLC MDEG License # (if applicable) _____

Physical Address 3381 Camino Gardens Way

City Las Vegas State NV Zip 89146

Mailing Address (if different from physical address) 12161 Mercado Drive #213

City Venice State FL Zip 34293

Telephone 888-688-0995 Website www.progressiverecoverynow.com

Licensing Company Email jharris@progressiverecoverynow.com

Section 2: Personal Information

First JAMES Middle E Last COX

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 3381 CAMINO GARDENS WAY

City LAS VEGAS State NV Zip 89146

Telephone [redacted] Email JCOX@PROGRESSIVERECOVERY.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)
U.N.L.V.			VARIOUS - 82 - 83
Address	**City**	**State**	**Zip**
4505 S. MARYLAND PKWY	LV	NV	89154
Diploma/Degree obtained, if any			
N/A			

School Name			From - To (MM/YY – MM/YY)
PEACHTREE H.S.			8/71 5/72
Address	**City**	**State**	**Zip**
1555 OLD PEACHTREE RD	SUWANEE	GA	30024
Diploma/Degree obtained, if any			
N/A GED			

School Name			From - To (MM/YY – MM/YY)
CHAMBLEE H.S.			8/69 8/71
Address	**City**	**State**	**Zip**
3688 CHAMBLEE GA	CHAMBLEE	GA	30341
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
3/2015 - PRES	[redacted]	LV	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: Progressive Recovery Now LLC			From - To (MM/YY – MM/YY): 2/1/2023-Present
Business Address: 3381 Camino Gardens Way	City: Las Vegas	State: NV	Zip: 89146
Phone: 888-688-0995	Title: Consultant		Number of Employed Hours: 4160
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description 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.

James Cox

MEDG Administrator - Description of Duties

Progressive Recovery description of Duties as Administrator for Progressive Recovery LLC

Provide consultation and support for prescription medical devices and durable medical equipment (DME) in compliance with state and federal regulations. Educate patients and healthcare providers on the safe and effective use of therapeutic devices, including low-intensity pulsed ultrasound systems, orthopedic braces and supports, cold therapy units, and other recovery or mobility devices. Train users on device setup, fitting, and proper application to ensure treatment goals are met. Coordinate with prescribing practitioners to support adherence to care plans and manufacturer guidelines. Provide ongoing troubleshooting and customer support while maintaining accurate documentation of device distribution, patient interactions, and training activities in accordance with 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				

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)

1-22-26
Date

I, James E Cox, certify that as the MDEG Administrator for

_____,

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.

James E Cox

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-22-26

Date

Board Use Only	Date Received: _____

8

8A

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

X

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Bespoke Pharmaceuticals, LLC

Physical Address: 5795 N. Hollywood Blvd.

City: Las Vegas State: NV Zip Code: 89115

Telephone: (725) 529-3930 Fax: (725) 529-3572

Toll Free Number: (877) 277-6558 (Required per NAC 639.708)

E-mail: japheth@bespokepharmaceutical.com Website: www.bespokepharmaceutical.com

Supervising Pharmacist: Jaymie Padero Nevada License #: 23846

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: 5/8/26 Amount: cc $500

3024

FEI Number (From FDA application): _____

Please provide the name of the facility as registered with the FDA and the registration number:

Bespoke Pharmaceuticals, LLC

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.

Bespoke Pharmaceutical, LLC

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Jaymie Padero Nevada License Number: 23846

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: NV20201930582

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

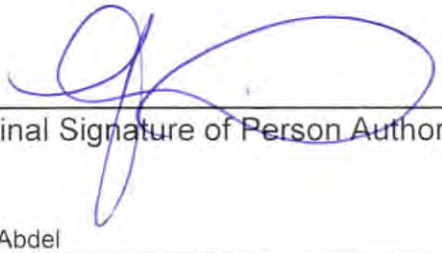
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

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

Fadi Abdel

Print Name of Authorized Person

5.6.2026

Date

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: State of Nevada

Parent Company if any: N/A

Address: 5795 N. Hollywood Blvd.

City: Las Vegas State: NV Zip: 89115

Telephone: (725) 529-3930 Fax: (725) 529-3572

Contact Person: Japheth Noah

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Rise Equipment, LLC 3679 Benedict Canyon Ln, Sherman Oaks, CA 91423 50.1%
Name Address

b) Pharma X, LLC 18555 Collins Ave #5003, Sunny Isles, FL 33160 49.9%
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A - LLC membership interests

3) What was the price paid per share? N/A
N/A

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Attachment: Ownership Structure and Officers/Managers

Applicant: Bespoke Pharmaceuticals, LLC
Facility Address: 5795 N. Hollywood Blvd., Las Vegas, NV 89115
Ownership Type: Non Publicly Traded Corporation or Company

Ownership Structure

Owner or Member	TIN	Business Address	Ownership
Rise Equipment, LLC	85-2438627	3679 Benedict Canyon Ln, Sherman Oaks, CA 91423	50.1%
Pharma X, LLC	85-3924668	18555 Collins Ave #5003, Sunny Isles, FL 33160	49.9%

Officers and Managers

Name	Title	Business Address	Phone	Home Address
Irina Gampel	Manager	5795 N. Hollywood Blvd. North Las Vegas, NV 89115	[redacted]	[redacted]
Irina Sarafyan	Manager	5795 N. Hollywood Blvd. North Las Vegas, NV 89115	[redacted]	[redacted]

Notes for Board Review

* The applicant is an LLC and is being submitted under the Non Publicly Traded Corporation or Company pathway, consistent with the form instruction for LLC applicants.
* The company has two members and does not exceed four shareholders or members.
* No physician shareholders were identified in the ownership information used to prepare this attachment.

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 **Bespoke Pharmaceuticals, 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 10/30/2020, and in good standing in this State.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation or qualification document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 03/25/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202603256578901

You may verify this certificate online at https://www.nvsilverflume.gov/home

Drug Establishments Current Registration Site

New Search (index.cfm)

Search Results for **Bespoke Pha**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Bespoke Pharmaceutical, LLC	3032391393	117989075	LABEL; MANUFACTURE; RELABEL; REPACK;	5795 N Hollywood Blvd, Las Vegas, Nevada (NV) 89115-1833, United States (USA)	12/31/2026

Showing 1 to 1 of 1 entries
Previous1Next
Data Current through: Sunday, Apr 12, 2026

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

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 4/2/2026

- 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: bespoke

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]	Intends to Compound Sterile Drugs From Bulk Substances [6]
Bespoke Pharmaceutical, LLC, Las Vegas, NV	Japheth Noah [redacted]	3/7/2026	3/7/2026	Not yet inspected	N/A	N/A	N/A	Yes

Showing 1 to 1 of 1 entries (filtered from 92 total entries)

Previous 1 Next

Feedback

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 (/node/363232) 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 (/node/363232).
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.

Was this page helpful? * (required)

Yes

No

Submit

An official form of the United States government. Provided by Touchpoints

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: Bespoke Pharmaceuticals, LLC

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 5795 N Hollywood Blvd

City: Las Vegas State: NV Zip: 89115

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (725) 529-3930 Toll Free # (NAC 639.708, NRS 639.23286): (877) 277-6558

Fax: (725) 529-3572 Contact Email: japheth@bespokepharmaceutical.com

Website: www.bespokepharmaceutical.com

Nevada Business License # (if applicable) NV20201930582

Supervising/Managing Pharmacist Name (NRS 639.220): Jaymie Padero

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23846

Name of Designated Person(s) as defined by revised USP-797 guidelines: Fadi Abdel

Email of Designated Person(s): fadi@bespokepharmaceutical.com

Telephone of Designated Person(s): (609) 310-0860

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? February 2026

6. What is the frequency of the recertification for the ISO classified areas? Annually

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? Per environmental monitoring schedule & after significant events, maintenance, excursion

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:

Sterile compounded preparations containing methylcobalamin, sermorelin, NAD+, glutathione, and gonadorelin

12. What laboratory performs your sterility or endotoxin testing?

Name: Nelson Laboratories, LLC

Address: 6280 S. Redwood Road

City: Salt Lake City State: Utah Zip: 84123

Telephone: 801-290-7625

13. What is your procedure for visual inspection of compounded sterile products?

Each finished compounded sterile product is visually inspected by trained and qualified personnel using manual, semi automated, or automated inspection, as applicable, before release. Inspection includes solution clarity, color, visible particulate matter, container closure integrity, fill volume, stopper and seal integrity, cracks, leaks, cosmetic defects, and labeling accuracy, including lot identification and beyond use date or expiry information. Any unit that does not meet acceptance criteria is rejected and investigated in accordance with written procedures.

14. How often do you perform glove fingertip and medial fill testing?

Glove fingertip and thumb sampling and media fill qualification are completed initially, requalified per procedure, and repeated after failures, major changes, extended absence, or retraining.

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

All personnel involved in sterile compounding complete initial training before performing any sterile compounding duties independently and complete ongoing requalification thereafter. Training includes personnel hygiene and garbing, aseptic technique, cleanroom behavior, material staging and transfer, equipment operation, environmental monitoring awareness, cleaning and disinfection practices, batch record documentation, deviation reporting, visual inspection, labeling controls, and applicable requirements under USP 797 and the facility quality system. Personnel must successfully complete required practical and written qualification activities, including gowning qualification, glove fingertip and thumb sampling, media fill qualification, and role specific competency assessments.

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:

Primary and secondary engineering controls are cleaned and disinfected in accordance with written procedures and established schedules. Cleaning is performed using qualified cleaning and disinfecting agents before operations begin, at defined intervals during operations as applicable, after compounding is completed, and after any spill, contamination event, or maintenance activity requiring additional cleaning. Disinfecting and sporicidal agents are used at defined routine frequencies under the environmental cleaning program. All cleaning activities are documented in facility logs and reviewed under the quality system. The specific agents used are listed below and are as approved in current procedures: Different types of Liquidnox cleaning agents, isopropyl alcohol (70%) Ready to use (RTU) Peridox, Tex-Q, Sporkenz and ionized hydrogen peroxide.

17. Who performs the sterile compounding process at your facility?

Licensed pharmacists and certified pharm. techs perform sterile compounding after training, qualification, & authorization.

18. Who is responsible and accountable for the sterile compounding process at your facility?

Responsibility for sterile compounding rests with the supervising pharmacist, designated person under USP 797, and Quality Assurance, including oversight of personnel qualification, environmental monitoring, deviations, cleaning, disinfection, and procedural compliance.

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Products are shipped under labeled storage conditions using qualified packaging, temperature controls, and cold chain packaging and temperature monitoring devices when required. Shipping conditions are documented and reviewed, and any temperature excursion is assessed under written procedures before product disposition.

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.

Japheth Noah

Name of Person who Completed the Form

Head of Quality Assurance, Quality Control, and Development

Title

Japheth Noah

Signature (copies or stamps not accepted)

April 24, 2026

Date

Board Use Only	Date Received: 4/29/26 Date Approved: _____ Approved By: _____

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: Bespoke Pharmaceuticals, LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 5795 N Hollywood Blvd

City: Las Vegas State: NV Zip: 89115

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (725) 529-3930 Website: www.bespokepharmaceutical.com

Licensing Company Email: license@bespokepharmaceutical.com

Section 2: Personal Information

First: Fadi Middle: M Last: Abdel

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] 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)	
Vanderbilt University		08/96-05/00	
Address	City	State	Zip
2201 West End Ave	Nashville	TN	37235
Diploma/Degree obtained, if any			
Pursued Medical Doctor Degree			

School Name		From - To (MM/YY – MM/YY)	
David Lipscomb University		08/93 - 05/95	
Address	City	State	Zip
1 University Park Dr	Nashville	TN	37204
Diploma/Degree obtained, if any			
Bachelor's of Science			

School Name		From - To (MM/YY – MM/YY)	
Beech High School		08/90 - 05/93	
Address	City	State	Zip
3126 Long Hollow Pike	Hendersonville	TN	37075
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
08/20 - present	[redacted]	[redacted]	NV	[redacted]
06/20 - 08/20			NV	
07/15 - 10/20			NJ	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Bespoke Pharmaceuticals, LLC			01/26 - present
Business Address	**City**	**State**	**Zip**
5795 N Hollywood Blvd	Las Vegas	NV	89115
Phone	**Title**	**Number of Employed Hours**	
(725) 529-3930	Chief Development & Operations Officer	480 hours	
Description of Duties			
Executive responsible for everything from proper staff, facility, API, and sales to the proper states.			

Business Name			From - To (MM/YY – MM/YY)
Speratum Biopharma, Inc.			10/24 - 01/26
Business Address	**City**	**State**	**Zip**
9 East Loockerman Street, suite 311	Dover	DE	19901
Phone	**Title**	**Number of Employed Hours**	
(281) 299-7092	Chief Development & Operations Officer /Consultant	2,792 hours	
Description of Duties			
Executive responsible for the Research and Development (R&D) and the Operations of the facility along with the employees.			

Business Name			From - To (MM/YY – MM/YY)
Alto Neuroscience, Inc.			08/21 - 10/24
Business Address	**City**	**State**	**Zip**
650 Castro Street, Suite 450	Mountain View	CA	94022
Phone	**Title**	**Number of Employed Hours**	
(650) 200-0412	Sr. Vice President, Clinical Innovation	6,783 hours	
Description of Duties			
End-to-End product lifecycle management within the R&D and global operations department with responsibility of four therapeutics and two diagnostic platforms.			

Business Name			From - To (MM/YY – MM/YY)
Janssen Pharmaceutical (Johnson & Johnson)			01/16 -08/21
Business Address	**City**	**State**	**Zip**
1125 Trenton Harbourton Rd	Titusville	NJ	08560
Phone	**Title**	**Number of Employed Hours**	
(609) 737-2699	Sr. Director, Global Program Leader	11,829	
Description of Duties			
Senior, strategic role responsible for defining the asset strategy and driving development from discovery to market launch within the Neuroscience J&J portfolio			

Business Name			From - To (MM/YY – MM/YY)
Novartis Pharmaceuticals			04/02 - 01/16
Business Address	**City**	**State**	**Zip**
1 Health Plaza	East Hanover	NJ	07936
Phone	**Title**	**Number of Employed Hours**	
(862) 778-8300	Director, Global Trial Management	28,874	
Description of Duties			
Drives end-to-end operational planning and execution for clinical trials within Global Clinical Operations			

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, Fadi M. Abdel, **certify that as the designated representative for**

Bespoke Pharmaceutical,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. FMA I am at least 21 years of age;
3. FMA 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. FMA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. FMA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. FMA 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. FMA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Fadi Abdel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

March 26 2026

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.

FADI ABDEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

MARCH 26, 2026

Date

Please have this section completed in the presence of a Notary Public.

40 State of _____, ss. County of HD _____

I, FADI M. ABDEL, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

MARCH 26, 2026

Date

State of Nevada
County of Clark

Subscribed and Sworn to before me this 26th day of March 2026 by Fadi M Abdel.

Y Demmel

Notary Public Signature

LISA DEMMEL
Notary Public, State of Nevada
No. 20-3203-01
My Appt. Exp. Dec. 30, 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 BESPOKE PHARAMCEUTICALS, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 5795 N. HOLLYWOOD BLVD

City NORTH LAS VEGAS State NV Zip 89115

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877 277 6558 Website BESPOKEPHARMACEUTICAL.COM

Licensing Company Email LICENSE@BESPOKEPHARAMCEUTICAL.COM

Section 2: Personal Information

First IRINA Middle _____ Last GAMPEL

Alias(es, nicknames, name changes, etc.) BARSKI, MOSCOWITZ

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City [redacted] State FL 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)	
SAN DIEGO STATE UNIVERSITY		09/95 - 05/99	
Address	**City**	**State**	**Zip**
5500 CAMPANILE DR	SAN DIEGO	CA	92182
Diploma/Degree obtained, if any			
BS OF SCIENCE MANAGEMENT			

School Name		From - To (MM/YY – MM/YY)	
RESEDA HIGH SCHOOL		09/92 - 05/95	
Address	**City**	**State**	**Zip**
18230 KITTRIDGE ST	RESEDA	CA	91335
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/20 - PRESENT	[redacted]	[redacted] BEACH	FL	[redacted]
08/12 - 07/20	[redacted]	[redacted]	AZ	[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)
NORTHERN LIGHT MEDICAL MANAGEMENT, LLC			05/23 - PRESENT
Business Address	**City**	**State**	**Zip**
1895 TYLER ST # 207	HOLLYWOOD	FL	33020
Phone	**Title**		
754 900 5014	ACCOUNT MANAGER		
Description of Duties			
DAILY OPERATIONS, OVERSEEING ACCOUNTING AND BANKING			

Business Name			From - To (MM/YY – MM/YY)
ACE MANAGEMENT, LLC			05/19 - PRESENT
Business Address	**City**	**State**	**Zip**
18555 COLLINS AVE #5003	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
818 697 2977	MANAGING MEMBER		
Description of Duties			
MANAGING MEMBER FOR INVESTMENT AND HOLDING COMPANY; DAILY OPEARATIONS, ACCOUNTING OVERVIEW.			

Business Name			From - To (MM/YY – MM/YY)
NOBILITY MANAGEMENT, LLC			02/15 - 08/22
Business Address	**City**	**State**	**Zip**
26025 MUREAU RD SUITE 110	CALABASAS	CA	91302
Phone	**Title**		
	ACCOUNT MANAGER		
Description of Duties			
OVERSEEING ACCOUNTING, BILLING PROCEDURE IMPLEMENTATION			

Business Name			From - To (MM/YY – MM/YY)
IG INVESTMENTS, INC			04/05 - 09/23
Business Address	**City**	**State**	**Zip**
18555 COLLINS AVE #5003	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
	SHAREHOLDER		
Description of Duties			
OVERSEEING INVESTMENT PORTFOLIO			

Business Name			From - To (MM/YY – MM/YY)
EMBRACE FOUNDATION, CHARITABLE FOUNDATION			05/18 - PRESENT
Business Address	**City**	**State**	**Zip**
18555 COLLINS AVE #5003	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
818 697 2977	PRESIDENT		
Description of Duties			
MANAGING ENTITY STRATEGY, CHARITY EVENTS, MANAGING VARIOUS CHANELS FOR CHARITY ACTIVITY.			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)
PHARMA X, LLC		10/20 - PRESENT

Business Address	City	State	Zip
18555 COLLINS AVE #5003	SUNNY ISLES BEACH	FL	33160

Phone	Title
818 697 2977	MANAGER

Description of Duties
OVERSEES INVESTEMENT
*this entity is the member of BESPOKE PHARMACEUTICALS, LLC

Business Name		From - To (MM/YY – MM/YY)
BESPOKE PHARMACEUTICALS, LLC		10/20 - PRESENT

Business Address	City	State	Zip
5795 N. HOLLYWOOD BLVD	NORTH LAS VEGAS	NV	89115

Phone	Title
877 277 6558	MANAGER

Description of Duties
BOARD MEMBER

Business Name		From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name		From - To (MM/YY – MM/YY)

Business Address	City	State	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?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

IRINA GAMPEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/30/2026

Date

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of LOS ANGELES

I, Irina Gampel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

3/30/2026

Date

Subscribed and Sworn to before me this 30TH day of MARCH, 2026.

Notary Public Signature

TREY F. LAFFERTY
Notary Public - California
Los Angeles County
Commission # 2506348
My Comm. Expires Dec 8, 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 BESPOKE PHARMACEUTICALS, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 5795 N. HOLLYWOOD BLVD

City NORTH LAS VEGAS State NV Zip 89115

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877 277 6558 Website BESPOKEPHARMACEUTICAL.COM

Licensing Company Email LICENSE@BESPOKEPHARMACEUTICAL.COM

Section 2: Personal Information

First IRINA Middle _____ Last SARAFYAN

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City [redacted] State CA Zip [redacted]

Telephone [redacted] Email [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)
YEREVAN STATE MEDICAL UNIVERSITY			09/91 - 05/96
Address	**City**	**State**	**Zip**
2 KORYUN ST	YEREVAN	ARMENIA	
Diploma/Degree obtained, if any			
DOCTOR OF STOMATOLOGY			

School Name			From - To (MM/YY – MM/YY)
#8 SCHOOL NAMED AFTRER A.S. PUSHKIN			09/81 - 05/91
Address	**City**	**State**	**Zip**
17 MOSKOVYAN ST	YEREVAN	ARMENIA	
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
03/22 - PRESENT	[redacted]	[redacted]	CA	[redacted]
08/01 - 03/22			CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: 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)
AMERIDENT HEALTH PRO, INC			09/18 - PRESENT
Business Address	**City**	**State**	**Zip**
310 S SEPULVEDA BLVD	LOS ANGELES	CA	90034
Phone	**Title**		
310 268 0646	PRESIDENT		
Description of Duties			
EXECUTIVE/OVERSEEING DAILY OPERATIONS			

Business Name			From - To (MM/YY – MM/YY)
SARAFYAN DENTAL PROFESSIONAL CORPORATION			05/15 - PRESENT
Business Address	**City**	**State**	**Zip**
3130 S SEPULVEDA BLVD	LOS ANGELES	CA	90034
Phone	**Title**		
310 767 6199	PRESIDENT		
Description of Duties			
DENTIST (LICENSED ONLY IN STATE OF CALIFORNIA. CA LICENSE NUMBER 57323)			

Business Name			From - To (MM/YY – MM/YY)
ANSALIGY USA, LLC			07/19 - 09/22
Business Address	**City**	**State**	**Zip**
16850 COLLINS AVE # 113	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
305 903 2226	PRESIDENT		
Description of Duties			
EXECUTIVE/ESTABLISHED PROTOCOLS AND PROCEDURES FOR THE BEAUTY PRODUCT LINE DISTRIBUTION COMPANY.			

Business Name			From - To (MM/YY – MM/YY)
RISE EQUIPMENT, LLC			08/20 - PRESENT
Business Address	**City**	**State**	**Zip**
3679 BENEDICT CANYON LANE	SHERMAN OAKS	CA	91423
Phone	**Title**		
310 767 6199	VICE PRESIDENT		
Description of Duties			
EXECUTIVE *this entity is the member of BESPOKE PHARMACEUTICALS, LLC			

Business Name			From - To (MM/YY – MM/YY)
BESPOKE PHARMACEUTICALS, LLC			10/20 - PRESENT
Business Address	**City**	**State**	**Zip**
5795 N. HOLLYWOOD BLVD	NORTH LAS VEGAS	NV	89115
Phone	**Title**		
877 277 6558	MANAGER		
Description of Duties			
BOARD MEMBER			

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.

IRINA SARAFYAN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/31/2026

Date

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of LOS ANGELES

I, IRINA SARAFYAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

03/31/2026

Date

Subscribed and Sworn to before me this 31st day of March 2026.

Notary Public Signature

Please see attached certificate for notary.

(Seal)

CALIFORNIA JURAT **GOVERNMENT CODE § 8202**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 31st (Date) day of March (Month), 20 26 (Year), by

(1) Irina Sarafyan

(and (2)), (Name(s) of Signer(s))

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

ARASH REZAEE-TARI
Notary Public - California
Los Angeles County
Commission # 2534939
My Comm. Expires Oct 10, 2029

Signature

Place Notary Seal and/or Stamp Above

Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Nevada State Board of Pharmacy Personal History Application

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

©2018 National Notary Association

8B

March 30, 2026

Via Email: msedar@pharmacy.nv.gov

Mr. Mark Sedar, Chief Operating Officer
Nevada Board of Pharmacy
985 Damonte Ranch Pkwy
Suite 206
Reno, NV 89521

Re: Outsourcing Facility Application
Orion Specialty Labs, LLC

Dear Mr. Sedar:

I write as a follow up to the recent hearing held by the Nevada Board of Pharmacy (the "Board") to consider Orion Specialty Labs, LLC's ("Orion") application for an Outsourcing Facility License in the State of Nevada.

Before addressing the substantive issues raised at the hearing, I want to express my appreciation for the Board's indulgence and understanding. At the hearing, I was very much "under the weather" suffering from a very bad case of the flu with associated high fever. Compounding matters was a volatile internet connection which only complicated my "connection" to the meeting. I hope that this letter addresses and clarifies some of the issues raised at the hearing. I would request that Orion's application be added to the next meeting where additional representatives from Orion will appear, in person, to further address any concerns that the Board may have.

Background of Orion and its Mission

During the hearing, the Board inquired of my professional background and how it led me to be an investor in Orion. During my career, I have been an entrepreneur with investments and interests in a variety of businesses. In terms of my experience in the compound pharmacy space, I was an original investor in Polomar Specialty Pharmacy, LLC ("Polomar"), a 503a licensed sterile compounding pharmacy headquartered in Florida. When I acquired Polomar, it was primarily focused on the compounding of dermatological prescriptions. Polomar's operations have since expanded to include sterile compounding and Polomar is licensed in over 28 states – including Nevada. It was during my involvement with Polomar that I came to understand the need and demand across 503a pharmacies for

products manufactured by 503b pharmacies, or outsourcing facilities. Specifically, many 503a pharmacies have customers that require customized products either in dosing form, delivery mechanism or with specialty excipients. In the sterile form, these products are especially rare and require a 503b facility to manufacture them.

Recently, I sold my interest in Polomar and Polomar is now part of a publicly traded company. Following my exit from Polomar, I decided that investing in a 503b pharmacy would be a strategic move – especially given my relationship with Polomar as a potential customer. While I intend to be involved in Orion's business, it has always been my intention for the day-to-day operations at Orion to be managed by an experienced and well-qualified management team. The proposed Henderson, Nevada facility was particularly attractive for a 503b pharmacy because (a) it was previously licensed as a 503b pharmacy (Genesis Pharmaceuticals) and (b) certain target 503a pharmacy customers are located in Nevada and surrounding states. Updating and retrofitting the Henderson, Nevada facility would be significantly cheaper and less time-consuming than building out a brand-new facility. Additionally, locating in Nevada would also simplify shipping and logistical concerns.

At the hearing, a member of the Board asked about the anticipated capital investment to start the Orion operation. I believe that I may have misunderstood the question. To date, Orion has invested more than $600,000 to make improvements to the Henderson facility, hire qualified people, purchase equipment, license software, prepare SOPs and address other requirements associated with the operation of a 503b pharmacy. The $250,000 figure that I cited during the presentation was the amount of money remaining to be invested in preparation for operational readiness. This would include sterility/stability testing, equipment qualification, etc.

Demand for Compounded Testosterone Products

During the hearings, a question was raised as to need for "compounded" testosterone products when testosterone is commercially available. The reality is that the compounded testosterone market has grown rapidly in recent years in response to certain limits associated with commercially manufactured testosterone – primarily that such commercially manufacture products come in a limited quantity of fixed doses and fixed delivery systems. However, hormone replacement therapy is highly individualized. Patients differ in terms of their metabolism and symptom response. As a result, custom dosing and custom formulations offered by compounding pharmacies are sought after by many patients (and, as a result, by many 503a compounding pharmacies). Orion intends to offer compounded versions of testosterone that are not commercially available, including sublingual formulations and injectables at different dosing levels. Such "personalized but regulated" products have a large market opportunity and Orion has identified a number of 503a compound pharmacy customers that have expressed interest in its intended compounded testosterone offerings.

Orion's Management Team

As stated earlier, Orion is committed to the highest quality of operations, including having a management team that is strong and experienced in pharmaceutical compounding, cGMP compliance and overall best practices. I am not a pharmacist and do not profess to have vast experience in the sector. That is why Orion has assembled a top-quality management team for its operations. Unfortunately, this was not clearly communicated at the hearing. The Board had the opportunity to hear from one of our "consultants" John Hartwig. Unfortunately, what was not clearly communicated to the Board at the hearing is that Mr. Hartwig, together with Chris Musser, have been in the process of transitioning their roles from "consultants" to "employees" of Orion. This process has now been completed and both Mr. Hartwig and Mr. Musser, in addition to maintaining key managerial and oversight roles at Orion, are also shareholders of Orion. Mr. Musser, a licensed Nevada pharmacist with extensive experience in 503b compounding pharmacies, is the Vice President of Pharmacy Operations. As Orion's Designated Representative, Mr. Musser will be responsible for overseeing all aspects of the compounding process, including supervision of the pharmacist in charge. Mr. Hartwig is the Vice President of Technical Operations. Mr. Hartwig has over twenty years of experience in the design and build out of pharmaceutical manufacturing facilities, including for some of the largest pharmaceutical companies in the world. In this role, Mr. Hartwig will oversee matters pertaining to the physical plant, quality inspections and cGMP requirements relating to the same. In addition to Mr. Hartwig and Mr. Musser, Orion has also hired a Director of Quality Control and will add licensed Sterile Pharmacy Techs to its operations. Orion expects that under Mr. Hartwig's and Mr. Musser's day-to-day management, it will perform in full compliance with Nevada regulations, FDA requirements and cGMP standards. Copies of Mr. Musser's and Mr. Hartwig's CVs are enclosed herein for review.

Pharmacist in Charge

As disclosed in its application, Orion hired Justin Curnutt to serve as the Pharmacist in Charge. Dr. Curnutt is a licensed pharmacist in the State of Nevada. He reports to Mr. Musser. Dr. Curnutt has experience in pharmacy operations and management. He is well versed in federal requirements and laws as well as cGMP requirements. To reaffirm Dr. Curnutt's commitment to his role, he has voluntarily engaged in cGMP training courses to build his knowledge base and expertise. Working in conjunction with Mr. Musser and Mr. Hartwig, Orion remains confident that Dr. Curnutt will be a strong pharmacist-in-charge.

Updates to Orion License Application

At the March hearing, there appeared to be some confusion as to certain information contained in Orion's application, as amended. For the convenience of all parties involved, I have attached hereto an updated license application for the Board to use going forward.

Once again, I would like to thank you for your patience with our application as well as for your understanding of the extenuating circumstances that interfered with our last appearance before the Board. I would respectfully request that Orion's application be placed on the agenda for the April Board meeting at which time both Mr. Hartwig and Mr.

Musser will be present, in person, to address any questions or concerns that the Board may have. In the interim, please feel free to contact the undersigned should you have any additional questions.

Thank you.

ORION SPECIALTY LABS, LLC

Kimberly Mattera-Moller

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: ORION SPECIALTY LABS LLC

Physical Address: 1710 WHITNEY MESA DRIVE

City: HENDERSON State: NV Zip Code: 89014

Telephone: 702-347-4086 Fax: 725-258-6018

Toll Free Number: 800-827-3064 (Required per NAC 639.708)

E-mail: kim@orionspeclabs.com Website: www.orionspeclabs.com

Supervising Pharmacist: Justin Curnutt Nevada License #: 18338

SERVICES PROVIDED

Yes/No

☐ ☒ Parenteral
☒ ☐ Sterile Compounding
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding
☐ ☒ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: _____

FEI Number (From FDA application): 3040172058

Please provide the name of the facility as registered with the FDA and the registration number:
Orion Specialty Labs LLC

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Justin Curnutt Nevada License Number: 18338

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: NV20232963763

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

Kimberly Moller
Print Name of Authorized Person

3/30/2026
Date

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: NEVADA

Parent Company if any:

Address: 1710 WHITNEY MESA DRIVE

City: HENDERSON State: NV Zip: 89014

Telephone: 702-347-4086 Fax: 725-258-6018

Contact Person: KIMBERLY MOLLER

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) KIMBERLY MOLLER [redacted]
Name Address

b) JOHN HARTWIG [redacted]
Name Address

c) CHRISTOPHER MUSSER [redacted]
Name Address

d)
Name Address

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? $1.00

4) What date did the corporation actually receive the cash assets? January 5, 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

Kimberly Moller, President & Director
John Hartwig, Vice President
Christopher Musser, Vice President

ORION SPECIALTY LABS LLC

Manufacturer License Application

List of Officers and Directors

Kimberly A Moller	–	President & Director
John Hartwig	–	Vice President
Christopher Musser	–	Vice President

ORION SPECIALTY LABS, LLC

MEMBERSHIP INTEREST REGISTRY

Kimberly Moller	90 Membership Units
John Hartwig	5 Membership Units
Christopher Musser	5 Membership Units

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: Orion Specialty Labs LLC

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 1710 Whitney Mesa Drive

City: Henderson State: NV Zip: 89014

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-347-4086 Toll Free # (NAC 639.708, NRS 639.23286): 800-827-3064

Fax: 725-258-6018 Contact Email: kim@orionspeclabs.com

Website: www.orionspeclabs.com

Nevada Business License # (if applicable) NV20232963763

Supervising/Managing Pharmacist Name (NRS 639.220): Justin Curnutt

Supervising/Managing Pharmacist NV Pharmacist Registration #: 18338

Name of Designated Person(s) as defined by revised USP-797 guidelines: Christopher Musser

Email of Designated Person(s): cmusser@orionspeclabs.com

Telephone of Designated Person(s): 224-762-8243

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? startup construction phase-est certification Q2 2026

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? Weekly

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:

Testosterone Injectable Solutions

12. What laboratory performs your sterility or endotoxin testing?

Name: ARL BIO PHARMA

Address: 840 RESEARCH PARKWAY SUITE 546

City: OKLAHOMA CITY State: OK Zip: 73104

Telephone: (405) 271-1144

13. What is your procedure for visual inspection of compounded sterile products?
1. Determine if the finished preparation appearance is as expected (correct final fill volume)
2. Remove any temporary labels on the container prior to performing inspection
3. Ensure preparation labels not on the preparation containers are isolated and segregated from other preparations
4. Examine preparations against a matte black background and against a non-glare white background using an incandescent light.
5. Use higher illumination intensity sufficient to detect particles for preparations where solutions are colored, opaque, or in a container other than clear glass
6. Inspect for defects such as visible particulate, leakage, cloudiness, improper seal, crystal, discoloration,or precipitation

14. How often do you perform glove fingertip and medial fill testing?
Gloved finertip testing: initially and every six months
Media fill testing: initially and every six months

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
1. Hand hygiene
2. Garbing (i.e., gloving, donning, and doffing for non-hazardous drug handling and compounding)
3. Handling, receiving, unpacking and storing procedures
4. Proper use of primary engineering controls (PECs)
5. Principles of high-efficiency particulate air (HEPA) filtered undirectional airflow within the ISO Class 5 environment
6. Sanitization procedures (i.e., cleaning and disinfecting)
7. Aseptic techniques which include assessment by gloved fingertip, thumb sampling, and media fill testing
8. Environmental assessments (air and surface sampling)
9. cGMP compliant

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 of PEC and equipment:
1. Cleaning agent: equipment and all interior surfaces of the PEC cleaned daily on compounding days, weekly on non-compounding days, and when suface contamination is known or suspected (sterile TB1 and Peridox RTU)
2. Disinfectant agent: equipment and all interior surfaces of the PEC cleaned daily, before and after compounding, and when surface contamination is known or suspected (sterile TB1)
3. Sporocidal agent: monthly for compounding and prior to introducing any equipment or supplies to the cleanroom (material and equipment sanitization) (sterile Peridox RTU)

Sequence of cleaning PEC: ceilings --> walls --> back of PEC --> items on the DCA --> DCA
Top to bottom, left to right

Our SOPs have detailed descriptions of the entire cleaning procedure for PEC and SEC
Floors of SEC and Anteroom: daily (cleaning agent), monthly (sporocidal)
Walls and ceiling of SEC and Anteroom: monthly (sporocidal)

17. Who performs the sterile compounding process at your facility?

Qualified and trained aseptic technicians that are media fill qualified

18. Who is responsible and accountable for the sterile compounding process at your facility?

Justin Curnutt, Pharmacist in Charge

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

3PL Supplier (FedEx/UPS) with a priority service of no longer than 2-Day Express. Shipping validation will be performed for cold-chain products, if applicable.

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? Class II, Type B2 Biological Safety Cabinet (Thermo Fisher 1300 Series)		
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: N.A		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

As a registered 503B outsourcing facility, all products are shipped to 503a pharmacies, hospitals/hospital systems or doctor's offices for Office Use Only. Products are not directly shipped to patients or consumers so no information is required to be provided to them. Receiving facilities are provided with appropriate hazardous drug handling and disposal instructions in product documentation (labels, package inserts, and/or facility education materials).

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Phase 1: Orientation and regulatory awareness
Overview of USP <797> Sterile Compounding and USP <800> Hazardous Drug Handling
OSHA Hazard Communication Standard (29 CFR 1910.1200) Understanding Safety Data Sheets
PPE categories and donning/doffing order, routes of exposure and potential health effects, emergency and spill management procedures

Phase 2: Facility and workflow training
Controlled areas: negative pressure buffer rooms, containment secondary engineering control (C-SEC)
Primary engineering controls: Biological Safety Cabinet (BSC) Traffic flow and demarcation zones between sterile and non-sterile areas, HD storage areas (negative pressure and venting), waste segregation: hazardous vs non-hazardous, cleaning and disinfection

Phase 3: Aseptic and hazardous handling skills
Hand hygiene and garbing sequence, proper donning of PPE: chemotherapy gown, double gloves, hair/beard covers, shoe covers, mask, face shield if needed
Proper syringe and vial handling, techniques to prevent HD aerosolization or spills, decontamination and deactivation process, environmental monitoring basics

Each employee must participate in a spill management demonstration using mock HD solution, exposure incident response review (eye wash, skin wash, reporting), waste disposal protocol for PPE, sharps, and containers

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:

Testosterone Injectable Solutions

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

Garbing and gloved fingertip testing: initially and every six months
Media fill testing: initially and every six 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?

Active air sampling will be performed a minimum of once per week but always on days when production is performed

5. What is the frequency for completing surface sampling? Surface sampling will be performed a minimum of once per week but always on days when production is performed		
6. What is the frequency for using sporicidal agents? Cleaning with sporicidal agents (Peridox) is performed once per month at a minimum		
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.

Justin Curnutt

Name of Person who Completed the Form

Pharmacist-in-Charge

Title

Signature (copies or stamps not accepted)

03/31/2026

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Orion Specialty Labs LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): 24375

Physical Address: 1710 Whitney Mesa Drive

City: Henderson State: NV Zip: 89014

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-347-4086 Website: www.orionspeclabs.com

Licensing Company Email: kim@orionspeclabs.com

Section 2: Personal Information

First: John Middle: Michael Last: Hartwig

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: TX Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Hutchinson High School		09/81 - 05/85	
Address	**City**	**State**	**Zip**
1200 Roberts Rd SW	Hutchinson	MN	55305
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
St. Cloud State University		9/85 - 05/90	
Address	**City**	**State**	**Zip**
720 4th Avenue South	St. Cloud	MN	56301
Diploma/Degree obtained, if any			
BS 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			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/21 - 03/26	[redacted]	[redacted]	TX	[redacted]
12/18 - 10/21			TX	
06/16 - 12/18			AL	
03/16 - 06/16			AL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	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)	
Orion Specialty Labs LLC			03/26 - present	
Business Address		**City**	**State**	**Zip**
1710 Whitney Mesa Drive		Henderson	NV	89014
Phone	**Title**			
702-347-4086	VP of Technical Operations			
Description of Duties				
Oversee all technical, manufacturing, and compliance aspects of drug production. Ensure Current Good Manufacturing Practices (cGMP) are strictly met, manage Chemistry, Manufacturing, and Controls (CMC) strategies.				

Business Name			From - To (MM/YY – MM/YY)	
RemTech LLC / BlueSky Industrial Solutions			06/16 - present	
Business Address		**City**	**State**	**Zip**
2600 W 7th Street, Apt 2648		Fort Worth	TX	76107
Phone	**Title**			
256-529-1361	Principal			
Description of Duties				
Program manager, Strategic planning, Operations and Engineering support for the Pharmaceutical, medical device, 503B, and Biotech Industries				

Business Name			From - To (MM/YY – MM/YY)	
Bridge Industrial Group LLC			04/23 - present	
Business Address		**City**	**State**	**Zip**
2615 Ludelle Street		Fort Worth	TX	76107
Phone	**Title**			
256-529-1351	Managing Member			
Description of Duties				
Manage contract manufacturing and packaging operation for nutraceutical supplements. Manage sales and quality. Business is currently under restructuring.				

Business Name			From - To (MM/YY – MM/YY)	
NEOS Therapuetics / AYTU Bio			12/18 - 2/21	
Business Address		**City**	**State**	**Zip**
2940 N State Highway 360 Service Rd E #400		Grand Prairie	TX	75050
Phone	**Title**			
972-408-1300	Director of Engineering			
Description of Duties				
Managed Engineering, Tech Services, Validation, Metrology and Calibration, Maintenance departments for Pharmaceutical Operation				

Business Name			From - To (MM/YY – MM/YY)	
Qualitest Pharmaceutical / ENDO Pharmaceuticals - now Mallinckrodt			06/12 - 06/16	
Business Address		**City**	**State**	**Zip**
120 Vintage Dr NE		Huntsville	AL	35811
Phone	**Title**			
256-859-2222	Sr. Director of Engineering and Tech Services			
Description of Duties				
Managed Engineering, Tech Services, Validation, Metrology and Calibration, Maintenance departments for Pharmaceutical Operation				

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.

John Hartwig

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/28/2026

Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of Tarrant

I, JOHN HARTWIG, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

03/28/26

Date

Subscribed and Sworn to before me this 28 day of march, 2026

Notary Public Signature

THOMAS TAPP
Notary ID #134841821
My Commission Expires
April 9, 2028

(Seal)

BlueSky Industrial Solutions

JOHN HARTWIG [redacted]

PROFESSIONAL EXPERIENCE

Over thirty years of direct functional experience in manufacturing, R&D, quality, engineering and program management within the pharmaceutical, medical device, 503B and consumer products industries. Direct management of technical personnel and hands on experience with services from design through operationalizing small facility modifications to large infrastructure projects in facilities within the United States, South America, Europe and Asia. Responsibilities included overseeing annual budgets exceeding $400MM and management of communications between numerous departments including Executive Staff, R&D, Pharm Dev, Operations, Regulatory, Quality, IT, Supply Chain, Finance, EH&S and Legal.

Orion Specialty Labs LLC, Henderson, NV — Mar 2026 – present

VP of Technical Operation

Key Responsibilities
Oversee all technical, manufacturing, and compliance aspects of drug production. Ensure Current Good Manufacturing Practices (cGMP) are strictly met, manage Chemistry, Manufacturing, and Controls (CMC) strategies, optimize production workflows, and lead teams to scale operations safely while driving technological innovation for quality improvements.

BlueSky Industrial Solutions LLC, Dallas, TX — 2016 – present

Principal

Key Responsibilities

- Program manager, Strategic planning, Operations and Engineering support for the Pharmaceutical, medical device, 503B, and Biotech Industries
- Provide and oversee Regulatory, Quality, Engineering, Validation and Operation services for medical device, oral solid dose, and sterile fill operations
- Oversee project scope definition, capital planning, equipment procurement, project execution and system start-ups ranging from new equipment installations to launching greenfield commercial operations

Qualitest / Endo, Huntsville, Alabama — **2012 – 2016**

Sr. Director, Engineering and Tech Services

Key Responsibilities:

- Manage Technical Operations for the three sites including two oral solid dosage and one liquids facility
- Member of a five-year strategy team, personably responsible for the development and approval of two new packaging halls required to meet an aggressive, growing five-year forecast minimizing capital outlay over the next three years while significantly reducing operating expenses, complexity and overall number of assets in the packaging network thus increasing OEE.
- Member of Endo leadership team responsible for serialization strategy and deployment of product track and trace technology required to meet the Drug Quality and Security Act (DQSA) signed into law in November 2013
- Managed validation and tech services group with scope including the development of a validation master plan and execution, formulation and product development for new product launches, technology transfers, design of new components and automation component optimization

PFIZER / Legacy-KING PHARMACEUTICALS, Bristol, Tennessee — 2007 – 2012

Senior Manager, Corporate Engineering

Key Responsibilities:

- Pre-Pfizer acquisition, senior manager reporting to EVP of Engineering for King Pharmaceuticals
- Post-Pfizer acquisition, senior manager reporting to Director of Equipment Technology within Global Engineering
- Technical lead for deployment of serialized product tracking technology required to meet global regulatory requirements with global project budget of $209MM
- Regularly involved in global packaging network assessments to optimized capital expenditures with projects including global site expansions, tech transfers (internal and external), and site consolidations

- Interfaced with R&D early in product development phase to transition product from the development phase through process optimization, regulatory trials and commercial launch.
- Managed contract development process with contract manufacturers, R&D, supply chain and legal to establish third party manufacturing locations as required to maintain clinical and commercial supply.
- Worked with A/E firms and directly with engineering companies to design processes, equipment, and manufacturing suites to meet both customer and manufacturing requirements.
- Managed EPC firms to procure equipment, construct facilities, install equipment, commission, validate and start-up new manufacturing and packaging systems.
- Project examples include new greenfield manufacturing facility for oral, solid dosage manufacturing through finishing, retrofitting of several floors of a sixty-year-old manufacturing building, which included decommissioning and demolition of existing space and new structural construction of aseptic manufacturing suites.

BARRY-WEHMILLER, DESIGN GROUP, St. Louis, MO, Greenville, SC, San Francisco, CA (97- 07)

Director, Pharmaceutical and Biotech Group (3/99 – 6/07)

Barry-Wehmiller is a consulting firm specializing in engineering services for the Consumer Products, Pharmaceutical, Biotech and Medical Device Industries. I managed a business unit with 25 professionals with typical client activities ranging in value between $100K and $10MM. Responsible for the day to day operation of the business including business development, client relationships, resource planning, recruiting, project performance, invoicing, account receivables and overall P&L for the business unit. Interacted with clients to define project scope, develop specifications and prepare competitive proposals. Responsible for projects including conception designs, proof of concepts, engineering, procurement, construction, validation and turnover.

Example Projects:

- **Amgen**: Responsible for a turnkey clinical syringe labeling and cartoning system in which each syringe was labeled with a unique identifier that was tracked and authenticated throughout the packaging process at sixty syringes per minute and project work which included risk evaluation, development of packaging components, equipment evaluations and proof of concept studies
- **Genentech**: engineering design of new fill-finish equipment and suites to be implemented at Greenfield site for multiple oncology products.
- **Bayer**: Multiple Process Control and Automation projects for protein based products which ranged from the integration of a new vision and vacuum inspection system to the process controls segment of a new processing facility, including controls for utilities, processes and CIP skids
- **Wyeth / Pfizer**: Responsible for multiple projects at various global locations manufacturing Rx, topical, liquid and nutritional products and included complete turnkey automation solutions and assessment of over one hundred individual packaging systems related to a corporate site consolidation strategy / OEE improvements
- **Pharmacia & Upjohn / Pfizer**: Responsible for multiple tube filling packaging systems for various topical products including Neosporin®, Cleocin® and Cortaid® and managed a multi-location pouching and blistering project for the Listerine PocketPaks® Breath Freshening Strips

Project Manager, Food and Beverage Group (10/97 – 3/99)

Example Projects:

- **Procter & Gamble**: Project Manager for a project involving modifications to existing packaging line equipment to complete a national rollout of a new juice product consisting of new flavors and a new bottle design which involved coordination between five facilities located throughout the United States
- **Frito-Lay**: Project Manager for a multi-facility project involving the launch of a new product with a $40MM marketing campaign and included line layouts for three facilities: engineering, OEM and contractor management, equipment procurement, schedule management, installation, start-up, and inventory build prior to the Fiesta Bowl

RIVERWOOD INTERNATIONAL, Atlanta, GA / Crosby, Minnesota **1991-1997**

Senior Electrical Engineer

3M, Hutchinson, Minnesota 1989 - 1991

Electrical Engineering Intern

EDUCATION

St. Cloud State University, St. Cloud, MN
Bachelor of Science, Electrical Engineering, Graduated in 1991

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 ORION SPECIALTY LABS LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) 24375

Physical Address 1710 WHITNEY MESA DR

City HENDERSON State NV Zip 89014

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-347-4086 Website www.orionspeclabs.com

Licensing Company Email kim@orionspeclabs.com

Section 2: Personal Information

First Christopher Middle Stephen Last Musser

Alias(es, nicknames, name changes, etc.) Chris

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State AL 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)	
The George Washington University		01/03 - 01/06	
Address	**City**	**State**	**Zip**
2121 Eye St NW	Washington	DC	20052
Diploma/Degree obtained, if any			
Master of Science in Project Management			

School Name		From - To (MM/YY – MM/YY)	
The Ohio State University		08/99 - 06/01	
Address	**City**	**State**	**Zip**
190 N Oval Mall	Columbus	OH	43210
Diploma/Degree obtained, if any			
Master of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
University of Cincinnati		09/88 - 09/92	
Address	**City**	**State**	**Zip**
2600 Clifton Ave	Cincinnati	OH	45221
Diploma/Degree obtained, if any			
Bachelor of Science in Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Harding High School		08/84 - 06/88	
Address	**City**	**State**	**Zip**
1500 Harding Hwy	Marion	OH	43302
Diploma/Degree obtained, if any			
College Preparatory HS 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
09/24 - present	[redacted]	[redacted]	AL	[redacted]
07/17 - 09/24	[redacted]	[redacted]	CT	[redacted]
02/15 - 07/17	[redacted]	[redacted]	IL	[redacted]
12/12 - 06/15	[redacted]	[redacted]	OH	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: 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)
Musser Consulting			01/23 - present
Business Address	**City**	**State**	**Zip**
198 W Trestle Way	Helena	AL	35080
Phone	**Title**		
224-762-8243	President		

Description of Duties

Provides managerial consulting services for the pharmaceutical and 503B industries, specializing in Quality Remediation, FDA Preparedness, Quality Management Systems, and Aseptic Processes

Business Name			From - To (MM/YY – MM/YY)
Akorn Pharmaceuticals			02/22 - 01/23
Business Address	**City**	**State**	**Zip**
72 Veronica Ave	Somerset	NJ	08873
Phone	**Title**		
	VP Operations, Site General Manager		

Description of Duties

Operational and Technical Leadership

Business Name			From - To (MM/YY – MM/YY)
Chemistry RX			02/21 - 02/22
Business Address	**City**	**State**	**Zip**
829 Spruce St	Philadelphia	PA	19107
Phone	**Title**		
	Head of Operations		

Description of Duties

Head of Operations for a Start-Up Pharma company; designed the 503B facility and led the team through design, construction, commissioning, and qualification

Business Name			From - To (MM/YY – MM/YY)
SCA Pharma			03/17 - 02/21
Business Address	**City**	**State**	**Zip**
755 Rainbow Rd	Windsor	CT	06095
Phone	**Title**		
	VP Operations, VP Tech Operations		

Description of Duties

Responsible for Facilities, Engineering, Capital Projects, Product Development, Environmental Health and Safety, and DEA/Board of Pharmacy (BOP) licensing for an outsourcing manufacturer of sterile admixtures

Business Name			From - To (MM/YY – MM/YY)
Catalent Pharmaceuticals			10/15 - 03/17
Business Address	**City**	**State**	**Zip**
2210 Lake Shore Dr	Woodstock	IL	60098
Phone	**Title**		
	Director Operations		

Description of Duties

Accountable for manufacturing, packaging, and maintenance operations of a 24x7 pharmaceutical factory that manufactured sterile products

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.

Christopher Musser

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/27/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Alabama, ss. County of Shelby

I, Christopher S. Musser, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

03/27/26

Date

Subscribed and Sworn to before me this 27 day of March.

Notary Public Signature

(Seal)

CHRISTOPHER MUSSER

RPh, PMP, LSSBB

CONTACT

[redacted]

EDUCATION

Master of Science
in Project Management
George Washington University
Washington, DC

Master of Business Administration,
Operations Management, and
Corporate Finance
The Ohio State University
Columbus, OH

Bachelor of Science
in Pharmacy
University of Cincinnati
Cincinnati, OH

CERTIFICATIONS and LICENSES

Lean Six Sigma Black Belt (LSSBB)

Certified Project Management Professional (PMP)

Licensed Pharmacist (RPh) in 12 states

SUMMARY

- Innovative executive leader in the pharmaceutical industry with comprehensive experience leading large organizations and start-up companies.
- Passion for designing and building new facilities. Successfully built and qualified four 503B and one 503A facilities.
- 25+ years of experience in pharmaceuticals: aseptic, solids, and non-solids manufacturing; packaging technologies; quality management systems, ERP systems; and process flow optimization.
- 19 years as a certified PMP, 17 years as an LSSBB, and 23 years of experience working in senior leadership positions.
- Delivers results by leveraging project management expertise, implementing LEAN process improvements, and developing high performing teams to achieve organizational success.
- Point-of-contact for all regulatory (FDA, DEA, OSHA, BOP) and customer due diligence audits and inspections.

EXPERIENCE

Orion Specialty Labs **Vice President Pharmacy Operations** 2026-present

- Responsible for overseeing all aspects of the compounding process, including supervision of the Pharmacist in Charge
- Oversees compliance with Nevada regulations, FDA requirements, and cGMP practices
- Licensed pharmacist in over ten states

Musser Consulting, LLC **President Operations/Pharma Consultant** 2023-present

- Provides managerial consulting services for the pharmaceutical and 503B industries, specializing in Quality Remediation, FDA Preparedness, Quality Management Systems, and Aseptic Processes
- Hired by acquiring company to scale business by building a new and larger site and implementing machine automation. Designed, built, and qualified a 20K SF 503B facility in less than nine months
- Successfully grew throughput and capacity by almost 800% and reduced headcount by 40% in six months through automation
- Executed a three-month site remediation plan for all Quality systems to reduce compliance risk. Successfully completed FDA inspection in November 2024 with minimal observations and received EIR in less than six months
- Performed site assessment and due diligence audit on target acquisition for a PE firm
- Assisted large global pharma company with Quality remediation and Pre-Approval Inspection (PAI) preparedness
- Assisted pharma company with remediation of manufacturing processes after a product recall

Akorn Pharmaceuticals **Vice President Operations/Site General Manager** 2022-2023

- Provided operational and technical leadership leading day to day activities to meet organizational goals and objectives. P&L responsibility across the site for all departments
- Joined Akorn in Feb 2022 after Warning Letter (2019) was received. Decision was made to sell the entire company and close the Somerset site in May 2022. Created decommissioning plan, communicated strategy to all employees, and completed the plan ahead of schedule in seven months
- Transferred all assets of value to sister sites ($11MM material, $6MM assets)
- Reduced site expenses by 85% in seven months

Chemistry RX Head of Operations (Start-Up Company) 2021-2022

- Designed the 503B facility and led the team through design, construction, commissioning, and qualification
- Selected and implemented new Quality Management System and ERP System
- Worked with outsourcing labs and industry experts to solve formulation development challenges, and completed method development batches
- Successfully registered the site as an FDA 503B outsourcing facility

SCA Pharma Vice President Operations | Vice President Tech Operations (Site General Manager) 2017-2021

- Created and executed a strategic road map for automation for both sites and purchased, validated, and integrated equipment (packagers and labelers, Fill Finish machines, VHP chamber and equipment) to optimize manufacturing processes
- Responsible for design and buildout of a 90K SF new facility and later design of a 55K SF expansion, including a second cleanroom. CAPEX project estimate for new facility and expansion was $35MM
- Accountable for P&L performance for Site Operations which included Pharmacy, Operations, Warehousing, and Supply Chain for an FDA-licensed 503B outsourcing manufacturer of sterile admixtures
- Successfully directed validation, quality, operations, and engineering efforts associated with the startup and commissioning of the new 90K SF facility built in CT. Successfully launched production in November 2017
- Responsible for Facilities, Engineering, Capital Projects, Product Development, Environmental Health and Safety, and DEA/Board of Pharmacy (BOP) licensing for an outsourcing manufacturer of sterile admixtures
- Held license to operate the CT facility as the DEA registrant and the backup pharmacist in charge for all states requiring resident pharmacy licenses. Operations point-of-contact for all regulatory (FDA, DEA, BOP) and customer due-diligence audits
- Operations point-of-contact for all regulatory audits and inspections for the site. Directly interfaced with the FDA, DEA, OSHA, and several State Boards of Pharmacy. Audit results were minor to no findings

Catalent Pharmaceuticals Director Operations 2014-2017

- Accountable for manufacturing, packaging, and maintenance operations of a 24x7 pharmaceutical factory that manufactured sterile products. This was a CMO business with extensive R&D products at different stages of development (Phases I-III, Registration, Filing) and commercial lifecycle products
- Ensured compliance with cGMP and other regulations and represented the site during over 30 customer and regulatory inspections. Operations point-of-contact and accountable for all observation responses and associated CAPAs
- Established systems to track key operations performance metrics on the shop floor to identify continuous improvement opportunities with yield, capacity utilization, and unplanned downtime, resulting in a 28% improvement in OEE
- Integrated maintenance personnel into operations and kicked off a TPM initiative to improve equipment performance, downtime response times, and share best practices, resulting in a 25% reduction of unplanned downtime in >9 months

Boehringer Ingelheim Pharmaceuticals Executive Director Operations | Associate Director Operations 2001-2014

- Accountable for performance of factory that manufactured sterile injectable products. Responsible for providing mid- and long-term strategic, technical, and organizational leadership to address business deficiencies and process improvements
- Successfully directed validation, quality, operations, and engineering efforts associated with the restart and recommissioning of the facility after an 11 month hiatus in 2011-2012
- Led a cross-functional team tasked with creating the project plan and resource allocation for the FDA consent decree remediation project
- Implemented a sustainable 5S and area ownership program, as well as fit and finish of the facility. Program aided in ZERO regulatory audit findings from 2009-2012
- Led the APEX Advanced Implementation Team that delivered a virtual changeover toolbox which enabled a 20-25% reduction in set-up time, resulting in about 700 hours of extra capacity

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 4/2/2026

- 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: orion

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]	Intends to Compound Sterile Drugs From Bulk Substances [6]
Orion Specialty Labs, LLC	Kimberly Mattera [redacted]	9/19/2025	2/24/2026	Not yet inspected	N/A	N/A	N/A	Yes

Showing 1 to 1 of 1 entries (filtered from 92 total entries)

Previous 1 Next

Feedback

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 (/node/363232) 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 (/node/363232).
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.

Was this page helpful? * (required)

Yes

No

Submit

An official form of the United States government. Provided by Touchpoints

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 ☒ 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 #: [redacted] ☐ Non-sterile Compounding ☒ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation

☒ Monday	☒ Friday
☒ Tuesday	☒ Saturday
☒ Wednesday	☐ Sunday
☒ Thursday	☐ Holidays

Ownership Type (check applicable box)

- ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
- ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
- ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
- ☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: HELPING HANDSRX, LLC

Physical Address: 770 SE 5TH TER

City: CRYSTAL RIVER State: FL Zip: 34429

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 888*220*8728 Toll Free # (NAC 639.708, NRS 639.23286): 888*220*8728

Fax: 888*220*8728 Contact Email: PHARMACIST@2HRX.US

Website: IN PRODUCTION

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): ALISON KOSKOS

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24921

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: ALISON KOSKOS	NV Pharmacist Registration #: 24921
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: _____

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: STEPHANIE ROBINSON

Business Name: HELPING HANDSRX, LLC

Business Address: 770 SE 5TH TER

City: CRYSTAL RIVER State: FL Zip: 34429

Telephone: 888*220*8728 Email: PHARMACIST@2HRX.US

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 HELPING HANDSRX, 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).

STEPHANIE ROBINSON

Print Name of Authorized Person

S. Robinson

Original signature of Authorized Person (copies or stamps not accepted)

11/19/2025

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.

STEPHANIE ROBINSON

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

S. Robinson

Original signature of Authorized Person (copies or stamps not accepted)

11/19/2025

Date

Board Use Only	Date Received: 12/1/25	Amount: $500 CK 6059202654

Nov 1, 2025

All these offenses were theft charges (theft by deception) the theft was writing checks that were returned as non-sufficient funds. I was in a time in my life when I was irresponsible, not living the best life and one hundred percent my fault. Yes, I was arrested for this. After being arrested and charged I showed up to each court date and paid all fines and completed my probation. I have included printouts of the cases and that I fulfilled all my obligations.

I recognize that my actions were wrong and caused harm to others and myself. The choices to commit these actions stemmed from various factors, including personal struggles, poor decision-making, and influences from my environment. At the time, I failed to consider the consequences or the impact this would impose and myself and others.

Since then, I have taken significant steps toward understanding my actions. I have sought counseling and support to address the underlying issues that contributed to my behavior. Through this process, I have gained insight into my motivations and developed healthier coping mechanisms.

For the past 17 years I have committed to making better choices. I have learned the value of responsibility and the importance of considering how my actions affect my life and others. I am determined to contribute positively to my community and avoid any circumstances that could lead me down the wrong path again. I understand that trust takes time to rebuild, and I am dedicated to proving my commitment to change through my actions.

Stephanie Robinson

MINNESOTA
JUDICIAL BRANCH
MINNESOTA COURT RECORDS ONLINE (MCRO)

Case Details (Register of Actions)

Search executed on 07/21/2025 08:16 AM

Case Information

Case Number: 02-K5-91-009218
Case Title: The State of Minnesota vs. STEPHANIE DIANNE FRIEDRICHSEN
Case Type: Gross Misdemeanor
Date Filed: 08/29/1991
Case Location: Anoka County
Case Status: Converted Closed

Party Information

Jurisdiction
State of Minnesota

Attorneys Active
- SCOTT, MICHAEL J - Lead Attorney

Defendant
FRIEDRICHSEN, STEPHANIE DIANNE
DOB: [redacted]
STACY, MN 55079

Attorneys Active
- SCHULTZ, JANET LILLIAN - Lead Attorney

Charges

1 GMD THEFT + $250 **Statute:** 609.52.2,1

Disposition: Convicted **Disposition Date:** 11/18/1991

Level of Charge: Converted: Offense Level Not Available

Offense Date: 02/01/1991

Law Enforcement Agency: Anoka Police Department

Case Events

01/03/2007	Converted Pending Activity Judicial Officer: Judge, Presiding
03/19/1992	ARC-Archive Judicial Officer: Judge, Presiding
12/10/1991	DOC-Document Filed Judicial Officer: Judge, Presiding
11/18/1991	PTN-Petition Judicial Officer: Judge, Presiding
11/18/1991	DOC-Document Filed Judicial Officer: Judge, Presiding
11/18/1991	CLO-Closed Judicial Officer: Judge, Presiding
09/18/1991	ORD-Order Judicial Officer: Sokolowski, Spencer J.
08/29/1991	FLD-Case Filed Judicial Officer: Judge, Presiding
08/29/1991	DOC-Document Filed Judicial Officer: Judge, Presiding

Hearings

Previous Hearings

02/19/1992 09:04 AM	Hearing Judicial Officer: Judge, Presiding Cancelled; Other	
11/18/1991 08:00 AM	Omnibus Hearing Judicial Officer: Judge, Presiding Cancelled; Other	
11/18/1991 08:00 AM	Sentencing Judicial Officer: Venne, Donald J.	**Result:** Converted Activity Status Flag Occurred
10/07/1991 08:00 AM	Omnibus Hearing Judicial Officer: Judge, Presiding Cancelled; Other	
10/07/1991 08:00 AM	Hearing Judicial Officer: Eggleston, Smith F.	**Result:** Converted Activity Status Flag Occurred
09/18/1991 08:56 AM	Rule 5 Hearing Judicial Officer: Sokolowski, Spencer J.	**Result:** Converted Activity Status Flag Occurred

Dispositions

11/18/1991 **Court Decision - Converted TCIS Criminal Sentence**
Judicial Officer: Venne, Donald J.

(1) GMD THEFT + $250 **Statute:** 609.52.2,1

Disposition: Convicted

Level of Charge: Converted: Offense Level Not Available

Offense Date: 02/01/1991

Law Enforcement Agency: Anoka Police Department

11/18/1991 **Disposition**
Judicial Officer: Judge, Presiding

1 GMD THEFT + $250 **Statute:** 609.52.2,1

Disposition: Convicted

Level of Charge: Converted: Offense Level Not Available

Offense Date: 02/01/1991

Law Enforcement Agency: Anoka Police Department

11/18/1991 **Plea**
Judicial Officer: Judge, Presiding

1 GMD THEFT + $250 **Statute:** 609.52.2,1

Level of Charge: Converted: Offense Level Not Available

Offense Date: 02/01/1991

Guilty

Financial Information

Defendant - FRIEDRICHSEN, STEPHANIE DIANNE

Fines and Fees	$ 200.00
Total Payments and Credits	- $ 200.00
Current Balance as of 07/21/2025	**$ 0.00**

Transaction Details

11/18/1991	Converted Credit	- $	200.00
11/18/1991	Charge	$	200.00

Search executed on 07/21/2025 08:16 AM

Filings
Title: STATE VS FRIEDRICHSEN, STEPHANIE
Case: 07821 SRCR307607 (SCOTT)
Citation Number:

Docket #	Event	Filed By	Filed	Create Date	Last Updated	Action Date
D0031	NOTICE OF FULL COMMITMENT/CO ATTY COLLECTIONS	DEVINE AMY KATHLEEN	08/15/2012	08/15/2012	08/15/2012	
D0030	CCU RETURNED		02/22/2011	02/22/2011	02/22/2011	
D0029	CCU LEGAL ACTION		05/18/2010	10/01/2010	10/01/2010	
D0028	OTHER EVENT		05/18/2010	05/18/2010	05/18/2010	
	Comments: ADMIN WAGE LEVY CCU					
D0027	CCU SENT		06/28/2009	06/28/2009	06/28/2009	
D0026	PAYMENT PLAN NOTICE		06/12/2009	06/12/2009	06/12/2009	
D0025	OTHER ORDER	DALTON CHRISTINE	02/25/2009	02/26/2009	02/26/2009	
	Comments: DEFT DISCHARGED FROM PROBATION; ENTER JDGM FOR BALANCE					
D0024	DNU-COURT REPORTER MEMORANDUM	BROWN KIM	02/25/2009	02/26/2009	02/26/2009	
D0023	OTHER EVENT		11/04/2008	11/04/2008	11/04/2008	
	Comments: HY VEE RESTITUTION WAS SENT TO WRONG HYVEE; HYVEE BKKP (ROCKINGHAM STORE) IS SENDING PAYMENT ONTO THE CORRECT STORE					

D0021	COURT ORDERED PAYMENT PLAN		10/13/200 8	10/13/200 8	10/13/200 8
D0019	DNU-COURT REPORTER MEMORANDUM	BLEIGH BEVERLY	10/10/200 8	10/13/200 8	10/13/200 8
D0022	COURT REPORTER NOTES	BLEIGH BEVERLY	10/10/200 8	10/13/200 8	10/13/200 8
D0020	ORDER SETTING HEARING	DALTON CHRISTINE	10/10/200 8	10/13/200 8	10/13/200 8
	Comments: UP CONT TO 2/25/09 9:30 FOR ASSESSMENT OF DEFT'S PAYMENT PROGRESS				
D0018	INDIGENT DEFENSE CLAIM FORM	STATE PUBLIC DEFENDERS OFFICE	07/29/200 8	08/05/200 8	08/05/200 8
	Comments: $270.00; ATTY-KIEFFER-GARRISON; CLAIM 566570				
D0017	COURT ORDERED PAYMENT PLAN		06/11/200 8	06/11/200 8	10/13/200 8
D0016	ORDER OF DISPOSITION	DALTON CHRISTINE	06/10/200 8	06/11/200 8	06/11/200 8
	Comments: UP 10/10/08 9:30 AM; 1 YR UNSUP PROB; FINED $315.00 & CC; 120 DAYS SCJ, SUSP; CT APPT'D ATTY FEES NOT TO EXCEED $400.00; CORR FEES; VICT REST IN THE AMT OF $407.01; APPEAL BOND $1,000.00; DEFT TO GET FINGERPRINTED				
D0015	OTHER EVENT		06/10/200 8	06/11/200 8	06/11/200 8
	Comments: MEMO OF PLEA AGREEMENT				
D0014	ORDER SETTING HEARING	DALTON CHRISTINE	04/02/200 8	04/02/200 8	04/02/200 8
	Comments: SENT 6/6/2008 8:30;				

D0013	WRITTEN PLEA OF GUILTY - FILED		04/02/200 8	04/02/200 8	04/02/200 8
D0012	ORDER FOR PRETRIAL CONFERENCE	DALTON CHRISTINE	02/28/200 8	03/03/200 8	03/03/200 8
	Comments: 4/2/08 1:30; ENROLLED ORDER				
D0011	WRITTEN ARRAIGNMENT AND PLEA OF NOT GUILTY	KIEFFER GARRISON LORI JO	02/22/200 8	02/22/200 8	02/22/200 8
D0010	ORDER FOR ARRAIGNMENT	MCDONALD DOUGLAS	02/22/200 8	02/22/200 8	02/22/200 8
	Comments: 2/28/08 830; ARRAIGNMENT FILED; QUASH WARRANT AND SET ASIDE BOND FORFEITURE				
D0009	ORDER TO ISSUE WARRANT	MCDONALD DOUGLAS	02/21/200 8	02/22/200 8	02/22/200 8
	Comments: DEFT FTA ARRAIGNMENT; BOND $1000 CASH ONLY; FORFEIT SURETY BOND****WARRANT NEVER ISSUED****				
D0008	TRIAL INFORMATION		02/12/200 8	02/12/200 8	02/12/200 8
	Comments: W/ATT MIN OF TEST; RULE 2.14(2)(A)				
D0007	WARRANT RETURNED		01/22/200 8	01/22/200 8	01/22/200 8
	Comments: ORIGINAL				
D0006	ORDER APPOINTING COUNSEL AT STATE EXPENSE	JASPER DENNIS	01/22/200 8	01/22/200 8	01/22/200 8
	Comments: L KIEFFER GARRISON APPTD; FINANCIAL AFFIDAVIT ATT				
D0005	ORDER FOR ARRAIGNMENT	JASPER DENNIS	01/22/200 8	01/22/200 8	01/22/200 8

	Comments: ARR 2/21/2008 8:30; ATTY KIEFFER GARRISON APPEARS; WAIVES PRH					
D0004	WARRANT SERVED		01/22/200 8	01/22/200 8	01/22/200 8	
	Comments: CJIN					
D0003	ARREST WARRANT	FRIEDRICHSE N STEPHANIE D	12/11/200 7	12/11/200 7	01/22/200 8	
	Comments: BOND $1,000 ..... WARRANT REQUEST					
D0002	ORDER TO ISSUE WARRANT	WILLIAMSON KYLE	12/11/200 7	12/11/200 7	12/11/200 7	
D0001	CRIMINAL COMPLAINT	SCOTT COUNTY SHERIFF	12/11/200 7	12/11/200 7	12/11/200 7	
	Comments: WARRANT REQUEST					

CN=John Q Public,O=JUDICIAL

For exclusive use by the Iowa Courts

Filings
Title: STATE VS FRIEDRICHSEN, STEPHANIE
Case: 07821 AGCR220348 (SCOTT)
Citation Number:

Docket #	Event	Filed By	Filed	Create Date	Last Updated	Action Date
D0020	NOTICE OF FULL COMMITMENT/CO ATTY COLLECTIONS	DEVINE AMY KATHLEEN	08/15/2012	08/15/2012	08/15/2012	
D0019	COURT ORDERED PAYMENT PLAN		01/08/2001	01/08/2001	01/08/2001	
D0018	CCU RETURNED		11/06/2000	11/06/2000	11/06/2000	
D0017	CCU SENT		03/24/2000	03/24/2000	03/24/2000	
D0016	COMPUTER GENERATED NOTICE		01/27/2000	01/27/2000	01/27/2000	
	Comments: Final Notice of Overdue Court Fines and Costs					
D0015	COMPUTER GENERATED NOTICE		01/17/2000	01/17/2000	01/17/2000	
	Comments: Second Notice of Overdue Court Fines and Costs					
D0013	OTHER ORDER	MCKENRICK GARY D	12/03/1999	12/07/1999	12/07/1999	
	Comments: DEFT SUCCESSFULLY COMPLETED TERMS OF PROBATION; PROBATION RELEASED					
D0014	INDIGENT DEFENSE CLAIM FORM	STATE PUBLIC DEFENDERS OFFICE	10/20/1999	12/28/1999	12/28/1999	
	Comments: KOSS/315.00					

D0012	COMPUTER GENERATED NOTICE		07/28/1999	08/12/1999	08/12/1999
	Comments: UP				
D0011	ORDER OF DISPOSITION	MCDONALD DOUGLAS	07/28/1999	08/12/1999	08/12/1999
	Comments: THE COURT ACCEPTS DEFT'S WRITTEN PLEA OF GUILTY; DEFT FINED $500 & CC; 240 DAYS JAIL SUSP; 1 YEAR UNSUP PROB; UP 12/3/99 9:30; ATTY FEES; CORR FEES; VICT REST FOR $639.98 TO LASALLE ELECTRONICS, 3546 BRADY STREET 52806; APPEAL BOND $6500; MEMO OF PLEA AGRMT; PLEA OF GUILTY; WRITTEN APP TO WAIVE MOTION IN ARREST OF JDGM				
D0010	ORDER FOR PRETRIAL CONFERENCE	MCKENRICK GARY D	07/01/1999	07/01/1999	07/01/1999
	Comments: 7/28/99 8:30; ENROLLED ORDER				
D0009	WRITTEN ARRAIGNMENT AND PLEA OF NOT GUILTY		07/01/1999	07/01/1999	07/01/1999
	Comments: WAIVES				
D0008	VICTIM IMPACT STATEMENT		06/14/1999	06/15/1999	06/15/1999
	Comments: READ (2)				
D0007	VICTIM NOTIFICATION FILED		06/14/1999	06/15/1999	06/15/1999
	Comments: (2)				
D0006	TRIAL INFORMATION	GELLERMAN MARC	06/09/1999	06/09/1999	06/09/1999

	Comments: W/ATT MIN OF TEST; RULE 13.2(A)					
D0005	ORDER FOR ARRAIGNMENT	WELLS DOUGLAS	06/01/199 9	06/01/199 9	06/01/199 9	
	Comments: 7/1/99 8:30;WAIVES PH					
D0004	ORDER FOR CONTINUANCE	MCDONALD DOUGLAS	05/29/199 9	05/29/199 9	05/29/199 9	
	Comments: CONT 6/1/99 8:30; PTRL ATTY KOOS APPT'D ADVISED OF RIGHTS					
D0003	WARRANT SERVED		05/29/199 9	05/29/199 9	05/29/199 9	
D0002	ARREST WARRANT	FRIEDRICHSE N STEPHANIE D	03/15/199 9	03/16/199 9	05/29/199 9	
	Comments: BOND $6500.00					
D0001	CRIMINAL COMPLAINT	SCOTT COUNTY SHERIFF	03/15/199 9	03/16/199 9	03/16/199 9	
	Comments: WARRANT REQUEST					

CN=John Q Public,O=JUDICIAL

Filings
Title: STATE VS FRIEDRICHSEN,STEPHANIE
Case: 07821 SRCR220344 (SCOTT)
Citation Number:

Docket #	Event	Filed By	Filed	Create Date	Last Updated	Action Date
D0011	OTHER ORDER	MCKENRICK GARY D	12/03/1999	12/07/1999	12/07/1999	
	Comments: DEFT SUCCESSFULLY COMPLETED TERMS OF PROBATION; DEFT RELEASED FROM PROBATION					
D0010	COMPUTER GENERATED NOTICE		07/28/1999	08/02/1999	08/02/1999	
	Comments: UP					
D0009	ORDER OF DISPOSITION	MCDONALD DOUGLAS	07/28/1999	08/02/1999	08/02/1999	
	Comments: 12/3/99 9:30 UP; DEFT FINED $350.00 & CC; 120 DAYS JAIL SUSP; 1 YR UNSUP PROB; ATTY FEES; CORR FEES; $560 VICTIM RESTITUTION TO EAGLE FOOD CENTER, PO BOX 6700, ROCK ISLAND, IL; APPEAL BOND $1950; PLEA OF GUILTY; MEMO OF PLEA AGREEMENT					
D0008	ORDER FOR PRETRIAL CONFERENCE	MCKENRICK GARY D	07/01/1999	07/01/1999	07/01/1999	
	Comments: 7/28/99 8:30; ENROLLED ORDER					
D0007	WRITTEN ARRAIGNMENT AND PLEA OF NOT GUILTY		07/01/1999	07/01/1999	07/01/1999	
	Comments: WAIVES					

D0006	TRIAL	GELLERMAN	06/09/199	06/09/199	06/09/199
	INFORMATION	MARC	9	9	9
	Comments: W/ATT MIN OF TEST; RULE 13.2(A)				
D0005	ORDER FOR ARRAIGNMENT	WELLS DOUGLAS	06/01/199 9	06/01/199 9	06/01/199 9
	Comments: 7/1/99 8:30;WAIVES PH				
D0004	ORDER FOR CONTINUANCE	MCDONALD DOUGLAS	05/29/199 9	05/29/199 9	05/29/199 9
	Comments: CONT 6/1/99 8:30; PTR; ATTY KOOS APPT'D				
	ADVISED OF RIGHTS				
D0003	WARRANT SERVED		05/29/199 9	05/29/199 9	05/29/199 9
D0002	ARREST WARRANT	FRIEDRICHSE N STEPHANIE D	03/15/199 9	03/16/199 9	05/29/199 9
	Comments: BOND $1950.00				
D0001	CRIMINAL COMPLAINT	SCOTT COUNTY SHERIFF	03/15/199 9	03/16/199 9	03/16/199 9
	Comments: WARRANT REQUEST				

CN=John Q Public,O=JUDICIAL

ARRESTED/TAKEN INTO CUSTODY 09/06/1999

AGENCY ORI: IA0820000 SCOTT CO SO

COUNT 01 IA STATUTE IA714-2-2
THEFT SECOND DEGREE
TRK#: 9002655-01

COURT DISPOSITION

AGENCY ORI: IA082015J SCOTT CO DIST COURT
COUNT 01

IA STATUTE: IA714-2(2)
THEFT-2ND

TRK#: 9002655-01

SENTENCE		DISP EFF DATE
PLEAD GUILTY	EVAL & TREATMENT:012402 DEF JUDGMNT COMPLETED	01/13/2000
DEFERRED JUDGEMENT		01/13/2000
PROBATION	2Y	01/13/2000

CYCLE 03

ARRESTED/TAKEN INTO CUSTODY 01/21/2008

AGENCY ORI: IA0820000 SCOTT CO SO

COUNT 01 IA STATUTE IA714.2(4)
THEFT 4TH DEGREE - 1978
TRK#: 9A003XM-01

COURT DISPOSITION

AGENCY ORI: IA082015J SCOTT CO DIST COURT
COUNT 01

IA STATUTE: IA714.2(4)
THEFT 4TH DEGREE - 1978 (SRMS)

COURT CASE ID: 07821 SRCR307607
CHARGE CLASS: SERIOUS MISDEMEANOR CONVICTION
TRK#: 9A003XM-01
RESTITUTION

SENTENCE		DISP EFF DATE
SUSPENDED JAIL	120D	06/10/2008
JAIL	120D	06/10/2008
FINE	$315	06/10/2008
PROBATION	1Y	06/10/2008

An arrest without disposition is not an indication of guilt. This record maintained by the Iowa Division of Criminal Investigation, Bureau of Identification is a public record but can only be released to non-law enforcement agencies by the DCI.

This response can only include public criminal history data. Under Iowa law, most juvenile records are

State of Florida
Department of State

I certify from the records of this office that HELPING HANDSRX LLC is a limited liability company organized under the laws of the State of Florida, filed on March 5, 2025.

The document number of this limited liability company is L25000093668.

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 Eighth day of November, 2025

Secretary of State

Tracking Number: 7869951153CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

State of Florida

Department of State

I certify the attached is a true and correct copy of the Articles of Organization of HELPING HANDSRX LLC, a limited liability company organized under the laws of the state of Florida, filed on March 5, 2025, as shown by the records of this office.

The document number of this limited liability company is L25000093668.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fifth day of March, 2025

Cord Byrd
Secretary of State

CR2E022 (01-11)

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 HELPING HANDSRX, LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 770 SE 5TH TER

City CRYSTAL RIVER State FL Zip 34429

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888*220*8728 Website in production

Licensing Company Email pharmacist@2hrx.us

Section 2: Personal Information

First STEPHANIE Middle _____ Last ROBINSON

Alias(es, nicknames, name changes, etc.) STEPHANIE FRIEDRICHSEN

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City [redacted] State FL 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: CAMBRIDGE HIGH SCHOOL			From - To (MM/YY – MM/YY): 1985-1989
Address: 430 8TH AVE NW	City: CAMBRIDGE	State: MN	Zip: 55008
Diploma/Degree obtained, if any: DIPLOMA			
School Name: HAMILTON TECHNICAL COLLEGE			From - To (MM/YY – MM/YY): 1996
Address:	City: DAVENPORT	State: IA	Zip: 52807
Diploma/Degree obtained, if any: MEDICAL ASSISTANT			
School Name: COMMONWEALTH BUSINESS COLLEGE			From - To (MM/YY – MM/YY): 2001
Address:	City: MOLINE	State: IL	Zip:
Diploma/Degree obtained, if any: ACCOUNTING, BUSINESS AND COMPUTERS			
School Name:			From - To (MM/YY – MM/YY):
Address:	City:	State:	Zip:
Diploma/Degree obtained, if any:			
School Name:			From - To (MM/YY – MM/YY:
Address:	City:	State:	Zip:
Diploma/Degree obtained, if any:			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY): 12/2022 - CURREN	[redacted]	City: [redacted]	State: FL	Zip: [redacted]
From - To (MM/YY – MM/YY): 12/2015-12/2022			State: MN	
From - To (MM/YY – MM/YY):	Address:	City:	State:	Zip:
From - To (MM/YY – MM/YY):	Address:	City:	State:	Zip:
From - To (MM/YY – MM/YY):	Address:	City:	State:	Zip:
From - To (MM/YY – MM/YY):	Address:	City:	State:	Zip:
From - To (MM/YY – MM/YY):	Address:	City:	State:	Zip:
From - To (MM/YY – MM/YY):	Address:	City:	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)	
WALGREENS			08/2012 - 05/2021	
Business Address	**City**		**State**	**Zip**
8951 HUDSON AVENUE	HUDSON		FL	34667
Phone	**Title**		**Number of Employed Hours**	
352*563*0966	PHARMACY TECHNICIAN AND PHARMACY INTERN		40 HOURS PER WEEK	
Description of Duties				
IMMUNIZATIONS, PHARMACY MANAGEMENT, MEDICATION THERAPY MANAGEMENT, INVENTORY RECORD KEEPING, FILLING RXS, INSURANCE COVERAGE				

Business Name			From - To (MM/YY – MM/YY)	
VANDERBILT MEDICAL CENTER			05/2021-07/2024	
Business Address	**City**		**State**	**Zip**
2200 CHILDRENS WAY	NASHVILLE		TN	37232
Phone	**Title**		**Number of Employed Hours**	
615*936*1000	PHARMACY TECHNICIAN		40 PER WEEK	
Description of Duties				
STERILE COMPOUNDING, IMMUNIZATIONS, PHARMACY MANAGEMENT, MEDICATION THERAPY MANAGEMENTS, INVENTORY, FILLING RXS, INSURANCE COVERAGE				

Business Name			From - To (MM/YY – MM/YY)	
HELPING HANDSRX, LLC			03/2025-CURRENT	
Business Address	**City**		**State**	**Zip**
770 SE 5TH TER	CRYSTAL RIVER		FL	34429
Phone	**Title**		**Number of Employed Hours**	
888*220*8728	PIC		40+ PER WEEK	
Description of Duties				
STERILE COMPOUNDING MANAGEMENT, STAFF AND OPERATIONAL MANAGEMENT, REGULATORY COMPLIANCE, INVENTORY CONTROL, PATIENT CARE AND SAFETY, RECORD KEEPING, PROBLEM RESOLUTION				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✔	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
03/15/1999	CLOSED	MN	ROCK ISLAND	SCOTT COUNTY
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
07821 SRCR220344		SCOTT COUNTY		
Reason/Charge				
BAD CHECK				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
STATE OF MINNESOTA			N/A	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

All these offenses were theft charges (theft by deception) the theft was writing checks that were returned as non-sufficient funds. I was in a time in my life when I was irresponsible, not living the best life and one hundred percent my fault. Yes, I was arrested for this. After being arrested and charged I showed up to each court date and paid all fines and completed my probation. I have included printouts of the cases and that I fulfilled all my obligations.

I recognize that my actions were wrong and caused harm to others and myself. The choices to commit these actions stemmed from various factors, including personal struggles, poor decision-making, and influences from my environment. At the time, I failed to consider the consequences or the impact this would impose and myself and others.

Since then, I have taken significant steps toward understanding my actions. I have sought counseling and support to address the underlying issues that contributed to my behavior. Through this process, I have gained insight into my motivations and developed healthier coping mechanisms.

For the past 17 years I have committed to making better choices. I have learned the value of responsibility and the importance of considering how my actions affect my life and others. I am determined to contribute positively to my community and avoid any circumstances that could lead me down the wrong path again. I understand that trust takes time to rebuild, and I am dedicated to proving my commitment to change through my actions.

S. Robinson

Original Signature (electronic, copies or stamps not accepted)

11/19/2025

Date

I, ALISON KOSKOS, **certify that as the designated representative for**

HELPING HANDSRX. LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AK I am at least 21 years of age;
3. AK I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AK I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AK I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AK I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AK I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

ALISON KOSKOS

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/19/2025

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.

ALISON KOSKOS

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/19/2025

Date

Please have this section completed in the presence of a Notary Public.

State of FLORIDA, ss. County of Citrus

I, ALISON KOSKOS, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/19/25

Date

Subscribed and Sworn to before me this 19 day of Nov 2025.

Notary Public Signature

Notary Public State of Florida
Stephanie Dianne Robinson
My Commission HH 394822
Expires 5/4/2027

(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 HELPING HANDSRX, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) FL PH35716 FL STERILE PH36069

Physical Address 770 SE 5TH TER

City CRYSTAL RIVER State FL Zip 34429

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888*220*8728 Website IN PRODUCTION

Licensing Company Email PHARMACIST@2HRX.US

Section 2: Personal Information

First STEPHANIE Middle _____ Last ROBINSON

Alias(es, nicknames, name changes, etc.) STEPHANIE FRIEDRICHSEN

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City [redacted] State FL 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)	
CAMBRIDGEHIGHSCHOOL		1985-1989	
Address	**City**	**State**	**Zip**
430 8TH AVE NW	CAMBRIDGE	MN	55008
Diploma/Degree obtained, if any			
DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
HAMILTON TECHNICAL COLLEGE		1996	
Address	**City**	**State**	**Zip**
	DAVENPORT	IA	52807
Diploma/Degree obtained, if any			
MEDICAL ASSISTANT			

School Name		From - To (MM/YY – MM/YY)	
COMMONWEALTH BUSINESS COLLEGE		2001	
Address	**City**	**State**	**Zip**
	MOLINE	IL	
Diploma/Degree obtained, if any			
ACCOUNTING, BUSINESS AND COMPUTERS			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 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 - CURRENT	[redacted]	[redacted]	FL	[redacted]
12/2015-12/2022			MN	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	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 COMPLIANCE SOLUTIONS			08/2021-CURRENT	
Business Address	**City**		**State**	**Zip**
40 MAIN STREET SOUTH	HUTCHINSON		MN	55350
Phone	**Title**			
3204559300	DIRECTOR OF COMPLIANCE			
Description of Duties				
DEVELOP AND IMPLEMENT COMPLIANCE PROGRAMS, MONITOR REGULATORY CHANGES, CONDUCT AUDITS AND RISK ASSESSMENTS, TRAIN EMPLOYEES, LIAISE WITH REGULATORY BODIES, REPORT TO SENIOR MGMT				

Business Name			From - To (MM/YY – MM/YY)	
HELPING HANDSRX, LLC			03/2025 - CURRENT	
Business Address	**City**		**State**	**Zip**
770 SE 5TH TER	CRYSTAL RIVER		FL	34429
Phone	**Title**			
888*220*8728	OWNER			
Description of Duties				
SETTING UP PHARMACY WITH STRATEGIC ADVISORS AS WELL AS PHARMACIST AND TECHNICAL STAFF NEEDED TO OPERATE A PHARMCY THAT WILL PROVIDE PATIENTS WITH HEIGHTENED SAFETY AND PATIENT SPECIFIC MEDS FOR THEIR UNIQUE MEDICAL NEEDS AND DESIRED OUTCOMES.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**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
3/15/1999	CLOSED	MN	ROCK ISLAND	SCOTT COUNTY

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
07821 SRCR220344	SCOTT COUNTY

Reason/Charge
BAD CHECK

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
STATE OF MINNESOTA	N/A

Name of Business/Industry/Entity
N/A

Provide explanation below:

All these offenses were theft charges (theft by deception) the theft was writing checks that were returned as non-sufficient funds. I was in a time in my life when I was irresponsible, not living the best life and one hundred percent my fault. Yes, I was arrested for this. After being arrested and charged I showed up to each court date and paid all fines and completed my probation. I have included printouts of the cases and that I fulfilled all my obligations.

I recognize that my actions were wrong and caused harm to others and myself. The choices to commit these actions stemmed from various factors, including personal struggles, poor decision-making, and influences from my environment. At the time, I failed to consider the consequences or the impact this would impose and myself and others.

Since then, I have taken significant steps toward understanding my actions. I have sought counseling and support to address the underlying issues that contributed to my behavior. Through this process, I have gained insight into my motivations and developed healthier coping mechanisms.

For the past 17 years I have committed to making better choices. I have learned the value of responsibility and the importance of considering how my actions affect my life and others. I am determined to contribute positively to my community and avoid any circumstances that could lead me down the wrong path again. I understand that trust takes time to rebuild, and I am dedicated to proving my commitment to change through my actions.

Original Signature (electronic, copies or stamps not accepted)

11/19/2025
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.

STEPHANIE ROBINSON

Print Name (First, Last)

S Robinson

Original Signature (electronic, copies or stamps not accepted)

11/18/2025

Date

S. Robinson

11/26/2025

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Citrus

I, Stephanie Robinson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Margaret Wheeler M.W

Original Signature S. Robinson

11/26/25

Date

Subscribed and Sworn to before me this 26 day of November 2025

Margaret Wheeler

Notary Public Signature

MARGARET WHEELER
Notary Public
State of Florida
Comm# HH531295
Expires 5/27/2028

(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: HELPING HANDSRX, LLC

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 770 SE 5TH TER

City: CRYSTAL RIVER State: FL Zip: 34429

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 888*220*8728 Toll Free # (NAC 639.708, NRS 639.23286): 888*220*8728

Fax: 888*2208728 Contact Email: PHARMACIST@2HRX.US

Website: IN PRODUCTION

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): ALISON KOSKOS

Supervising/Managing Pharmacist NV Pharmacist Registration #: SUCESSFULLY COMPLETED NV BOARD TESTING 11/14/

Name of Designated Person(s) as defined by revised USP-797 guidelines: ALISON KOSKOS

Email of Designated Person(s): PHARMACIST@2HRX.US

Telephone of Designated Person(s): 888*220*8728

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? 10/15/2025

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? EVERY 3 WEEKS

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:

HORMONES
PEPTIDES
ANTIBIOTICS
NUTRITIONAL SUPPORT
PRESEVATIVE FREE FORMULATIONS
PATIENT SPECIFIC SPECIALTY MEDICATIONS

12. What laboratory performs your sterility or endotoxin testing?

Name: APPLIED CONSUMER SERVICES

Address: 11890 NW 87TH CT - SUITE 8

City: HIALEAH GARDENS State: FL Zip: 33018

Telephone: 305*821*1677

13. What is your procedure for visual inspection of compounded sterile products?
MANUAL INSPECTION UNDER MAGNIFICATION AND LIGHTING USING VARYING BACKGROUNDS TO CHECK FOR PARTICLES. ROTATING THE CONTAINER TO ALLOW FOR THOROUGH EXAMINATION OF ENTIRE PRODUCT. WE ARE LOOKING TO MAKE SURE THE PRODUCT IS THE RIGHT COLORING, DENSITY, PARTICLE FREE, ALSO WE ARE CHECKING FOR THE INTEGRITY OF THE CONTAINERS BY LOOKING FOR CRACKS, DEFECTS OR COMPROMISED SEALS.

14. How often do you perform glove fingertip and medial fill testing?
AT A MINIMUM EVERY 6 MONTHS

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
ASHP INJECTABLE DRUG INFORMATION TRAINING & ACKNOWLEDGEMENT
EXTENDED STABILITY FOR PARENTERAL DRUGS TRAINING & ACKNOWLEDGEMENT
Core skills knowledge & competency assessment must be obtained before beginning to compound CSPs independently or have direct oversight of compounding personnel, personnel complete training & can demonstrate knowledge of principals & competency of skills for performing sterile manipulations & achieving & maintaining appropriate environmental conditions as applicable to their assigned job functions. Training & Competency in Sterile Compounding Principles & Practices - Initially before compounding & at least 1 time every 12 mos. Garbing & Hand Hygiene - Initially & at least 1 time every 6 mos. Aseptic Manipulation - Initially & at least 1 time every 6 mos.

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:
Personnel should be appropriately garbed prior to entering the classified area for cleaning. After opening sterile cleaning and disinfecting agents and supplies (e.g., closed containers of sterile wipers) and sterile 70% IPA, continue using for a time period specified as by the manufacturer. Apply Sterile 70% IPA immediately before initiating compounding. Apply Sterile 70% IPA to the horizontal work surface during the compounding process including any removable work trays, of the PEC at least every 30 min without disrupting the compounding process. Apply Sterile 70% IPA to the horizontal work surface of the PEC immediately after compounding. PEC(s) and equipment inside the PEC(s) - Equipment and all interior surfaces of the PEC daily on days when compounding occurs and when surface contamination is known or suspected. Sporicidal - Monthly for entities compounding Category 1 and/or Category 2 CSPs. Weekly for entities compounding Category 3 CSPs. Cleaning is top to bottom, cleanest to dirtiest. Ceiling, Back, Sides, IV Bar and Hangers, Anything on the Deck and the Deck itself. Agents Utilized - Sterile PeridoxRTU, Sterile 70 IPA, Sterile Spor-Klenz.

17. Who performs the sterile compounding process at your facility?

Alison Koskos - Pharmacist in Charge

18. Who is responsible and accountable for the sterile compounding process at your facility?
Alison Koskos - Pharmacist in Charge and Stephanie Robinson - Owner validates training and certification requirements along side Alison to just assure nothing is excluded or overlooked.

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
All shipments will have a tracking number generated via UPS, FedEx, or Priority mail. No prescriptions will be shipped without a tracking number. Medications and Compounded preparations will be shipped according to State, Federal and Compendial requirements. Temperature monitoring devices must be verified for accuracy at least every 12 months or as r

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

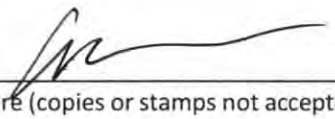
I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion 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.

Alison Koskos

Name of Person who Completed the Form

Pharmacist

Title



Signature (copies or stamps not accepted)

11/19/2025

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES

INV355 - Community Pharmacy (New Business / Change of Owner)

File # 30662
Insp # 204746

NAME	PERMIT NUMBER	DATE OF INSPECTION
Helping HandsRx LLC		04/24/2025
DOING BUSINESS AS		
STREET ADDRESS 770 SE 5th Ter	**TELEPHONE #** 813-761-1414	**EXT**
CITY CRYSTAL RIVER	**COUNTY** CITRUS	**STATE/ZIP** FL/34429

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 8:00 AM - 5:00 PM
Monday Y	Monday Hours 8:00 AM - 5:00 PM
Tuesday Y	Tuesday Hours 8:00 AM - 5:00 PM
Wednesday Y	Wednesday Hours 8:00 AM - 5:00 PM
Thursday Y	Thursday Hours 8:00 AM - 5:00 PM
Friday Y	Friday Hours 8:00 AM - 5:00 PM
Saturday Y	Saturday Hours 9:00 AM - 12:00 PM
Sunday N	

Registered Pharmacist / Intern / Tech

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # pending application	

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.] *Cardinal*	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.	

Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	

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:

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
SMITH, BOBBY T

Date:4/24/2025

Representative:
Stephanie Robinson

Date:4/24/2025

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV797 USP Sterile Compounding

www.FloridaHealth.gov

File # 30790
Insp # 207735

NAME	PERMIT NUMBER	DATE OF INSPECTION
Helping HandsRx LLC		10/21/2025
DOING BUSINESS AS		
STREET ADDRESS	**TELEPHONE #**	**EXT**
770 SE 5th Ter	813-761-1414	
CITY	**COUNTY**	**STATE/ZIP**
CRYSTAL RIVER	CITRUS	FL/34429

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 0900-1700
Monday Y	Monday Hours 0900-1700
Tuesday Y	Tuesday Hours 0900-1700
Wednesday Y	Wednesday Hours 0900-1700
Thursday Y	Thursday Hours 0900-1700
Friday Y	Friday Hours 0900-1700
Saturday Y	Saturday Hours 0900-1200
Sunday N	Sunday Hours CLOSED

Registered Pharmacist / Intern / Tech

License # PS67810	Licensee Name Alison Koskos
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # FH5457305	

License Relations

Pharmacy Affiliate

ROBINSON, STEPHANIE	License #

RX DPT MGR/COR/POR

ATCHINSON, JOHN L	License # 34150

Special Sterile Compounding

HELPING HANDSRX LLC	License # 35716

INV797 - USP Sterile Compounding
(Revision 1, USP 797 2022. August 2024)
A. INTRODUCTION & SCOPE – ALL CATEGORIES

DESIGNATED PERSON: A designated person(s) is identified who is responsible and accountable for the performance and operation of the facility and personnel involved in the preparation of CSPs. [USP 797 Section 1.1.3] *-- Designated person is PIC [AFK].*	Yes

IMMEDIATE USE COMPOUNDING: When preparing immediate use preparations, written SOPs are in place for all requirements and all criteria are met including 1. aseptic technique, processes, and procedures; and, 2. personnel are trained and demonstrate competency in aseptic processes as they relate to assigned tasks and SOP's, 3. the preparation is performed in accordance with evidence-based information for physical and chemical compatibility of the drugs, 4. the preparation involves not more than 3 different sterile products, 5. Any unused starting component from a single-dose container is discarded, 6. Administration begins within 4 hours following the start of preparation and, 7. Unless directly administered by the preparer or administration is witnessed by the preparer, the CSP is labeled with the names and amounts of all active ingredients, the name or initials of the preparer and the 4 hour period within which administration must begin. [USP 797 Section 1.3]	N/A
BAG & VIAL SYSTEM: Docking of vial and bag systems for future activation and administration is performed in an ISO 5 environment and BUDs are not longer than those specified in the manufacturer's labeling. [USP 797 Section 1.4]	N/A
REPACKAGING: Repackaging of sterile products or preparations from its original container into another container are prepared according to all applicable USP 797 requirements. [USP 797 Section 1.1.2] *-- Per SOP Beyond Use Dates policy.* **New Pharmacy, no compounding currently.*	N/A

B. COMPONENT BUDs (Single and Multi-dose Containers) – ALL CATEGORIES

SINGLE DOSE CONTAINERS (SDCs): SDCs are entered or punctured only in an ISO Class 5 or cleaner air and are used up to 12 hours after initial entry or puncture if the labeled storage requirements during that 12-hour period are maintained. [USP 797 Section 15.1] *-- SOP Beyond Use Dates policy.*	N/A
AMPULES: Opened SINGLE DOSE AMPULES are used immediately and not stored for any time period. [USP 797 Section 15.1]	N/A
MULTIDOSE CONTAINERS (MDCs): Upon initially entering or puncturing a conventionally manufactured MDC, the MDC is not used for more than 28 days unless otherwise specified by the manufacturer on the labeling. [USP 797 Section 15.2]	N/A
PHARMACY BULK PACKAGES: Conventionally manufactured pharmacy bulk packages are entered or punctured only in an ISO Class 5 PEC and must be used according to the manufacturer's labeling. [USP 797 Section 15.3] *-- SOP Beyond Use Dates policy*	N/A
SINGLE DOSE COMPONENT CSPs & STOCK SOLUTIONS: When single-dose CSPs or CSP stock solutions are used as a component to compound additional CSPs, the original compounded single-dose component CSP or CSP stock solution is entered or punctured in ISO Class 5 or cleaner air and is stored under the conditions upon which its BUD is based (e.g., refrigerator or controlled room temperature). Once punctured, the component CSP is used for sterile compounding for up to 12 hours or its assigned BUD, whichever is shorter, and any remainder is discarded. [USP 797 Section 16.2]	N/A

C. CSP LABELING – ALL CATEGORIES

CSP LABEL REQUIREMENTS: CSP immediate container label prominently and legibly displays 1) assigned internal identification number; 2) active ingredient(s) and their amount(s), or concentration(s); 3) storage conditions if other than controlled room temperature; 4) BUD; 5) dosage form; 6) total amount or volume; 7) statement if CSP is a single dose container (when space permits) or multi-dose container. Labeling of CSP displays 1) route of administration, 2) special handling instructions, 3) warning statements, and the compounding facility name and contact information if the CSP is sent outside of the facility in which it was compounded. [USP 797 Section 13] *-- No compounding currently. Reviewed demo label during inspection.*	Yes
ADDITIONAL REQUIREMENTS FOR A CLASS II OR III FACILITY: 1) Identification of responsible compounding personnel and/or dispensing pharmacist;2) labels for batch-prepared CSPs must also include: Control or lot number, auxillary labeling (including precautions); and device-specific instructions. Patient specific medications must also include patient's name, location the medication is to be delivered to and directions for use. [USP 797 Section 13] [F.A.C.64B16-28.108(10)]	N/A
LABELING SOP: SOPs describe labeling procedures and are followed to prevent labeling errors and CSP mix-ups. [USP 797 Section 13] *-- Outlined in SOP 'Labelling'.*	Yes
LABEL VERIFICATION: CSP labels are verified to ensure that they conform with the prescription or medication order, MFR (if required), and the CR. [USP 797 Section 13]	N/A

D. PERSONNEL PREPARATION & OBSERVATION -- ALL CATEGORIES

UNNECESSARY ITEMS: Personnel remove outer garments (e.g., bandanas, coats, hats, jackets, sweaters, vests); cosmetics, and all hand, wrist, and other exposed jewelry, including piercings that may interfere with effectiveness of garbing. Items not necessary for compounding (e.g., food, drinks, mints, gum, earbuds, headphones) are not introduced into the compounding environment. Accommodations are documented. [USP 797 Section 3.1] *-- Demonstrated by PIC during inspection.*	Yes
NAILS: Nails are clean and trimmed. Nail products (e.g., polish, artificial nails, and extenders) are not worn. Personnel clean under nails under warm running water with a disposable nail cleaner. Hands and forearms are washed with soap and water for at least 30 seconds prior to entering a compounding area. [USP 797 Section 3.2]	Yes
REQUIRED PPE GARBING ORDER & STORAGE: Personnel garb (don and doff) in an order that reduces risk of contamination per SOP. Required garb, manner of storage, and order or garbing is documented in SOP's. The minimum required PPE when preparing CSPs includes a garment with sleeves that fit around wrists and enclosed neck, shoe covers, head/facial hair cover, face mask, and sterile powder-free gloves. All PPE is low lint for Category 1 & 2 compounding or sterile if Category 3. Gowns and other garb are stored in a manner that minimizes contamination (e.g., away from sinks) and within a classified area or SCA. [USP 797 Section 3.3]	Yes
INAPPROPRIATE HAND HYGIENE PRACTICES: Brushes and hand dryers are not used, and soap containers are not refilled or topped off. [USP 797 Section 3.2]	Yes
ALCOHOL-BASED HAND RUB: Hands are sanitized with alcohol-based hand rub prior to donning gloves. Handrub is used prior to donning garb when hand hygiene is done outside of a classified area. [USP 797 Section 3.3]	Yes
STERILE GLOVES USED: Sterile gloves are donned in classified room or SCA. Skin is not exposed inside ISO 5 PEC (e.g., gloves are not donned or doffed). [USP 797 Section 3.3]	Yes
SANITIZATION OF STERILE GLOVES: Sterile 70% IPA is applied to gloves prior to compounding and regularly throughout the compounding process. [USP 797 Section 3.3]	Yes
SANITIZATION OF ITEMS INTRODUCED INTO PEC: Items are wiped with sterile 70% IPA and sterile low-lint wipers just prior to being introduced into the PEC and allowed to dry before use. [USP 797 Section 8.2] *-- Simulated by PIC.*	Yes
CRITICAL SITES (e.g., vial stoppers, ampule necks, and intravenous bag septum's) are wiped with sterile 70% IPA in the PEC to provide both chemical and mechanical actions to remove contaminants. The sterile 70% IPA is allowed to dry before personnel enter or puncture stoppers and septum's or break the necks of ampules. [USP 797 Section 8.3]	N/A
MATERIALS AND EQUIPMENT DISINFECTION: Before any item is introduced into the clean side of anteroom(s), placed into pass-through chamber(s), or brought into the SCA, it is wiped with a sporicidal disinfectant, EPA-registered disinfectant, or sterile 70% IPA using low-lint wipers by personnel wearing gloves. Dwell time is followed. [USP 797 Section 8.1 & 9.1]	N/A

E. EQUIPMENT, SUPPLIES, & COMPONENTS – ALL CATEGORIES

DAILY ACD ACCURACY ASSESSMENT: An accuracy assessment is conducted for Automated Compounding Devices (ACDs) or similar equipment before the first use and again each day the equipment is used to compound CSPs. A daily record of accuracy measurements is maintained. Corrective actions are implemented if accuracy measurements are outside of manufacturer's specifications. [USP 797 Section 9.1]	N/A
EQUIPMENT SOPs: Written SOPs for the calibration, maintenance, cleaning, and use of equipment are established and are based on the manufacturer's recommendations. Procedures are followed and records are maintained. [USP 797 Section 9.1] *-- SOP 'Equipment Supplies and Components'.*	Yes

F. SEGREGATED COMPOUNDING AREA: Category 1

CATEGORY 1 MAXIMUM BUDs & COMPOUNDING AREA REQUIREMENTS: Category 1 CSPs are compounded in an ISO class 5 PEC located within a SCA and are assigned a BUD of 12 hours or less at controlled room temperature or 24 hours or less when refrigerated. [USP 797 Section 1.5, 4.2.1]	
DEDICATED AREA FOR SCA: The SCA is separated from areas not directly related to compounding, and all surfaces (walls, floors, counters, and equipment) are clean, uncluttered, and dedicated to compounding. [USP 797 Section 4.2.1]	
SCA LOCATION: The SCA is located away from unsealed windows, doors that connect to the outdoors, and traffic flow, all of which may adversely affect the air quality in the PEC. SCA is not located where environmental control challenges (e.g., restrooms, warehouses, or food preparation areas) could negatively affect the air quality of the PEC within the SCA. A sink is not located within 1 meter of PEC. [USP 797 Section 4.2.1]	
ITEMS WITHIN SCA: Only furniture, equipment, and other materials necessary for performing compounding activities are located within the SCA. [USP 797 Section 4.2.1]	

G. FACILITIES & SECONDARY ENGINEERING CONTROLS -- Categories 2 and 3

STERILE SUITE CONSTRUCTION: The ISO-classified anteroom and buffer room are separated from the surrounding unclassified areas of the facility by fixed walls and doors, and controls are in place. [USP 797 Section 4.2.1]	Yes
HEPA FILTERED AIR: Air supplied to the cleanroom suite is introduced through HEPA filters located in the ceiling of the buffer room and anteroom. [USP 797 Section 4.2.1]	Yes
AIR RETURNS: Air returns in the cleanroom suite are low on the wall unless a visual smoke study demonstrates an absence of stagnant airflow. [USP 797 Section 4.2.1]	Yes
LINE OF DEMARCATION: The anteroom has a line of demarcation to separate the clean side from the dirty side. [USP 797 Section 4.2.1]	Yes
SURFACES & WALLS: The surfaces of ceilings, walls, floors, doors, door frames, fixtures, shelving, work surfaces, counters, and cabinets in the classified area are smooth, impervious, free from cracks and crevices, and non-shedding. Walls are constructed of/or covered with durable material. [USP 797 Section 4.3.1]	Yes
CEILINGS & FLOORS: Inlaid panels of ceilings are caulked around each panel to seal them to the support frame. Junctures between the ceiling and the walls and between the walls and the floor are sealed to eliminate cracks and crevices where dirt can accumulate. Floors include coving to the sidewall, or the juncture between the floor and the wall are caulked. [USP 797 Section 4.3.1]	Yes
LEDGES & OVERHANGS: Overhangs and ledges are easily cleanable, and the exterior lens surface of ceiling light fixtures are smooth, mounted flush, and sealed. [USP 797 Sections 4.3.1]	Yes
FURNITURE, EQUIPMENT, & MATERIALS: Only furniture, equipment, and other materials necessary for performing compounding activities are permitted in a classified area or SCA. Tacky mats are not placed within ISO-classified areas. Carts used to transport components or equipment into classified areas are constructed from nonporous materials with cleanable casters and wheels. [USP 797 Sections 4.2.1 & 4.5]	Yes
TEMPERATURE & HUMIDITY MONITORING: Temperature and humidity in the cleanroom suite are controlled through a heating, ventilation, and air conditioning (HVAC) system. The temperature and humidity are monitored in each room of the cleanroom suite each day that compounding is performed, either manually or by a continuous recording device. They are documented at least once daily or stored in the continuous recording device and are retrievable and are reviewed as described in the facility's SOP. [USP 797 Section 4.2] *-- Temperature and humidity are continuously monitored by Govee Monitoring system. Temperatures manually documented daily.*	Yes
PRESSURE DIFFERENTIATION MONITORING & DOCUMENTATION: Facility maintains a minimum differential positive pressure of 0.020-inch water column between the nonhazardous buffer room to anteroom and anteroom to unclassified area. A pressure differential monitoring device is used to continuously monitor the pressure differentials. Quantitative results from the pressure monitoring device are reviewed and documented at least daily on the days when compounding is occurring. [USP 797 Sections 4.2.5] *-- Pressure during inspection:* *- Buffer room 0.112 "w.c.* *- Anteroom 0.067 " w.c.*	Yes
PEC LOCATION: PECs are located in a buffer room in a manner that minimizes conditions that could increase the risk of microbial contamination (strong air currents, personnel traffic, or air streams from HVAC system(s)) and allows for cleaning around the PEC. [USP 797 Sections 4.2.2 & 4.2.3]	Yes
INTEGRATED VERTICAL LAMINAR FLOW ZONES: IVLFZ is separated from ISO Class 7 area with a physical barrier and there is full coverage of HEPA filters above the work surface. [USP 797 Section 4.2.3]	N/A

H. CERTIFICATION AND RECERTIFICATION -- ALL CATEGORIES

PEC & SEC CERTIFICATION: PECs are certified initially and every 6 months to meet ISO Class 5 or better conditions, during dynamic operating conditions. SECs are certified initially and every 6 months to meet ISO Class 7 or 8 or better conditions, during dynamic operating conditions (including presterilization activities if applicable). Anterooms providing access to positive-pressure buffer rooms are at least ISO 8 and at least ISO 7 for anterooms providing access to negative-pressure buffer rooms. ISO Class 7 rooms maintain a minimum of 30 total HEPA-filtered ACPH during dynamic operating conditions, at least 15 ACPH come from the HVAC through HEPA filters located in the ceiling. ISO Class 8 rooms maintain a minimum of 20 total HEPA-filtered ACPH during dynamic operating conditions; 15 ACPH must come from the SEC. The ACPH from HVAC, ACPH contributed from the PEC, and the total ACPH are documented on the certification report. HEPA filter integrity testing for both SECs & PECs is conducted initially and every 6 months as part of total particle testing. Classified areas are recertified when changes occur that could affect airflow or air quality [USP 797 Sections 4.1, 4.2.4, 4.2.6, & 5.0] *-- Certification last completed by TSS on 10/6/25.*	Yes
DOCUMENTATION OF PERSONNEL PRESENT DURING CERTIFICATION: The number of personnel present in each PEC and SEC during total particle counts and dynamic airflow smoke-pattern tests is documented on the certification report. [USP 797 Section 5.0] *-- Certification reported documented 1 pharmacy personnel present along with certifier.*	Yes
PEC DYNAMIC SMOKE PATTERN TEST: Smoke pattern tests are performed under dynamic conditions initially to demonstrate minimal disruption in airflow and repeated if equipment is placed in a different location. Smoke pattern tests are performed under dynamic conditions every 6 months to demonstrate unidirectional airflow and sweeping action over and away from the preparation(s). [USP 797 Section 5.0]	Yes

ROBOTICS / ROBOTIC ENCLOSURES: Robotic enclosures used as a PEC or placed within a PEC have a dynamic airflow smoke pattern test is performed initially and at least every 6 months that confirms 1) the robotic device 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 DCA(s). [USP 797 Section 4.2.3]	N/A
MONITORING DEVICE CERTIFICATION: Temperature and humidity monitoring devices are verified for accuracy at least every 12 months or as required by the manufacturer. [USP 797 Section 4.2] *-- Pharmacy uses Govee continuous monitoring device - last calibrated by TSS on 10/6/25.*	Yes
CONTAINMENT DEVICES USED FOR PRESTERILIZATION PROCEDURES: CVEs, BSCs, or CACIs used for presterilization procedures are certified at least once every 6 months. Presterilization procedures do not adversely affect the required air quality of the SEC as demonstrated during certification under dynamic operating conditions. [USP 797 Section 4.2.6]	Yes
CERTIFICATION REPORT REVIEW BY DESIGNATED PERSON: All certification and recertification records are reviewed by the designated person(s). A corrective action plan is implemented and documented in response to any out-of-range results on certification report and data reviewed to confirm that the actions taken have been effective. [UPS 797 Section 5.0] *-- Certification reported dated and signed by DP 10/1725.*	Yes

I. RABS

LOCATION: If used to prepare Category 2 or Category 3 CSP's RABS are located in a cleanroom suite with an ISO Class 7 or better buffer room with an ISO Class 8 or better anteroom. [USP 797 Section 4.2.3]	
RECOVERY TIME: When a RABS is used, the recovery time after opening the transfer chamber to achieve ISO Class 5 air is documented and internal procedures are developed to ensure that adequate recovery time is allowed after opening and closing the RABS. [USP 797 Section 4.2.3]	
STERILE GLOVES: are worn over gloves attached to RABS sleeves. [USP 797 Section 3.3]	

J. CATEGORY 2 CSPs WITHOUT STERILITY TESTING

CATEGORY 2 COMPOUNDING ENVIRONMENT: Category 2 CSPs are compounded in an ISO class 5 PEC located within an ISO classified anteroom and buffer room. [USP 797 Sections 4.1 & 14.3]	
CATEGORY 2 BUDs FROM STERILE COMPONENTS WITHOUT STERILITY TESTING: Category 2 CSPs compounded aseptically from all sterile starting components and in the absence of sterility testing do not exceed the following BUDs: 4 days room temperature, 10 days refrigerated, or 45 days frozen. A shorter BUD is assigned when the stability of the CSP or its components is less than the maximum BUDs stated above. [USP 797 Section 14.3]	
CATEGORY 2 BUDs FROM NONSTERILE COMPONENTS WITHOUT STERILITY TESTING: Category 2 CSPs compounded aseptically from one or more nonsterile starting components and in the absence of sterility testing do not exceed the following BUDs: 1 day room temperature, 4 days refrigerated, or 45 days frozen. A shorter BUD is assigned when the stability of the CSP or its components is less than the maximum BUDs stated above. [USP 797 Section 14.3]	

K. CATEGORY 2 EXTENDED BUD REQUIREMENTS

CATEGORY 2 BUDs FOR ASEPTICALLY PROCESSED CSPs WITH STERILITY TESTING: Category 2 CSPs compounded aseptically, and which have passed sterility testing do not exceed the following BUDs: 30 days room temperature, 45 days refrigerated, or 60 days frozen. A shorter BUD is assigned when the stability of the CSP or its components is less than the maximum BUDs stated above. [USP 797 Section 14.3] *-- - New pharmacy; no compounding currently. Outlined in SOP 'Beyond Use Dates'.*	Yes
CATEGORY 2 BUDs FOR TERMINALLY STERILIZED CSPs WITHOUT STERILITY TESTING: Category 2 CSPs terminally sterilized and in the absence of sterility testing do not exceed the following BUDs: 14 days room temperature, 28 days refrigerated, or 45 days frozen. A shorter BUD is assigned when the stability of the CSP or its components is less than the maximum BUDs stated above. [USP 797 Section 14.3]	N/A
CATEGORY 2 BUDs FOR TERMINALLY STERILIZED CSPs WITH STERILITY TESTING: Category 2 CSPs terminally sterilized, and which have passed sterility testing do not exceed the following BUDs: 45 days room temperature, 60 days refrigerated, or 90 days frozen. A shorter BUD is assigned when the stability of the CSP or its components is less than the maximum BUDs stated above. [USP 797 Section 14.3]	N/A
ANTIMICROBIAL EFFECTIVENESS TESTING FOR MULTI-DOSE CSPs: Aqueous multiple-dose CSPs (e.g., injectables and ophthalmics) pass USP <51> compliant antimicrobial effectiveness testing once for each unique formulation and each container closure system in which it is packaged. Bracketing studies are allowed. [USP 797 Section 14.5 & 16.1]	N/A
CONTAINER CLOSURE TESTING: Container closure integrity testing is performed once for each unique CSP formulation and container closure system in which it is packaged. For multi-dose (i.e., preserved CSPs), container integrity testing is performed per fill volume for each unique CSP formulation and container closure system. [USP 797 Sections 14.3.3 & 14.5]	N/A
MULTI-DOSE, NON-PRESERVED AQUEOUS CSPs: Multi-dose, non-preserved aqueous CSPs (i.e., topical, or ophthalmic solutions) are assigned are prepared as a Category 2 CSP, for use by a single patient, and labeled to indicate that once opened, the CSP must be discard after 24 hours if stored at controlled room temperature or 72 hours when stored under refrigeration. [USP 797 14.5]	N/A
MULTI-DOSE CSPs USED AS A COMPONENT: Meet the criteria for anti-microbial effectiveness testing (see <51>) if aqueous, are stored under the conditions upon which the BUD is based, Multiple-dose CSP after initially entered or punctured, are not used for longer than the assigned BUD or 28 days, whichever is shorter. [USP 797 Sections 14.5 & 16.1]	N/A
OUTSOURCED STERILITY TESTING: Sterility testing is performed for all Category 2 CSPs assigned a BUD requiring sterility testing according to USP <71> or a validated alternative and noninferior method. Membrane Filtration as described in USP <71> is the preferred method when the formulation allows. [USP 797 Section 12.2] *-- - Firm plans to do sterility testing through ACS.*	N/A
INHOUSE STERILITY TESTING: Sterility testing is according to USP <71> or a validated alternative and noninferior method. Membrane filtration is used if appropriate and filters are rinsed according to USP <71>. Direct inoculation is done only when membrane filtration cannot be carried out. Volume inoculated does not exceed 10% of the culture media volume. Growth promotion test has been done on the media with the 5 specified organisms (not more than 100 CFU) according to USP <71>. TSB or SCD is incubated at 20-25C for 14 days; FTM is incubated at 30-35C for 14 days. (2 incubators present).	N/A
METHOD SUITABILITY TEST: A Method Suitability Test (or equivalent validation for alternative testing methods) is performed to validate suitability of the sterility testing method. [USP 797 Section 12.2]	N/A
MAXIMUM BATCH SIZE: The maximum batch size for all CSPs requiring sterility testing is 250 final yield units. [USP 797 Section 12.2] *- Pharmacy plans initial batch size of 50 vials.*	N/A
INVESTIGATION OF STERILITY TEST FAILURES: Sterility tests resulting in failure undergo prompt investigation into possible causes and requires identification of the microorganism(s) as well as evaluation of sterility testing procedure, compounding facility, process, and/or personnel that may have contributed to the failure. Impact to other CSPs is assessed. Investigation and resulting corrective actions are documented. [USP 797 Section 12.2] *- No compounding currently.*	N/A

STERILITY TESTING QUANTITY & VOLUME DETERMINATION: The minimum quantity of each container tested for sterility is per USP <71> Table 2 and the number of containers tested in relation to the batch size is per USP <71> Table 3. For 1-39 CSPs compounded as single batch, sterility testing is performed on a number of containers or units equal to 10% of the number of CSPs prepared rounded to the next whole number. [USP 797 Section 12.2]	N/A
ENDOTOXIN TESTING: Category 2 injectable CSPs compounded from one or more nonsterile component(s) and assigned a BUD that requires sterility testing are tested for bacterial endotoxins. [USP 797 Section 12.3]	N/A
ENDOTOXIN LIMITS: In the absence of a bacterial endotoxin limit in an official USP–NF monograph or other CSP formula or scientifically supported source, the CSP does not exceed the endotoxin limit calculated as described in USP <85> for the appropriate route of administration for humans or largest recommend dose per weight for nonhuman species. [USP 797 Section 12.3]	N/A

L. CATEGORY 3 CSPs, BUDs, & RELATED REQUIREMENTS

CATEGORY 3 REQUIREMENTS: All requirements associated with Category 3 compounding (e.g., garbing, cleaning, environmental monitoring) apply to all personnel entering the buffer room where Category 3 CSPs are compounded and always apply regardless of whether Category 3 CSPs are compounded on a given day. [USP 797 Section 14.4.2]	
STERILE/SINGLE USE GARB: When compounding Category 3 CSPs, skin is not exposed in buffer room (i.e., face and neck are covered) and all low lint outer garb is sterile, including sterile sleeves over RABS gauntlet sleeves. Disposable garb items are not reused. [USP 797 Section 3.3]	
STERILIZED/REUSABLE GARB: Non-disposable garb is not reused without being laundered and resterilized with a validated cycle. Disinfection procedures described in facility SOPs are followed before reusing goggles, respirators, and other equipment. [USP 797 Section 3.3]	
CATEGORY 3 BUDs FOR ASEPTICALLY PROCESSED CSPs: Category 3 CSPs aseptically processed, sterility tested, and passing all applicable tests (including stability indicating assay, endotoxin, and other dosage form appropriate tests) do not exceed the following BUDs: 60 days room temperature, 90 days refrigerated, or 120 days frozen. Shorter BUDs are assigned when physical or chemical stability of the CSP is less than the maximum allowable Category 3 BUDs for aseptically processed CSPs. [USP 797 Section 14.4.3]	
CATEGORY 3 BUDs FOR TERMINALLY STERILIZED CSPs: Category 3 CSPs aseptically processed, sterility tested, and passing all applicable tests (including stability indicating assay, endotoxin, and other dosage form appropriate tests) do not exceed the following BUDs: 90 days room temperature, 120 days refrigerated, or 180 days frozen. Shorter BUDs are assigned when physical or chemical stability of the CSP is less than the maximum allowable Category 3 BUDs for terminally sterilized CSPs. [USP 797 Section 14.4.3]	
MAXIMUM BATCH SIZE: Category 3 CSP batch sizes do not exceed 250 final yield units. [USP 797 Section 12.2]	
STABILITY INDICATING ASSAYS: All Category 3 CSP formulations are supported by data obtained using a validated stability-indicating analytical method that can distinguish active ingredients from degradants and impurities and quantify the amount of active ingredient. CSPs are prepared according to the exact formulation, components, and packaged in a container closure system of the same materials of composition. Facilities have documentation of the stability study, its results, and the method validation available for review. [USP 797 Section 14.3.3]	
STERILITY TESTING: All category 3 CSPs and batches undergo sterility testing performed according to USP <71> or a validated alternative and noninferior method. [USP 797 Sections 12.2 & 14.4.4]	
METHOD SUITABILITY TEST: A Method Suitability Test (or equivalent validation for alternative testing methods) is performed to validate suitability of the sterility testing method for each formulation. [USP 797 Section 12.2]	
STERILITY TESTING QUANTITY & VOLUME DETERMINATION: The minimum quantity of each container tested for sterility is per USP <71> Table 2 and the number of containers tested in relation to the batch size is per USP <71> Table 3. For 1-39 CSPs compounded as single batch, sterility testing is performed on a number of containers or units equal to 10% of the number of CSPs prepared rounded to the next whole number. [USP 797 Section 12.2]	
INVESTIGATION OF STERILITY TEST FAILURES: Sterility tests resulting in failure undergo prompt investigation into possible causes and requires identification of the microorganism(s) as well as evaluation of sterility testing procedure, compounding facility, process, and/or personnel that may have contributed to the failure. Impact to other CSPs is assessed. Investigation and resulting corrective actions are documented. [USP 797 Section 12.2]	
ENDOTOXIN TESTING: Category 3 injectable CSPs compounded from one or more nonsterile component(s) are tested for bacterial endotoxins. [USP 797 Section 12.3]	
ENDOTOXIN LIMITS: In the absence of a bacterial endotoxin limit in an official USP–NF monograph or other CSP formula or scientifically supported source, the CSP does not exceed the endotoxin limit calculated as described in USP <85> for the appropriate route of administration for humans or largest recommend dose per weight for nonhuman species. [USP 797 Section 12.3]	
PARTICULATE MATTER TESTING: Category 3 injectable CSPs undergo USP <788> (Particulate Matter in Injections) and ophthalmic solutions undergo USP <789> (Particulate Matter in Ophthalmic Solutions) test once per formulation with acceptable results. [USP 797 Section 14.3.3]	
ANTIMICROBIAL EFFECTIVENESS TESTING FOR MULTI-DOSE CSPs: Aqueous multiple-dose CSPs (e.g., injectables and ophthalmic) pass USP <51> compliant antimicrobial effectiveness testing once for each unique formulation and each container closure system in which it is packaged. Bracketing studies are allowed. [USP 797 Section 14.5 & 16.1]	
CONTAINER CLOSURE TESTING: Container closure integrity testing is performed once for each unique CSP formulation and container closure system in which it is packaged. For multi-dose (i.e., preserved multi-dose CSPs), container closure integrity testing is also performed per fill volume for each unique CSP formulation and container closure system. [USP 797 Sections 14.3.3 & 14.5]	
MULTI-DOSE, NON-PRESERVED AQUEOUS CSPs: Multi-dose, non-preserved aqueous CSPs (i.e., topical, or ophthalmic solutions) are prepared for use by a single patient, and labeled to indicate that once opened, the CSP must be discard after 24 hours if stored at controlled room temperature or 72 hours when stored under refrigeration. [USP 797 14.5]	
MULTI-DOSE CSPs USED AS A COMPONENT: Meet the criteria for anti-microbial effectiveness testing (see <51>) if aqueous, are stored under the conditions upon which the BUD is based, Multiple-dose CSP after initially entered or punctured, are not used for longer than the assigned BUD or 28 days, whichever is shorter. [USP 797 Sections 14.5 & 16.1]	

M. PERSONNEL TRAINING & COMPETENCIES - ALL CATEGORIES

TRAINING PROGRAM & SOP: Facility maintains a written training program and corresponding SOP which defines required trainings, frequency of training and the process for evaluating the performance of individuals who compound, have direct oversight of compounding personnel, perform in-process checks, final verification and dispensing of CSP's. The training program equips personnel with the appropriate knowledge and training in the required skills necessary to perform their assigned tasks. [USP 797 Section 2] – *Training outlined in SOP 'Personnel Training and Competencies'.*	Yes
INITIAL DIDACTIC TRAINING & SKILLS ASSESSMENT: Before beginning to compound CSPs independently or have direct oversight of compounding personnel, personnel complete training and can demonstrate knowledge of principles and competency of skills for performing sterile manipulations and achieving and maintaining appropriate environmental conditions as applicable to their assigned job functions. [USP 797 Section 2.1]	Yes

INITIAL GLOVED FINGERTIP & HAND HYGIENE/GARBING COMPETENCY: Before beginning to compound independently or have direct oversight of compounding personnel, personnel successfully complete an initial gloved fingertip (GFT) competency no fewer than 3 separate times, with a documented visual audit while performing hand hygiene and garbing procedures. GFT samples are collected before applying sterile 70% IPA to gloves. [USP 797 Section 2.2] *-- PIC completed GFT and hand hygiene competency assessment with Chattanooga Labs on 10/6/25.*	Yes
INITIAL MEDIA FILL & ASEPTIC TECHNIQUE ASSESSMENT: Before beginning to compound independently or have direct oversight of compounding personnel, personnel who compound or have direct oversight of compounding successfully complete an initial aseptic manipulation competency evaluation which consists of a visual observation, media-fill testing followed by a gloved fingertip and thumb sampling on both hands, and surface sampling of the direct compounding area. [USP 797 Section 2.3] *-- PIC completed Media Fill and Surface Sampling competency assessment with Chattanooga Labs on 10/6/25.*	Yes
GFT & MEDIA FILL INCUBATION: Documentation includes the name of the person evaluated, evaluation date and time, media and components used to include their manufacturer or supplier, expiration dates and lot numbers, starting temperature for each interval of incubation, dates of incubation, the results, and the names or other identification of the observer and the person who reads and documents the results. [USP 797 Section 2.3]	Yes
ONGOING CATEGORY 1 AND 2- GFT & GARBING ASSESSMENT: After initial garbing competency evaluations, compounding personnel complete garbing competency evaluation and GFT every 6 months for Category 1 and Category 2 CSP's. Direct oversight personnel who do not compound complete garbing competency and GFT every 12 months. GFTs are appropriately incubated. [USP 797 Section 2.2] *-- New pharmacy.*	N/A
ONGOING CATEGORY 1 AND 2- MEDIA FILL & ASSESSMENT: After initial aseptic manipulations competency evaluations, compounding personnel complete aseptic technique competency, media fill, GFTs, and surface sampling of DCA every 6 months for Category 1 and Category 2 CSP's. Direct oversight personnel who do not compound complete media fill every 12 months. GFTs and surface samples are appropriately incubated. [USP 797 Section 2.3]	N/A
ONGOING KNOWLEDGE & COMPENTENCY OF CORE SKILLS: Training and knowledge assessment of sterile compounding principles or core skills is completed at least every 12 months. [USP 797 Section 2.1]	N/A
FAILED COMPETENCY INVESTIGATION: Initial and ongoing competency assessment failures are investigated, remediated, and documented in a Corrective Action Plan. [USP 797 Sections 2.2 & 2.3]	N/A
STAFF TRAINING IN VIABLE AIR AND SURFACE SAMPLING: Personnel are trained and competent in air and surface sampling procedures to ensure accurate and reproducible sampling. [USP 797 Section 6.1] *-- Training and assessment completed on 10/8/25 by Chattanooga Environmental Laboratory, LLC.*	Yes
CLEANING PERSONNEL: Cleaning and disinfecting activities are performed by trained and appropriately garbed personnel using facility-approved agents and procedures. Cleaning personnel demonstrate knowledge and competency of core skills related to cleaning, disinfection, and maintenance of environmental conditions initially and at least once every 12 months. [USP 797 Sections 7 & 2.1]	Yes

FACILITY COMPOUNDS CATEGORY 3

ONGOING CATEGORY 3 GFT & GARBING ASSESSMENT: After initial garbing competency evaluations, compounding personnel complete garbing competency and GFT every 3 months for Category 3 CSP's. Direct oversight personnel who do not compound complete garbing competency and GFT every 12 months. GFTs are appropriately incubated. [USP 797 Section 2.2]	
ONGOING CATEGORY 3 ASEPTIC PROCESSING COMPETENCY: Aseptic competency is repeated at least one time every 3 months for personnel compounding Category 3 CSPs. The simulation must capture elements that could potentially affect the sterility of the CSP. Immediately following the media-fill test, gloved fingertip and thumb sampling is performed on both hands and surface sampling of the direct compounding area. Direct oversight personnel who do not compound must complete media fill every 12 months. [USP 797 Section 2.3]	

N. MICROBIOLOGICAL AIR AND SURFACE MONITORING: ALL CATEGORIES

ENVIRONMENTAL MONITORING PROGRAM & SOPs: The microbiological air and surface monitoring program is clearly described in the facility's SOPs, which includes a diagram of the sampling locations, procedures for collecting samples, frequency of sampling, size of samples (e.g., surface area, volume of air), time of day of sampling in relation to activities in the compounding area, and action levels that trigger corrective action. [USP 797 Section 6] *-- Per SOP Microbiology Air and Surface Monitoring'. SOP is currently in a generic format.* ***Please update SOP to be for specific to actual practice.*	Yes
VIABLE AIR SAMPLING: Volumetric active air sampling using an impaction air sampler collecting at least 1000L of air is conducted in each classified area [e.g., ISO Class 5 PEC and ISO Class 7 and 8 room(s)] during dynamic operating conditions and is completed at least every 6 months. [USP 797 Section 6.2] *-- Sample size of 1000mL documented on Viable Sampling report.*	Yes
AIR IMPACTION DEVICE: Device is serviced and calibrated according to the manufacturer's recommendations. [USP 797 Section 6.1] *-- Certifier's devices last calibrated 3/26/25 and 5/30/25.*	Yes
SURFACE SAMPLING: Microbiological surface sampling is conducted in all classified areas and pass-through chambers under dynamic operating conditions and performed at least once monthly. [USP 797 Section 6.3]	Yes
GROWTH MEDIA: A general microbiological growth media that supports the growth of bacteria and fungi is used and a COA from the manufacturer is available. Growth media used for surface sampling contains neutralizing agents (e.g., lecithin and polysorbate 80). [USP 797 Sections 6.2 & 6.3]	Yes
MEDIA INCUBATION: Samples are incubated at 30°C - 35°C for 48 hours and 20°C - 25°C for an additional 5 days; if dual growth media are used, incubate one media device at 30°C - 35°C for 48 hours and the second media device at 20°C - 25°C for 5 days. The incubator temperature is monitored during incubation, either manually or by a continuous recording device, and results are reviewed and documented as described in the facility's SOPs. Incubators are placed in a location outside of the sterile compounding area. [USP Sections 6.2.2 (Box 5) & 6.3.2 (Box 6)] *-- Appropriate incubation, times and temperatures documented on report provided by Chattanooga Env. Labs.*	Yes
ENVIRONMENTAL MONITORING TREND ANALYSIS: Regular review of sampling data is performed to detect trends and review of trending data is documented. [USP 797 Section 6.1]	N/A
CORRECTIVE ACTION: When microbial growth exceeds action levels, the cause is investigated, and corrective action is taken; corrective actions taken are reviewed for effectiveness. An attempt to identify microorganisms at the genus level is made. [USP Sections 6.2.3 & USP 6.3.3]	N/A

FACILITY COMPOUNDS CATEGORY 3

CATEGORY 3-VIABLE AIR SAMPLING: Volumetric air sampling is 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.Air sampling sites are selected in all classified areas. [USP 797 6.2.1]	
CATEGORY 3-SURFACE SAMPLING: Surface sampling for any Category 3 CSPs, is completed in all classified areas, and pass-through chambers connecting to classified areas, prior to assigning a BUD longer than BUD limits for Category 2 CSPs (defined in Table 13 of USP 797) and at least weekly on a regularly scheduled basis regardless of the frequency of compounding Category 3 CSPs. [USP 797 6.2.2]	

CATEGORY 3-BATCH SURFACE SAMPLING: Surface sampling is conducted within the PEC used to prepare Category 3 CSPs, at the end of each batch before cleaning and disinfection occurs, unless a self-enclosed robotic device is used. When a self-enclosed robotic device is used as the PEC, surface sampling is conducted at least once daily at the end of compounding operations before cleaning and disinfection occurs. [USP 797 Section 6.3.2]	

O. CLEANING AND DISINFECTING: ALL CATEGORIES

CLEANING SOPS: The frequency, method(s), documentation requirements, and location(s) of cleaning, disinfecting, and applying sporicidal disinfectants are described in written SOPs; use of agents is in accordance with manufacturer's instructions, procedures, and in adherence with minimum wet contact times. SOPs describe the time period during which, once opened, sterile cleaning and disinfecting agents, supplies, and sterile 70% IPA may be reused. Sterile water is used to dilute concentrated cleaning agents used inside of PECs (if applicable). Cleaning and disinfecting agents are EPA-registered. If a one-step disinfectant cleaner is not used, surfaces are cleaned prior to being disinfected. [USP 797 Section 7] *-- SOP 'Cleaning in Classified Areas'. However, SOP does not clearly define respective dwell times or BUD after opening.* *** Please update SOP to reflect actual dwell times of each agent, and BUD after opening.*	Yes
DAILY PEC CLEANING & DISINFECTION WITH STERILE AGENTS: Equipment and all interior surfaces of the PEC are cleaned and disinfected daily on days when compounding occurs and when surface contamination is known or suspected. Sterile 70% IPA is applied after cleaning, disinfecting, or after one-step disinfectant cleaner or sporicidal agent application to remove residue. [USP 797 Section 7] *-- No compounding currently.*	N/A
CATEGORY 1 AND 2-MONTHLY PEC SPORICIDAL DISINFECTION: Equipment and all interior surfaces of the PEC, including underneath of removable work trays, are cleaned with a sporicidal agent monthly. [USP 797 Section 7]	N/A
DAILY SEC & SCA CLEANING & DISINFECTION: Work surfaces, floors, sink surfaces, and pass-through chambers are cleaned and disinfected daily on days when compounding occurs. [USP 797 Section 7] *-- No compounding currently.*	N/A
CATEGORY 1 AND 2 -MONTHLY PEC, SEC & SCA SPORICIDAL DISINFECTION: Equipment and all interior surfaces of the PEC, including underneath of removable work trays, work surfaces, pass-through chambers, storage shelving and bins, equipment outside of PEC's, sink surfaces, floors, ceilings*, walls, doors, and doors frames at least once monthly. SCA ceilings (if applicable) are only cleaned, disinfected, and have sporicidal agents applied when visibly soiled and when surface contamination is known or suspected. [USP 797 Section 7]	Yes
PEC SANITIZATION WITH STERILE 70% IPA: Sterile 70% IPA is applied to the horizontal work surface, including removable trays, immediately before initiating compounding and at least every 30 minutes. If a compounding process takes more than 30 minutes, the work surface is disinfected immediately after the end of the compounding process. Sterile 70% IPA is allowed to dry. [USP 797 Section 7] *-- No compounding currently.*	N/A
CLEANING SUPPLIES & TOOLS: All cleaning and disinfecting supplies (e.g., wipers, sponges, pads, and mop heads), except for tool handles and holders, are low lint. Supplies used inside PECs are sterile. [USP 797 Section 7.1.2]	Yes
REUSABLE CLEANING TOOLS: Reusable cleaning tools (e.g., mop frames) are made of cleanable materials and are cleaned and disinfected before and after each use. Reusable tools are dedicated for use in the classified areas or SCA and are not removed. Mops used in HD compounding areas, are dedicated for use only in those areas. [USP 797 Section 7.1.2]	Yes

FACILITY COMPOUNDS CATEGORY 3

WEEKLY SPORICIDAL CLEANING OF PECs & SECs: Weekly cleaning using a sporicidal agent is performed on all internal surfaces of PEC and equipment in PEC's, on work surfaces outside the PEC, pass-through chambers, and floors. [USP 797 Section 7]	
MONTHLY SEC SPORICIDAL DISINFECTION: A sporicidal disinfectant is applied to storage shelving and bins, equipment outside of PEC's, sink surfaces, ceilings, walls, doors, and doors frames at least once monthly. [USP 797 Section 7]	

P. COMPOUNDING CSPs FROM NONSTERILE COMPONENTS OR SUPPLIES – CATEGORY 2 & 3

PRESTERILIZATION ACTIVITY CONTAINMENT ENCLOSURES: Pre-sterilization procedures, such as weighing and mixing of nonsterile components, occur in ISO Class 8 or better environment (e.g., anteroom or buffer room) and are performed in single-use containment glove bags, CVEs, BSCs, or CACIs. [USP 797 Section 4.2.6] *-- Facility has Isolator for presterilization activities.*	N/A
LOCATION OF STERILE & NONSTERILE PECs: PECs used for sterile and nonsterile compounding (e.g., pre-sterilization procedures) are placed in separate rooms unless the buffer room can maintain an ISO Class 7 classification during particulate generating activities. Co-located PECs are at least 1 meter apart and particle-generating activities are not performed during sterile compounding processes [USP 797 Section 4.2.1; USP 800 Section 5.3]	Yes
COMPONENT SOPs: Written SOPs address the selection, receipt, evaluation, handling, storage, and documentation of all CSP components including ingredients and container closures. [USP 797 Section 9.3] *-- Process outlined in 'PreSterilization SOP'*	Yes
COMPONENT QUALITY & COA: APIs and components comply with the criteria in the USP-NF (if one exists for inactive components) and have a COA including specifications and test results showing the API or component meets expected quality. APIs and other components labeled "not for pharmaceutical use", "not for injectable use", "not for human use", or equivalent are not used in CSPs. [USP 7 Section 9.3.1] *-- New pharmacy - no components currently.*	N/A
API MANUFACTURERS: APIs are manufactured by an FDA-registered facility in the U.S. or comply with the laws and regulations of the applicable regulatory jurisdictions outside of the U.S. [USP 797 Section 9.3.1]	N/A
COMPONENT STORAGE: Components are handled and stored in a manner that prevents contamination, mix-ups, and deterioration and under temperature, humidity, and lighting conditions consistent with those indicated in official monographs or specified by the suppliers and/or manufacturers. [USP 797 Section 9.3.4]	N/A
STERILE, DEPYROGENATED SUPPLIES: Supplies in direct contact with CSPs are sterile and depyrogenated. A COA or similar conformance documentation is reviewed. [USP 797 Section 9.3.1]	Yes
COMPONENT RECEIPT: Upon receipt, the external packaging of components is examined and components of unacceptable quality or showing deterioration are promptly labeled as rejected and segregated from active stock. APIs and components are inspected for a visible manufacturer expiration date. Components lacking expiration dates are assigned an expiration date no more than 1 year after receipt and both the date of receipt and facility assigned expiration date is clearly marked on the component packaging. [USP 797 Section 9.3.2] *-- New pharmacy, no components currently.*	N/A
STERILIZATION OF INJECTABLES WITHIN 6 HOURS OF COMPLETION: Injectable CSPs containing nonsterile components or that come into contact with nonsterile devices (e.g., containers, tubing) during compounding are sterilized within 6 hours of completion. [USP 797 Section 10] *-- No compounding currently.*	N/A

Q. STERILIZATION OF CSPs - CATEGORY 2 & 3

STERILIZING FILTERS: Sterilizing filters used are sterile, depyrogenated, have a nominal pore size of 0.22 µm or smaller, and are appropriate for pharmaceutical use. Sterilizing filters are certified by the manufacturer to retain at least 10,000,000 microorganisms of a strain of Brevundimonas diminuta per square centimeter of upstream filter surface area. Filters are chemically and physically compatible with all ingredients in the CSP (e.g., water-miscible alcohols may damage filter integrity); chemically stable at the pressure and temperature conditions that will be used; and have enough capacity to filter the required volumes. [USP 797 Section 10.2] *-- No compounding currently. Pharmacy has 0.2micron PureFlo 65mm Disc Filters for sterilization.*	N/A
BUBBLE POINT TESTING: Sterilizing filters are subjected to the manufacturers' recommended integrity testing, such as a post-use bubble point test. If multiple filters are required for the compounding process, each of the filters passes a filter-integrity test. [USP 797 Section 10.2] For failed BP testing, CSP is discarded or, after investigating, refiltered not more than one time. [USP 797 Section 10.2]	N/A
CSP PREFILTRATION: When CSPs are known to contain excessive particulate matter, prefiltration is performed using a filter of larger nominal pore size (e.g., 1.2 µm) or a separate filter of larger nominal pore size placed upstream of (i.e., prior to) the sterilizing filter. [USP 797 Section 10.2]	N/A
CSP TERMINAL STERILIZATION SOP Includes: 1) A description of CSP terminal sterilization process(es), including the temperature, pressure (if applicable), duration, permissible load conditions for each cycle, and the use of biological indicators and endotoxin challenge vials (ECVs). 2) Personnel training and competency assessment on sterilization methods and equipment. 3) Schedule and method for establishing and verifying the effectiveness of methods selected. [USP 797 Section 10]	N/A
STEAM OR DRY HEAT STERILIZATION CYCLES FOR CSPs: Sterilization cycles allow for an exposure duration that includes sufficient time for the entire contents of the CSP to reach and remain at the sterilizing temperature during the duration of the sterilization period. CSPs sterilized vial steam are placed in the autoclave to allow steam to reach CSPs without entrapment of air. CSPs sterilized via dry heat are placed with sufficient space between materials to allow for hot air circulation. Sterilization cycle parameters (e.g., temperature, pressure, and duration) and load configuration(s) are documented. [USP 797 Section 10.3 & 10.4]	N/A
BIOLOGICAL INDICATOR USE: The effectiveness of steam or dry heat sterilization of CSPs is verified and documented for each sterilization run or load by using appropriate biological indicators (e.g., Geobacillus stearothermophilus for steam, Bacillus atropheeus for dry heat) and other confirmation methods. [USP 797 Section 10.3]	N/A
STEAM & DRY HEAT CSP PREFILTRATION: Immediately before filling containers that will be sterilized via steam, or dry heat, CSP solutions are passed through a filter with a nominal pore size of not larger than 1.2 µm for removal of particulate matter. [USP 797 Section 10.3]	N/A
CALIBRATED DATA RECORDER: A calibrated data recorder or chart is used to monitor each steam or dry heat sterilization cycle and to examine for cycle irregularities (e.g., deviations in temperature or pressure). The calibrated oven is equipped with temperature controls and a timer. [USP 797 Section 10.3 & 10.4]	N/A

R. STERILIZATION & DEPYROGENATION OF SUPPLIES & CONTAINER CLOSURE SYSTEMS - CATEGORY 2 & 3

STERILIZATION & DEPYROGENATION SOP's include: 1) A description of sterilization and depyrogenation process(es) used to sterilize and/or depyrogenated compounding supplies and container closure systems, including the temperature, duration, permissible load conditions for each cycle, and the use of biological indicators and endotoxin challenge vials (ECVs). 2) Personnel training and competency assessment on sterilization and depyrogenation methods and equipment used by the facility. 3) Schedule and method for establishing and verifying the effectiveness of methods selected. [USP 797 Section 10] *-- Sterilization and Depyrogenation process outlined in Equipment SOP.* *- PIC training reviewed during inspection.*	Yes
DEPYROGENATION VIA DRY HEAT: Dry heat depyrogenation is used to render glassware, metal, and other thermostable containers and components pyrogen free. The exposure period includes sufficient time for items to reach the depyrogenation temperature; items remain at the depyrogenation temperature for the duration of the depyrogenation period. [USP 797 Section 10.1 & USP 1228.4] *- New pharmacy. no compounding activities currently.*	N/A
DEPYROGENERATION VIA RINSING: Non-thermostable items are sterilized via a validated sterilization method and cycle: these items are also depyrogenated by multiple rinses with sterile, nonpyrogenic water (e.g., Sterile Water for Injection or Sterile Water for Irrigation) and then thoroughly drained or dried immediately before use in compounding. [USP 797 Section 10 & 10.1]	N/A
DEPYROGENATION PROCESS VALIDATION: The effectiveness of the dry heat depyrogenation cycle(s) is established initially and verified annually using Endotoxin Challenge Vials (ECVs) to demonstrate the cycle achieves a greater than or equal to 3-log endotoxin reduction. The effectiveness of the depyrogenation cycle is re-established if there are changes to the cycle parameters . Cycle verifications are documented. [USP 797 Section 10.1]	N/A
STERILIZATION CYCLE VALIDATION: When performed onsite, the efficacy of sterilization cycles used for supplies or container closure systems are established and documented. Each sterilization run or load is verified and documented by using appropriate biological indicators (e.g., spores of Geobacillus stearothermophilus) and other confirmation methods. [USP 797 Section 9.3.1 & USP 1229]	N/A

S. MASTER FORMULATION AND COMPOUNDING RECORDS -- ALL CATEGORIES

MASTER FORMULATION RECORD (MFR): A MFR is created for all CSPs prepared from nonsterile ingredient(s) or CSPs prepared for more than one patient and any changes or alterations to an MFR are approved and documented per facility's SOPs. [USP 797 Section 11.1]	N/A
MFR DOCUMENTATION: An MFR includes at least the following: 1) Name, strength or activity, and dosage form of the CSP; 2) Identities, amounts of all ingredients, and, if applicable, relevant characteristics of components; 3) Type and size of container closure system(s); 4) Complete instructions for preparing the CSP including equipment, supplies, a description of the compounding steps, and any special precautions; 5) Physical description of the of the final CSP; 6) BUD and storage requirements; 6) Stability reference; 7) Quality control procedures; 8) other information as needed to describe the compounding process and ensure repeatability. [USP 797 Section 11.1 (Box 9)] *-- Reviewed sample MFR provided by Medisca during inspection.*	Yes
COMPOUNDING RECORD (CR): A CR is created for all Category 1, Category 2, and Category 3 CSPs. A CR is created for Immediate-use CSPs prepared for more than one patient. A CR includes at least the following: 1) Name, strength or activity, and dosage form of the CSP; 2) Date and time of preparation of the CSP; 3) Assigned internal identification number (e.g., prescription, order, or lot number); 4) A method to identify the individuals involved in the compounding process and individuals verifying the final CSP; 5) Name of each component; 6) Vendor, lot number, and expiration date for each component for CSPs prepared for more than one patient and for CSPs prepared from nonsterile ingredient(s); 7) Weight or volume of each component; 8) Strength or activity of each component; 9) Total quantity compounded; 10) Final yield; 11) Assigned BUD and storage requirements; 12) Results of QC procedures. And, if applicable, 13) MFR reference for the CSP; and 14) Calculations made to determine and verify quantities and/or concentrations of components. [USP 797 Section 11.2] *-- Demo CR reviewed during inspection.* *** Please include bubble point testing and sterilized equipment info on actual CSP CR.*	Yes
STERILIZATION CYCLE DOCUMENTATION: The date, run, and load numbers of the steam or dry heat sterilizer used to sterilize a CSP are documented on the CR if applicable. [USP 797 Sections 10.3 & 10.4]	N/A

T. RELEASE INSPECTION AND TESTING -- ALL CATEGORIES

RELEASE TESTING PROCEDURES: All release testing procedures (e.g., visual inspections and testing) are included in facility documentation such as MFRs and SOPs. [USP 797 Section 12] *-- Per SOP 'Release Inspection and Testing'.*	N/A

VISUAL INSPECTION: CSPs are visually inspected before release and dispensing to determine whether the 1) physical appearance of the CSP is as expected (e.g., free of inappropriate visible particulates or other foreign matter, discoloration, or other defects), 2) container closure integrity is intact (e.g., checking for leakage, cracks in the container, or improper seals), 3) CSP and its labeling match the prescription or medication order. [USP 797 Section 12.1] *-- No compounding currently.*	N/A
DELAYED DISPENSING VISUAL INSPECTION: When CSPs are not released or dispensed on the day of preparation, a visual inspection is conducted immediately before its release to ensure the CSP is free from any defects such as precipitation, cloudiness, or leakage, which could develop during storage. [USP 797 Section 12.1]	N/A
CSP REJECTION & QUARANTINE: CSPs found to be of unacceptable quality (e.g., observed defects) are promptly rejected, clearly labeled as rejected, and segregated from active stock. [USP 797 Section 12.1] *-- Per SOP 'Release Inspection and Testing'.*	N/A
INVESTIGATION OF OOS RESULTS: Out-of-specifications results and defects indicating sterility or stability problems are investigated to determine the root cause and a corrective action plan is implemented and documented per facility SOPs. [USP 797 Section 12 & 12.1] *-- Per SOP 'Release Inspection and Testing'.*	N/A

U. CSP HANDLING, STORAGE, PACKAGING, SHIPPING, & TRANSPORT – ALL CATEGORIES

STORAGE AREA TEMPERATURE MONITORING: Temperature in CSP & component storage areas is monitored at least once daily and recorded on a log on days when the facility is open or by a continuous temperature recording device; temperature data is readily retrievable. Monitoring equipment is calibrated or verified for accuracy as recommended by the manufacturer or every 12 months. When CSPs have been exposed to temperature excursions above or below storage temperature limits for the CSP, a Designated Person determines whether the CSP has retained its integrity or quality. [USP 797 Sections 9.3 & 19.1] *-- Pharmacy uses Govee temperature monitoring system. Last calibrated 10/6/25.*	Yes
CSP PACKAGING: CSP packaging and shipping materials are selected to protect CSPs from damage, leakage, contamination, degredation, adsorption and prevent inadvertent exposure to transport personnel. [USP 797 Section 19.2] *-- No shipping currently. Process outlined in SOP 'CSP Packing'.*	N/A
SHIPPING & TRANSPORTING: Modes of transport are selected that are expected to deliver properly packaged CSPs in an undamaged, sterile, and stable condition. Special handing instructions are provided and/or affixed to the exterior of the container when applicable. [USP 797 Section 19.2]	N/A

V. STERILE QUALITY PROGRAM, SOP's & DOCUMENTATION- ALL CATEGORIES

QA/QC PROGRAM & SOPs: A Quality Assurance (QA) and Quality Control (QC) program is documented in facility SOPs and formally establishes a system of 1) adherence to procedures, 2) prevention and detection of errors and other quality problems, 3) evaluation of complaints and adverse events, and 4) appropriate investigations and corrective actions. The QA/QC SOPs describe the roles, duties, and training of personnel responsible for each aspect of the QA program. [USP 797 Section 18] *-- QA/QC process described in SOP 'Sterile Quality Program'.*	Yes
INVESTIGATIONS & CAPAs: A designated person(s) follows up to ensure investigations are conducted and corrective actions are taken if problems, deviations, failures, or errors are identified or when complaints or adverse reactions are reported. A complete record of each reported complaint and adverse reaction is created and retained. Investigations and corrective actions are documented. [USP 797 Sections 17, 18.2, & 18.3]	N/A
ADR & COMPLAINT DOCUMENTATION: A complete record of each reported complaint and adverse reaction is created and retained per USP 797. [USP 797 Section 18.1]	N/A
RECALL PROCEDURES & SOP: If CSPs are dispensed or administered before the results of release testing are known, procedures are in place to immediately notify the prescriber of a failure of specifications with a potential to cause patients harm; determine the severity of the problem and urgency for implementation/completion of recall; identify patients (or other points of distribution) who have received affected CSP; recall any unused dispensed CSPs; quarantine remaining stock in the pharmacy; investigate if other lots are affected and recalled if needed; conduct investigation and document reason for the failure. Recalls are reported to the appropriate regulatory body as required by the laws and regulations of the applicable regulatory jurisdiction. [USP 797 Section 18] *-- Per policy' Recall of Dispensed CSPs' - No compounding currently.*	Yes
ANNUAL SOP & QA/QC COMPLIANCE REVIEW: Facility sterile compounding SOPs are reviewed every 12 months by the Designated Person(s); the review is documented. Changes to SOP are made only by the Designated Person and documented. Acknowledgement of revisions to SOP's are communicated to all personnel. The overall QA/QC Program is reviewed at least once every 12 months by the Designated Person(s); the review is documented, and corrective actions are taken if needed. [USP 797 Section 17 & 18]	N/A

W. HAZARDOUS DRUG HANDLING & COMPOUNDING – ALL CATEGORIES

DESIGNATED PERSON: The entity has a Designated Person who is qualified and trained to be responsible for implementing appropriate HD procedures, overseeing compliance with USP 800 requirements, ensuring environmental control of the storage and compounding areas, monitoring HD facility operations, testing, and acting on results. [USP 800 Section 4]	
HAZARD COMMUNICATION PROGRAM (HCP): Facility has SOPs to ensure effective training regarding proper labeling, transport, storage, and disposal of HDs and use of Safety Data Sheets. The HCP and HD SOPs include a written plan describing 1) how USP 800 requirements are implemented, 2) HD chemical container labeling with the identity of the material and appropriate hazard warnings, 3) readily accessible location of HD chemical SDSs known and accessible by all personnel, 4) HD risk training and information provided to all personnel with HD exposure risk before initial HD handling work assignment and whenever hazard changes, 5) personnel of reproductive capability written acknowledgement of understanding of HD handling risks. [USP 800 Section 8]	
LIST OF HAZARDOUS DRUGS & ASSESSMENT OF RISK: Facility maintains a list of HDs that includes any items on the current NIOSH that the entity handles. The list is reviewed every 12 months and whenever a new agent or dosage form is used. All HD drugs follow the requirements of USP 800 unless an assessment of risk (AOR) is performed. If an assessment of risk approach is taken, the entity must documents what alternative containment strategies and/or work practices are being employed for specific dosage forms to minimize occupational exposure. The AOR minimally contains the type of HD, dosage form, risk of exposure, packaging, and manipulation considerations. The HD drug list & AOR is reviewed at least every 12 months and whenever a new agent or dosage form is used. [USP 800 Section 2]	
CONTAINMENT REQUIREMENTS: All antineoplastic HDs requiring manipulation and HD active pharmaceutical ingredients (APIs) on the NIOSH list follow all the requirements of USP 800. [USP 800 Section 2, Box 1]	
HD HANDLING, RECEIPT & STORAGE SOPs: SOPs are created and followed for the safe handling of HDs used by the facility. [USP 800 Section 17]	
HD HANDLING AREAS, SIGNAGE, & ACCESS: Signage designating HD handling areas are prominently displayed and access to HD handling areas is restricted to authorized personnel. Designated areas are available for receipt, unpacking, storage, and sterile compounding of HDs. [USP 800 Section 5]	
HD STORAGE: HDs are stored to prevent spillage or breakage, off floors, and in areas appropriate for natural disasters. Antineoplastic HDs and HD API are stored separately from non-HDs to prevent contamination and personnel exposure. HD storage areas are externally ventilated and negative-pressure rooms with at least 12 ACPH. Refrigerated antineoplastic HDs are stored in a dedicated refrigerator, in a negative prassure area with at least 12 ACPH. Pass through refrigerators are not used. [USP 800 Section 5.2]	

STERILE HDs COMPOUNDED IN A C-SCA: C-SCA maintains a minimum of 12 ACPH of HEPA- filtered air and has negative pressure to adjacent areas of -0.01" w.c. to -0.03" w.c. [USP 800, sections 5.3.2 Table 3]	
C-SEC DESIGN AND ENGINEERING CONTROLS: The C-SEC has fixed walls physically separated from other preparation areas, is externally ventilated has 30 ACPH, and negative pressure to adjacent areas of -0.01" w.c. to -0.03" w.c. [USP 800 Section 5.3.2 Table 3]	
C-SEC ACCESS: The Ante Room used for entry into the negative pressure buffer room has fixed walls and maintains a minimum of 30 ACPH of HEPA-filtered air, positive pressure of +0.02" w.c. to all adjacent unclassified areas, and ISO7 or better classification. Alternatively, a negative-pressure HD buffer entered exclusively through a positive pressure non-HD buffer room contains a line of demarcation (LOD) within the negative-pressure buffer room for donning/doffing HD PPE and a method a transport of HDs, HD CSPs, and HD waste into and out of the HD buffer (e.g., pass-through chamber). Pass through chambers are included in semi-annual facility certification. [USP 800 Section 5.3.2]	
C-SEC SINK & SAFETY EQUIPMENT: A sink is available for hand washing and an eyewash station and/or other emergency safety precautions meeting applicable laws and regulations are readily available and located where operation does not interfere with ISO classifications. Sinks are located at least 1 meter from the entrance into the buffer room (or at least 1 meter from the C-PEC in a C-SCA). [USP 800 Sections 5.3 & 5.3.2]	
C-PEC LOCATION, VENTING, & OPERATION: All C-PECs used for sterile HD compounding (e.g., CACIs or BSCs), are located within a C-SEC or C-SCA, externally vented, and maintain an ISO 5 or better air quality. C-PECs operate continuously if supplying some or all the negative pressure in the C-SEC or if used for sterile compounding. During power outages, repairs, or relocation, C-PEC use is suspended immediately. Once C-PEC power is restored, all PEC surfaces are decontaminated, cleaned, and disinfected, and compounding is not resumed until the manufacturer's specified recovery time has elapsed. [USP 800 Section 5.3.2]	
REQUIRED HD PPE: When compounding HDs, gowns, head, hair, shoe covers, and two pairs of chemotherapy gloves are donned per facility SOPs. Chemotherapy gloves are tested to ASTM standard D6978 (or its successor) and are powder free and two pair of chemotherapy gloves are donned per SOP. Gloves are inspected for physical defects. Gloves are changed when torn, punctured, or contaminated. Personnel wash hands with soap and water after removing gloves. HD gowns are disposable, resistant to permeability by HDs, close in back, are long sleeved, closed cuff, and seamless. Gowns are changed per manufacturer's permeation information; if no data is available, HD gowns are change every 2-3 hours or immediately after a spill or splash. Gowns are limited to HD handling areas and are donned over the sterile compounding garment. When compounding, a second pair of shoe covers is donned before entering the C-SEC and doffed when exiting the C-SEC. HD PPE is disposed of appropriately prior to exiting the C-SEC. Chemotherapy gloves and sleeve covers (if used during compounding) are carefully removed and discarded immediately into an appropriate waste container inside of the C-PEC or contained in a sealable bag for discarding outside of the C-PEC. Reusable PPE is decontaminated and cleaned after each use. [USP 800 Section 7]	
EYE AND FACE PROTECTION: Appropriate eye (goggles) and face protection (face shield) are worn when there is a risk for spills or splashes or when working outside of a C-PEC. Surgical masks are not used when respiratory protection is required per SOP and/or AOR as protection from HD exposure. [USP 800 Section 7.4]	
HD TRAINING & COMPETENCY ASSESSMENT: Personnel who handle HDs are trained and demonstrate competency initially before independently handling HDs, annually, and when a new HD medication, process, SOP, or equipment is introduced. Training minimally includes an overview of the entity's HD list and their risks; review of HD SOPs; proper use of PPE, equipment, and devices; prevention of HD exposures and spills; HD exposure and spill response; use of a spill kit, PPE, and NIOSH-certified respirators; and HD disposal. Based on job duties, personnel receive additional HD training in HD acquisition and receipt, preparation, compounding, dispensing, labeling, storage, and transport. Training and competency assessments are documented. [USP 800 Sections 8, 9, 11.1, 16, & 17]	
HD ATTESTATION: Personnel of reproductive capability have a written acknowledgement attesting to their understanding of HD handling risks. [USP 800 Section 8]	
DEDICATED HD EQUIPMENT: Disposable or cleanable equipment for compounding (e.g., mortar and pestle, graduated cylinder, spatulas) is dedicated for use with HDs. [USP 800 Section 13]	
NON-HD COMPOUNDING IN A C-PEC: Non-HDs compounded in a HD C-PEC are placed in protective outer wrapping, labeled for PPE handling precautions, and treated as an HD. The C-PEC worksurface is decontaminated between compounding of different HDs. [USP 800 Section 5.3.2 and Table 3]	
DEACTIVATION, DECONTAMINATION, CLEANING & DISINFECTION (D/D/C/D): Areas where HDs are handled and all reusable equipment and devices are deactivated/decontaminated, and cleaned. Sterile compounding areas and devices are subsequently disinfected. Written procedures for decontamination, deactivation, cleaning, and disinfection are available and followed. Procedures include agents used, dilutions (if used), frequency, and documentation requirements. Agents selected are appropriate for the type of HD contamination(s), location, and surface materials. Sterile 70% IPA is used to remove residue left on sterile surfaces and compounding areas by decontaminating agents. [USP 800 Section 15]	
D/D/C/D TRAINING & PPE REQUIREMENTS: Personnel are trained in deactivation/decontamination, cleaning, and disinfection to protect themselves and the environment from contamination. Personnel wear appropriate PPE resistant to cleaning agents used, including 2 pairs of ASTM-tested chemotherapy gloves and impermeable disposable gowns. Eye protection and face shields are worn if splashing may occur. [USP 800 Section 15]	
C-PEC D/D/C/D: C-PEC is decontaminated at least daily (when used), after as spill, before and after certification, voluntary interruption, or if ventilation tool is removed. The C-PEC worksurface is decontaminated between compounding of different HDs. The area under the work tray of a C-PEC is deactivated, decontaminated, and cleaned at least monthly. [USP 800 Section 15.2]	
HD LABELING, PACKAGING, TRANSPORT & SPILLS HANDLING: Facility follows SOP for the labeling, handling, packaging, and transport of HDs which addresses the prevention of spills/exposures, training for exposure, and spill handling. HD CSPs are identified as hazardous and labeled with special handling precautions. Labeling process for compounded HD products does not introduce contaminated materials into non-HD areas. [USP 800 Section 11 & 11.2]	
SPILL KITS, & SINGAGE: Spill kits are readily available with appropriate supplies, PPE, and signs to restrict access to affected areas. restriction posted, and documentation of spills occur when needed. [USP 800 Section 16]	

X. LYOPHILIZATION

Sterile preparations prepared for lyophilization are maintained in ISO 5 unidirectional laminar flow air throughout sterilization, filling, and transport to the lyophilizer. [64B16-27.797(5) F.A.C.]	
A recorded smoke study is available and demonstrates that transport from the PEC to the lyophilizer is accomplished in ISO 5 laminar flow air at all times. [64B16-27.797(5) F.A.C.]	
The pharmacy has established and follows policies and procedures for the high-level disinfection of the lyophilizer chamber, piping, and all other areas of the unit which pose a potential risk for contamination of the product. [64B16-27.797(5) F.A.C.]	
The pharmacy validated the high-level disinfection procedure initially, and after changes to the cleaning process or agents. Documentation of studies is available for inspection. [64B16-27.797(5) F.A.C.]	
Validation studies for high level disinfection are performed with the 5-aerobic bacterial and fungal ATCC organisms referenced in USP<71> are conducted by an external vendor unless the firm has an internal laboratory capable of performing the studies. An internal laboratory is separate from the compounding and work areas of the pharmacy to prevent contamination in the pharmacy. [64B16-27.797(5) F.A.C.]	
Policies and procedures are established and followed for cleaning the lyophilizer prior to disinfection and include cleaning agents and schedules. Documentation of cleaning is maintained and available for inspection. [64B16-27.797(5) F.A.C.]	

Policies and procedures are established for the maintenance of the lyophilizer and at a minimum include the manufacturers recommendations. [64B16-27.797(5) F.A.C.]	
The maintenance schedule includes provisions for periodic testing of the chamber for leaks and all other recommended procedures described by the equipment manufacturer. Documentation of routine maintenance is available for inspection. [64B16-27.797(5) F.A.C.]	
SOPs and quality assurance program established to include validation of the filling process, container closure integrity, frequent monitoring of fill volumes, identification of over fills and underfills, assessment of personnel involved in compounding for lyophilization, equipment qualification, formula verification, and evaluation of finished product for conformance to specifications. [64B16-27.797(5) F.A.C.]	
The pharmacy has provisions for sterilizing, with filters, the inert gas or air used for backfilling during the vacuum release phase. These Sterilizing filters undergo the manufacturers recommended integrity test. [64B16-27.797(5) F.A.C.]	
Media fills are conducted every six months using the maximum batch size and demonstrate the filling, transport to the lyophilizer, loading and stoppering operations. Media is NOT frozen during the media fill operation. [64B16-27.797(5) F.A.C.]	
Personnel preparing sterile compounds for lyophilization wear sterile Personal Protective Equipment that covers all exposed skin. [64B16- 27.797(5) F.A.C.]	
Glove Fingertip Sampling is performed with every batch after fill and transport into the lyophilizer on all personnel compounding for lyophilization. The results are incorporated into the batch record. [64B16-27.797(5) F.A.C.]	
In-process acceptance criteria such as color, moisture limits and visual appearance are established for each lyophilized product. [64B16- 27.797(5) F.A.C.]	
A 100% visual examination of the finished product is conducted to determine that the product conforms to the established visual criteria and is incorporated into the batch record. [64B16-27.797(5) F.A.C.]	
Finished product testing is conducted on all batches. Procedures have been established for selecting test samples from the batch and are written and followed. Such procedures may include location of vials in the lyophilizer and positions in the fill line. [64B16-27.797(5) F.A.C.]	
Finished product testing includes sterility testing using a USP<71> method unless an alternative test method has been validated and shown to be equivalent or better. Diluents used to reconstitute the sample vials for testing are preservative free. [64B16-27.797(5) F.A.C.]	
Each batch of lyophilized product with a beyond use date that falls within the USP<797> guidelines and is not tested for sterility, has viable air and surface sampling that is collected in critical areas of ISO 5 locations as well as sampling of the gloves and sleeves of personnel documented in the batch record. [64B16-27.797(5) F.A.C.]	
Every lyophilized product has established endotoxin levels Each batch of lyophilized product is tested for endotoxin in accordance with USP<85> and confirmed to fall within the set limits and documented in the batch record. [64B16-27.797(5) F.A.C.]	
Potency, radiochemical purity, or applicable test to assure label claim is conducted on every batch and documented in the batch record. In lieu of potency testing, weight-based verification may occur based on formula verification. Potency testing shall be based on the USP monograph if one is available. [64B16-27.797(5) F.A.C.]	

Y. SPECIAL PARENTERAL ENTERAL & EXTENDED SCOPE

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.].	
Medication is properly labeled for dispensing to patient. [64B16-28.108(2) F.A.C.]	
Outdated medications removed from active stock. [64B16-28.110 F.A.C.]; [64B16-28.1191 F.A.C.]	
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and quarterly summarization of Quality Related Events are available for inspection. [64B 16 27.300 F.A.C.]; [766.101 (1) (a)(l) F.S.]	
Pharmacy maintains patient profile with allergy information and medications dispensed. [64B16-27.800, F.A.C.]	
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05]	
Prescriptions for controlled substances are on counterfeit-proof prescription pads or blenks purchased from a department-approved vendor and the quantity and date meet the requirements of [456.42(2), F.S.].	
Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a), F.S.] [21CFR1304.11] [21CFR1304.04]	
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)]	
Controlled substance records and prescription information in computer system are retrievable and maintained for 4 years. [21CFR1304.04]; [465.022(12) (a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.]	
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(d) F.A.C]	
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4) (3)(a), F.S.]	
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.]	
A special sterile products and parenteral/enteral compounding pharmacy provides telephone accessibility to its pharmacist(s) for its patients at all hours. [64B16-28.820(3)(b)]	
A special sterile products and parenteral/enteral compounding pharmacy provides special handling and packaging of compounded parenteral and enteral preparations when delivering from the pharmacy to the patient or institution as required to maintain stability of the preparations. [64B16-28.820(3)(b)]	

Z. Miscellaneous

BLOOD-DERIVED OR BIOLOGICAL MATERIAL MANIPULATIONS: Compounding activities that require the manipulation of a patient's blood-derived or other biological material (e.g., autologous serum), are clearly separated from other compounding activities and equipment used in CSP preparation activities and controlled by specific SOPs to avoid cross-contamination. [USP 797 Section 1.1.2]	
ALLERGENIC EXTRACTS: Licensed allergenic extracts are mixed and diluted to prepare prescription sets for administration to patients. A prescriptions set is a vial or set or vials of premixed licensed allergenic extracts for subcutaneous immunotherapy that have been diluted with an appropriate diluent for an individual patient. Compounding allergenic extracts 1) minimally complies with all aspects of USP <797> Section 21; 2) involves transfer via sterile needles and syringes of conventionally manufactured sterile allergen products and appropriate conventionally manufactured sterile added substances; and 3) manipulations are limited to penetrating stoppers on vials with sterile needles and syringes and transferring sterile liquids in sterile syringes to sterile vials. If these conditions are not met, compounding of allergenic extracts follows all aspects of USP <797>. [USP 797 Sections 1.1.2 and 21]	

Corrective Action Plan

A corrective action plan is required to be submitted within 30 days for the non-compliant items listed above. [64B16-27.797(5), F.A.C.]	

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

MURRAY, CHARLENE

Date:10/21/2025

Representative:

Alison Koskos

Date:10/21/2025

Your license number is PH 36069.

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.

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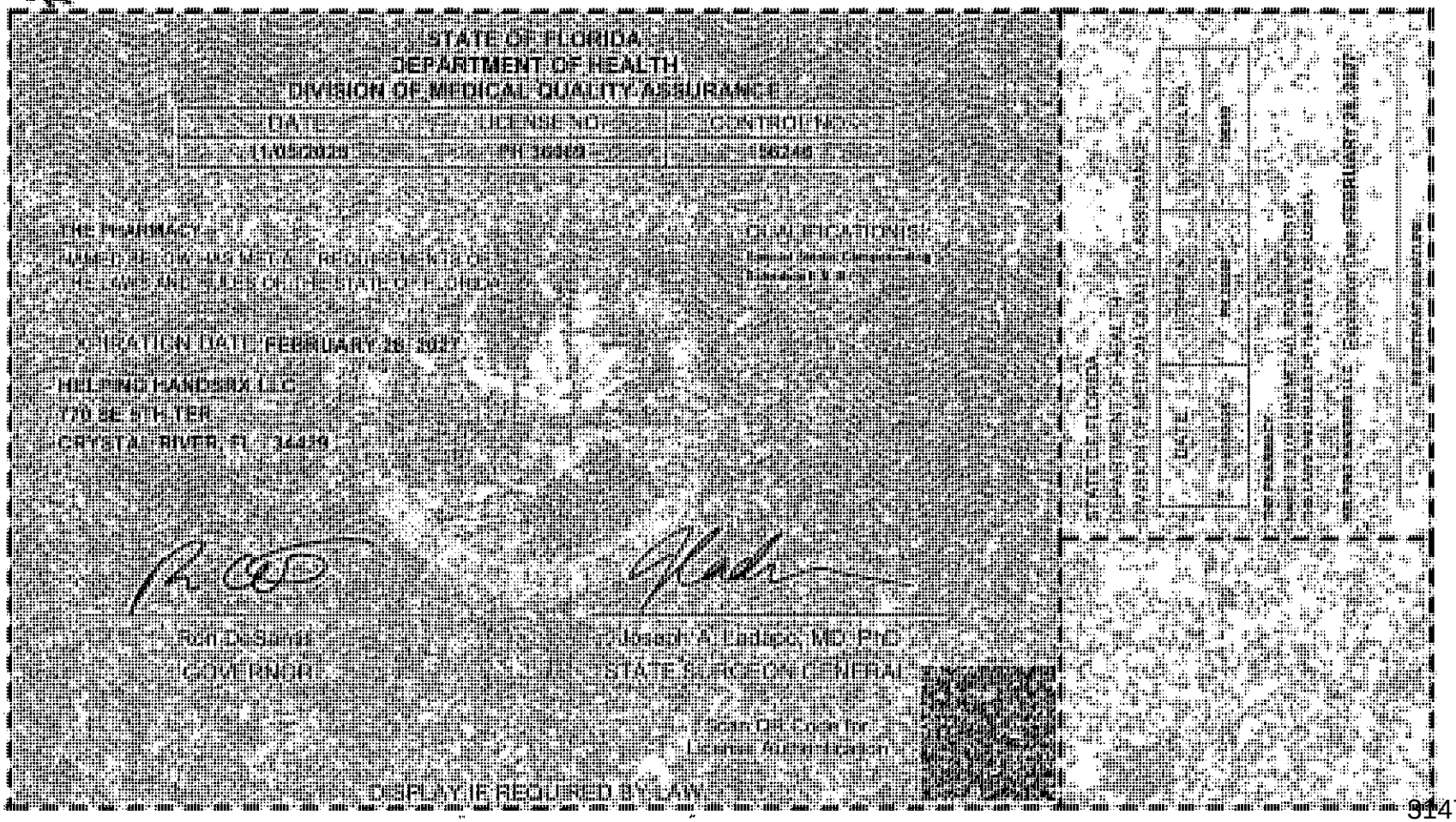

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/05/2025	PH 36069	156246

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA

QUALIFICATION(S)
Special Stamp Compounding
Schedule I & II

EXPIRATION DATE FEBRUARY 28, 2027

HELPING HANDSRX LLC
770 SE 5TH TER
CRYSTAL RIVER, FL 34429

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
PH 36069
Expiration Date FEBRUARY 28, 2027

Department of Health

Helping HandsRx LLC

License Number: PH35716

Data As Of 11/8/2025

Profession	Pharmacy
License	PH35716
License Status	Clear/
Qualifications	Community Pharmacy Schedule II & III
License Expiration Date	2/28/2027
License Original Issue Date	04/28/2025
Address of Record	770 SE 5th Ter CRYSTAL RIVER, FL 34429
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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
KOSKOS, ALISON FAYE	RX DPT MGR/COR/POR	PHARMACIST	67810	07/01/2025

Name	Relationship	Profession	License	Effective Date
HELPING HANDSRX LLC	STERILE COMPOUNDING	PHARMACY	36069	6/17/2025

Click on the License Number to view License Details for that Practitioner

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.

Department of Health

Helping HandsRx LLC

License Number: PH36069

Data As Of 11/8/2025

Profession	Pharmacy
License	PH36069
License Status	Clear/
Qualifications	Special Sterile Compounding Schedule II & III
License Expiration Date	2/28/2027
License Original Issue Date	11/04/2025
Address of Record	770 SE 5th Ter CRYSTAL RIVER, FL 34429
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

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1. Full name and license number of the practitioner;
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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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
HELPING HANDSRX LLC	PHARMACY	PHARMACY	35716	06/17/2025
KOSKOS, ALISON FAYE	RX DPT MGR/COR/POR	PHARMACIST	67810	11/04/2025

Department of Health

ALISON FAYE KOSKOS

License Number: PS67810

Data As Of 11/7/2025

Profession	Pharmacist
License	PS67810
License Status	Clear/Active
License Expiration Date	9/30/2027
License Original Issue Date	10/04/2024
Address of Record	17911 SW 66th Pl Dunnellon DUNNELLON, FL 34432
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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
HELPING HANDSRX LLC	PDM/CORSUBORDINATE	PHARMACY	35716	7/1/2025
HELPING HANDSRX LLC	PDM/CORSUBORDINATE	PHARMACY	36069	11/4/2025

Click on the License Number to view License Details for that Practitioner

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.

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacist License # 76509

License Information

KOSKOS, ALISON FAYE

License Status Active
License # 76509
Expiration Date 03/31/2028
Date License Issued 10/09/2025

Pharmacist Details

School Graduated
LIPSCOMB UNIVERSITY HEALTH SCIENCES CENTER COLLEGE OF PHARMACY
Graduation Year 2024
Degree at time of licensure Pharm D
License Method Reciprocity
Preceptor No
Prior Disciplinary Order(s)* 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.

Names

Last Name KOSKOS
First Name ALISON
Middle Name FAYE
Other Name
Certificate Name KOSKOS, ALISON FAYE

More Pharmacist Details

Specialty Board Certification ¥ Unknown

¥ Data regarding Specialty Board Certification 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 for clarification.

Remedial Plans and Drug Therapy Management

Remedial plans (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

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.

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 ☒ 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: Specialty Pharmacy Home Infusion 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: Pharmko Inc

Physical Address: 298 Central Ave

City: Lawrence State: NY Zip: 11559

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 516-540-2003 Toll Free # (NAC 639.708, NRS 639.23286): 877-540-2003

Fax: 516-619-1813 Contact Email: referral@pharmko.com

Website: https://pharmko.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Ashokanand Ramdhanie

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): NA

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: Justin Leung Tan	NV Pharmacist Registration #: 23431
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: New York

Parent Company (if any): _____

Corporation/Organization Name: Pharmko, Inc.

Mailing Address: 298 Central Ave

City: Lawrence State: NY Zip: 11559

Telephone: 516-540-2003 Email: referral@pharmko.com

Contact Person Name: Sarah Bensimon

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 Owner/CEO (title) for Pharmko, Inc (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each 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).

Sarah Bensimon

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

02/04/2026

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Sarah Bensimon 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/CEO (title) for Pharmko, Inc (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

State of Texas, County of Denton, ss:

SUBSCRIBED AND SWORN TO
Before me, a notary public this 4th day of February, 20 26

Latoya Lynn Reese

Notary Public

Latoya Lynn Reese
Notary Public, State of Texas
Comm. Expires 06-03-2029
Notary ID 133138086

Notarized Online with NotaryLive.com

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sarah Bensimon

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

02/04/2026

Date

Board Use Only	Date Received: 2/23/26	Amount: $500-CK 1411

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	PHARMKO, INC.
DOS ID Number:	5705405
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	02/10/2020
Statement Status:	CURRENT
Statement Due Date:	02/28/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on September 09, 2025 at 09:07 A.M.

WALTER T. MOSLEY
Secretary of State

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100008725795 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Pharmko Inc

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 298 Central Ave

City Lawrence State NY Zip 11559

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Ashokanand Middle _____ Last Ramdhanie

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State NY 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)	
St Johns University		1993-1995	
Address	**City**	**State**	**Zip**
81-89 170th St	Jamaica	NY	11432
Diploma/Degree obtained, if any			
Master of Science, Pharmacology			

School Name		From - To (MM/YY – MM/YY)	
St Johns University		1985-1990	
Address	**City**	**State**	**Zip**
81-89 170th St	Jamaica	NY	11432
Diploma/Degree obtained, if any			
Bachelor of Science, Pharmacology			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/99-present	[redacted]	[redacted]	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
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)	
Pharmko Inc			05/03/2021-Present	
Business Address		**City**	**State**	**Zip**
298 Central Ave		Lawrence	NY	11559
Phone	**Title**		**Number of Employed Hours**	
516-540-2003	Director of Pharmacy/PIC		over 8000	
Description of Duties				
Responsible for the overall 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, Ashokanand Ramdhanie, **certify that as the designated representative for**

Pharmko Inc,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. x I am at least 21 years of age;
3. x I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. x I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. x I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. x I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. x I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Ashokanand Ramdhanie

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/05/2024

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.

Ashokanand Ramdhanie

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/05/2026

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of NASSAU

I, Ashokanand Ramdhanie, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

02/05/2026

Date

Subscribed and Sworn to before me this 05 day of FEBRUARY 2026

Notary Public Signature

YADAV HASTIR
Notary Public of New York
Registration # 01HA0012317
Qualified in Nassau County
My Commission Expires 08/21/2027

(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: Pharmko, Inc

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 298 Central Ave

City: Lawrence State: NY Zip: 11559

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 516-540-2003 Toll Free # (NAC 639.708, NRS 639.23286): 877-540-2003

Fax: 516-619-1813 Contact Email: referral@pharmko.com

Website: https://pharmko.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Justin Leung Tan

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23431

Name of Designated Person(s) as defined by revised USP-797 guidelines: Ashokanand Ramdhanie

Email of Designated Person(s): ash@pharmko.com

Telephone of Designated Person(s): 516-540-2003

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? 12/02/2025

6. What is the frequency of the recertification for the ISO classified areas? Every 6

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? _____

10. Will you be performing sterile hazardous drug compounding? Yes XNo

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:

IDPN
IPN
TPN

12. What laboratory performs your sterility or endotoxin testing?

Name: Bio Pharma
Address: Attn: Sample Administration Department
City: 840 Research Parkway, Suite 546 State: _____ Zip: _____
Telephone: _____

13. What is your procedure for visual inspection of compounded sterile products?

All compounded sterile products (CSPs) undergo documented visual inspection by a licensed pharmacist prior to release and dispensing. Visual inspection is performed under adequate lighting and includes verification of the following:

Absence of visible particulates, fibers, haze, or precipitate
Container integrity, including seals, ports, closures, and overwraps
Color, clarity, and uniformity of the final preparation
Confirmation that the labeling matches the prescription, formulation, volume, and assigned beyond-use date (BUD)
Verification that no evidence of leakage, cracking, or compromised sterility is present
For parenteral nutrition (TPN, IDPN, IPN), inspection includes review of emulsion stability, absence of phase separation or "cracking," and confirmation that final appearance is consistent with formulation standards.
Any CSP failing visual inspection is immediately quarantined, investigated, documented, and not released for patient use. Visual inspection is completed in accordance with USP <797> requirements and documented as part of the final

14. How often do you perform glove fingertip and medial fill testing?

q 6 months

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

All personnel involved in sterile compounding receive initial and ongoing training in accordance with USP <797>. Training includes aseptic technique, hand hygiene, garbing and gowning, cleanroom behavior, use of engineering controls, cleaning and disinfection procedures, beyond-use dating, labeling, and quality assurance. Personnel must successfully complete media fill testing, gloved fingertip and thumb sampling, and garbing qualification prior to independently compounding CSPs. Ongoing competency assessments, including semiannual media fill and fingertip testing for Category 3 compounding, are performed and documented. Training and competency validation are overseen by pharmacy leadership with support from a qualified sterile compounding consultant.

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:

rimary and secondary engineering controls are cleaned and disinfected in accordance with USP <797>. Primary engineering controls (PECs) are cleaned at the beginning of each shift, before and after each batch, after spills, and at the end of the day using sterile 70% isopropyl alcohol. Secondary engineering controls, including ISO-classified buffer and ante areas, are cleaned daily with an approved disinfectant and at least monthly with a sporicidal agent. Cleaning agents include sterile 70% IPA for routine disinfection, an EPA-registered disinfectant for daily cleaning, and a sporicidal agent used on a scheduled basis. All cleaning activities are documented, and personnel are trained

17. Who performs the sterile compounding process at your facility?

PharmDs only no technicians

18. Who is responsible and accountable for the sterile compounding process at your facility?

Pharmacist in

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Follow URAC protocol for packing, ice use and temp monitoring, we also do two cold chain tests per

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?

FDA guidelines and state guidelines sent with new patient packets as per ACHC

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:

TPN
IDPN
IPN

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

Garbing qualification: Initially and annually, and upon any failure

Gloved fingertip and thumb sampling: At least every 6 months for Category 3 personnel

Media fill testing: Initially and every 6 months, and upon any significant process change or failure, in accordance with USP <797>

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? x Yes No

4. What is the frequency for completing volumetric active air sampling?

Volumetric active air sampling of ISO-classified areas is performed at least every 6 months, and additionally following any major renovation, HEPA filter replacement, or adverse environmental

5. What is the frequency for completing surface sampling? Surface sampling is conducted at least every 6 months in all ISO-classified areas and pass-through chambers, and more frequently if required by investigation or environmental trending.			
6. What is the frequency for using sporicidal agents? A sporicidal agent is applied at least monthly to all ISO-classified areas, in addition to routine daily and weekly cleaning and disinfection procedures, in accordance with USP <797>.			
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	N/A	Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	X	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.

Ash Ramdhanie

Name of Person who Completed the Form

Pharmacist in Charge

Title

Signature (copies or stamps not accepted)

01/26/2026

Date

Board Use Only	Date Received: 1/23/26	Date Approved: _____	Approved By: _____

Texas Phcy. Lic. # _____

Expiration Date: ___/___/_____

NOTICE OF INSPECTION
Conducted by Qualified Vendor
for
Texas State Board of Pharmacy
1801 Congress Ave., Suite 13.100
Austin, Texas 78701

Name of Individual	Title	Resident State Lic. #	Expiration Date
Sarah Bensimon	CEO	059597	5/31/2026

Name of Facility
Pharmko Inc.

Address
298 Central Avenue

City	State	Zip	Phone #
Lawrence	NY	11559	561-504-7884

DEA Registration #	Expiration Date	Resident State Phcy. License #	Expiration Date
[redacted]	03/31/2025	038192	5/31/2026

Date	Time of Entry
6/11/2025	10:30

PURPOSE OF INSPECTION

___ Routine

✓ Pre-Inspection

___ Other _____

ACKNOWLEDGEMENT

This is to acknowledge that the Qualified Vendor for the Texas State Board of Pharmacy Reginal Bellamy has presented identification, documentation of authorization, and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I am the Sarah Benisom for the above-described facility;
2. x I have read this Notice of Inspection and understand its contents and purpose;
3. x I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
4. I have had the purpose of the entry into the above-described facility by the Board's agent stated to me; and
5. x I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

_____
Signature

Witnesses:

_____
Signature

_____
Signature

PIC Name: Ashokanad Ramdhanie

PIC TX License #: Have ap

PIC email: ash@pharmko.com

Texas State Board of Pharmacy
Inspection Report for Pharmacies Compounding Sterile Preparations
Class E-S

Name of Pharmacy: Pharmko Inc _____ **TSBP License #**_____

Each item is assessed as Satisfactory, Unsatisfactory, or Not Applicable (N/A). Unsatisfactory indicates a Warning Notice requiring corrective action within a designated time frame or Refer to Legal Team for review and possible discipline. For an explanation of specific violations noted, refer to the Remarks section of the Inspection Report.

Compounded Dosage Forms: Check which of the following dosage forms are being compounded by the pharmacy	
	Allergen extracts
✓	Parenteral solutions
	Parenteral suspensions
	Preservative-free parenterals
	Ophthalmic preparations
	Oral or nasal inhalation preparations (not topical sprays)
	Baths or soaks for live organs/tissues
	Irrigations for wounds or body cavities
	Any other sterile preparations (implants, pellets, etc.) **[list]**
	Investigational drugs
	Blood products or other biological materials (wound care, autologous eye drops, etc.)
	Any compounds using federally controlled substances Schedule I-V **(list and percentage)** N/A
	Does the pharmacy use lyophilizer?

Satisfactory	Code	Unsatisfactory	N/A	Environment
✓	109			**Is the cleanroom clean and free of objects that shed particles?**
✓	110			Is the cleanroom used only for sterile preparations?
✓	119			Does the cleanroom contain only appropriate supplies?
✓	101			Does the ante-area provide at least ISO Class 8 air quality under dynamic conditions?
	115	✓		Does the ante-area contain a hands-free sink with hot and cold running water?
✓	102			Does the buffer area provide at least ISO Class 7 air quality under dynamic conditions?
✓	106			Is the buffer area free from sources of water (e.g., sink, floor drains)?
	108	✓		Is there hands-free access to the buffer area?
	113	✓		Are floors, walls, ceilings & fixtures smooth, impervious and free from cracks & crevices?
✓	112			Does the floor covering enable regular disinfection?
✓	118			Are supplies stored above the floor to permit adequate floor cleaning?
✓	127			Does the clean room have a pressure gauge or velocity meter to monitor pressure differential between buffer area and ante-area and between the ante-area and the general environment? Is the pressure differential at least 0.02" wc?
✓	116			Are temperature and humidity monitored, documented and within the required range?
✓	167			Is there a thermometer available for the cleanroom and refrigerator(s)?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Primary Engineering Control (PEC) Device – i.e., LAFH, BSC, CAI, CACI**
✓	126			Is the laminar air flow hood located in a buffer area that has a minimum differential positive pressure of 0.02" wc?
✓	121			Is the PEC able to maintain at least ISO Class 5 conditions while compounding sterile preparations?
	246		✓	Are hazardous drugs prepared in a Class II/III vertical flow BSC or CACI located in an ISO Class 7 area physically separated from other areas?
	247		✓	Does the area where the BSC or CACI is located have not less than 0.01" wc negative pressure adjacent to the positive pressure ISO Class 7 area?
	105		✓	Does the CAI or CACI provide unidirectional airflow?
	104		✓	If the CAI or CACI is used for high-risk sterile compounding, is it placed in an ISO Class 8 area?
	122		✓	If the CAI is not required to be placed in an ISO Class 7 area, does the pharmacy maintain documentation from the manufacturer?
✓	124			Is the PEC certified by an independent contractor every 6 months and when relocated?
✓	125			Are prefilters inspected periodically and replaced as needed?
✓	128			Are differential pressures monitored and documented at least every work shift (at a minimum daily) or by a continuous recording device?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Equipment and Supplies**
✓	174			Does the pharmacy have disposable needles, syringes, and other required or applicable supplies?
✓	177			Does the pharmacy have lint-free towels or wipes?
✓	180			Does the pharmacy have masks, caps, gowns with tight cuffs, shoes covers, and beard covers (if applicable)?
✓	176			Does the pharmacy have handwashing agents with bactericidal action?
✓	175			Does the pharmacy have disinfectant cleaning solutions and dedicated cleaning supplies?
	179		✓	Does the pharmacy have hazardous spill kits, if applicable?
✓	171			Does the pharmacy have appropriate containers for needles and syringes?
✓	170			Does the pharmacy have sterile isopropyl alcohol, sterile gloves, and waterless alcohol-based surgical hand scrub?
✓	178			Does the pharmacy have appropriate filters and filtration equipment?
✓	181			If an automated compounding device is used, does the pharmacy calibrate & verify the device for accuracy, and document at least daily?
✓	172			Does the pharmacy have packaging/delivery containers to maintain proper storage conditions for sterile preparations?

Satisfactory	Code	Unsatisfactory	N/A	High-Risk Compounded Sterile Preparations (CSPs)
	103	✓		If high-risk CSPs are compounded, does the buffer area provide physical separation from other compounding areas?
✓	231			Is sterility testing performed if CSPs are prepared in groups > 25, or
✓	232			If MDVs are prepared for multiple patients or when exposed > 12 hours at 2-8 degrees C before sterilized, or
✓	233			If exposed > 6 hours at warmer than 8 degrees C before sterilized?
✓	237			Are all non-sterile measuring, mixing, and purifying devices rinsed thoroughly with pyrogen-free or depyrogenated sterile water, and then thoroughly drained or dried immediately before use for high-risk sterile compounding?
✓	238			Are all high-risk sterile solutions subjected to terminal sterilization prefiltered using no larger than a 1.2-micron filter to remove particulate matter? Is sterilization by filtration performed with a sterile 0.2 – 0.22 micrometer pore size filter within an ISO Class 5 environment or better?
✓	165			Are filter integrity tests being performed and documented (e.g., bubble point test)?
✓	239			Are pre-sterilization procedures (weighing and mixing) completed in an ISO Class 8 environment or better?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Library**
✓	154			Does the pharmacy have a reference on injectable drugs?
✓	155			Does the pharmacy have a specialty reference?
✓	156			Does the pharmacy have all of the required (USP chapters 71, 85, 795, 797, 1163) and applicable USP chapters?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Hazardous Compounded Sterile Preparations**
	242		✓	Do personnel wear protective apparel at all times when hazardous drugs are handled?
	243		✓	Do personnel use appropriate safety and containment techniques when preparing hazardous CSPs?
	244		✓	Do personnel dispose of hazardous waste in compliance with local, state, and federal regulations?
	245		✓	Do personnel affix a proper label, including proper precautions inside and outside of the packaging?
	248		✓	Does the pharmacy have a pressure indicator that can be readily monitored for correct room pressurization?
	249		✓	Does the pharmacy meet the requirements for low volume preparation of hazardous drugs by using a device that provides two-tiers of containment (e.g., closed-system vial transfer device within a BSC)?
	250		✓	Are hazardous drugs stored separately from other inventory in a manner to prevent contamination and personnel exposure?
			✓	Does the pharmacy have a plan to comply with USP <800> by the implementation date?
			✓	Are hazardous drugs stored separately in compliance with USP <800> (negative pressure at least -0.01" wc to adjacent areas and with at least 12 ACPH)?
			✓	Is hazardous drug waste quarantined in a designated area?
✓				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)?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Personnel Cleansing, Garbing and Hand Hygiene**
✓	202			Does hand sanitizing and gowning occur in the ante-area (outside of the buffer area)?
✓	180			Do compounding personnel don clean non-shedding gowns with sleeves that fit snugly around the wrists and enclose at the neck? Is the order of garbing appropriate (dirtiest to cleanest)?
✓	194			Before entering the buffer area, do compounding personnel remove cosmetics?
✓	195			Before entering the buffer area, do compounding personnel remove all hand, wrist, and other body jewelry/piercings?
✓	196			Are natural nails kept neat and trim and no wearing of artificial nails or extenders?
✓	200			Do compounding personnel remove debris from underneath fingernails using a nail cleaner under running warm water?
	192		✓	Are personnel with an apparent illness or open lesions compounding sterile preparations?
✓	241			When compounding personnel temporarily exit the ISO Class 7 environment, are re-donning procedures properly followed?
✓	201			Do compounding personnel engage in proper hand hygiene?
✓	203			Do compounding personnel completely dry hands and forearms using lint-free disposable towels or hand dryer?
✓	204			Is antiseptic hand cleansing performed using waterless alcohol-based surgical scrub once inside the buffer area and prior to donning sterile gloves?
✓	206			Is sterile isopropyl alcohol applied to gloves throughout the day and when non-sterile surfaces are touched?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Cleaning and Disinfection Procedures**
✓	182			Does the pharmacy have written procedures on the cleaning and disinfecting of the direct and contiguous compounding areas (e.g., beginning of shift, every 30 minutes, before each batch, spills)?
✓	230			Is cleaning performed by trained personnel using approved agents (described in written SOPs)?
✓	228			Are supplies & equipment that are removed from shipping cartons wiped with a disinfecting agent (e.g., sterile IPA)?
✓	226			Are work surfaces and floors in the ante-area and buffer area cleaned and disinfected daily with dedicated supplies?
✓	227			Are walls, ceilings and shelving in the ante-area and buffer area cleaned and disinfected at least monthly?
✓	229			Does the pharmacy maintain documentation of cleaning procedures (i.e., date/time of cleaning, type of cleaning, name of individual who performed the cleaning)?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Environmental Sampling**
✓	270			Is surface sampling conducted in all ISO classified areas on a periodic basis?
✓	272			Is viable air sampling performed?
✓	273			Is viable air sampling documented by properly trained individuals for all risk levels every 6 months?
✓	271			Are environmental sampling results evaluated and addressed (i.e., action levels followed)?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Records of Compounded Sterile Preparations (CSP)**
✓	252			Does the pharmacy maintain records relating to CSPs for a minimum of 2 years?
✓	253			Do compounding records include the date and time of preparation of a CSP?
✓	254			Do compounding records include the complete formula of a CSP?
✓	257			Do compounding records include the quantities of materials used in a CSP?

✓	255			Do compounding records include the signature or initials of who prepared a CSP?
✓	256			Do compounding records include the signature or initials of who conducted the final check of a CSP?
✓	258			Do compounding records include the container used and the number of units prepared for a CSP?
✓	259			Do compounding records include the criteria used to determine the beyond-use date of a CSP?
✓	260			Do compounding records include the documentation of performance of quality control procedures?
✓	261			Are master worksheets and preparation worksheets for batch compounding complete?
✓	262			Are master worksheets developed and approved by a pharmacist?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**General Operational Requirements**
✓	166			Is a pharmacist available at all times (24/7)?
✓	187			Are written SOPs developed and implemented for all significant procedures in the compounding area to include at a minimum: the facility, equipment, personnel, preparation evaluation, quality assurance, preparation recall, packaging, and storage of CSPs?
✓	188			Does the pharmacy have all required written policies (e.g., pharmaceutical care services, sampling plan, recalls)?
✓	158			If the pharmacy compounds commercially available products, does the pharmacy document the need by verifying and monitoring a drug shortage list (including if the preparation is quarantined/not available once removed from the shortage list)? Or,
✓	158			Does the pharmacy document the need for compounding commercially available products by individual patient needs determined by the prescribing practitioner (i.e, hypersensitivity to inactive ingredients or alternate dosage form)?
✓	275			If the pharmacy dispenses prescriptions to patients in other states, does the pharmacy have proper licensure in those states?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Office Use Compounding & Distribution of CSPs**
	163		✓	Does the pharmacy have a written agreement with the prescriber that meets all requirements to distribute compounded sterile preparations to practitioners for office use?
	162		✓	If the pharmacy is distributing CSPs to another pharmacy, does the pharmacy meet the requirements for such distribution?
				Is the pharmacy registered with the FDA as an Outsourcing Facility (503B)?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Quality Control and Verification of Compounding Accuracy**
✓	207			Does a pharmacist review all compounding records for accuracy and perform the final check of a CSP?
✓	185			Are periodic in-process checks for CSPs defined in written procedures and conducted as defined?
✓	191			Are all drug components USP/NF grade substances manufactured in an FDA-registered facility? If USP/NF grade substances are not available, are the drug components of chemical grade in CP, AR, ACS, or Food Chemical Codex categories?
✓	191			Is a Certificate of Analysis available for all components of the preparation if materials are not purchased through an FDA-registered facility?
✓	191			Are any CSPs prepared by the pharmacy listed on the federal FDA list of drug products that are withdrawn or removed from the market for safety reasons?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Veterinary Compounding**
			✓	Are APIs or other components labeled for veterinary use segregated or marked to prevent use for human compounding?
			✓	Does the pharmacy meet the same standards for animal compounding as human compounding?
			✓	Is the pharmacist knowledgeable or does the pharmacy have up-to-date references regarding species limits that can result in toxicity when compounding with particular drugs/excipients?
			✓	Does the pharmacy document if the animal is a pet or used for food?
			✓	Is the pharmacist familiar with, or does the pharmacy have the most up-to date references regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals?
			✓	Does the pharmacy have a list of drugs and components that have been designated by state or federal authorities as prohibited ingredients in CSPs for food-producing animals?
			✓	Is the pharmacist familiar with, or does the pharmacy have the most up-to-date reference regarding regulations for drug use in performance animals?
Satisfactory	**Code**	**Unsatisfactory**	**N/A**	**Label**
✓	209			Is the CSP properly labeled to include the generic name(s), and
✓	210			For outpatient prescriptions, does the label include a statement that the CSP has been compounded by the pharmacy?
✓	211			Does the label include a beyond-use date?
✓	213			If the CSP is compounded as a batch, does the label contain a unique lot number assigned to the batch, and
✓	214			Quantity, and
✓	215			Appropriate ancillary instructions, such as storage or cautionary statements, and
✓	216			Any device-specific instructions, if appropriate?
✓	220			Are CSPs assigned a beyond-use date based on the specified labeling for the drug, appropriate literature sources, or direct testing?
				Training and Competency Testing
✓	129			Has each pharmacist completed the required education and training prior to engaging in sterile compounding?
✓	130			Has each pharmacy technician completed the required education and training prior to engaging in sterile compounding?
✓	142			Does the pharmacy maintain documentation to demonstrate that all compounding personnel have successfully passed initial competency evaluation/testing (e.g., media-fill testing, gloved fingertip/thumb testing)? Does the pharmacy have an on-the-job training program?
✓	144			Does the pharmacy maintain documentation of on-going training and testing for all compounding personnel (e.g., observation of aseptic technique, media-fill testing, gloved fingertip/thumb testing, continuing education)?

SUMMARY OF UNSATISFACTORY CONDITIONS

	DEFICIENCY	check *
1)	The ante-area contain a hands-free sink with hot and cold running water.	
2)	No hands free access to the buffer area.	
3)	Buffer room floor had cracks & crevices.	
4)	High-risk CSPs are compounded in a buffer area that does not provide physical separation from other compounding areas.	
5)		
6)		
7)		
8)		
9)		
10)		

"IMMEDIATE CORRECTIVE ACTION IS REQUIRED (I.E., CONTINUING OPERATION WOULD CONSTITUTE A THREAT TO PUBLIC HEALTH AND WELFARE)

Remarks

The buffer room floor had cracks & crevices.

The entrance to the buffer area is not hands free.

The pharmacy compounds glp-1 (Semeglutide/Pyridoxine and Tirzepatide/Pyridoxine), IDPN, IPN.

Powder hood is inside buffer room with LAFW.

The pharmacy establishes BUDs for CSP- TPNs 10 days refrigerated and GLP-1 45 days (sterility tested)

The pharmacy does not perform prefiltered terminal sterilzation high risk sterile solutions.

The ante-area sink has one lever and the water was warm. Per owner, the sink temperature can be adjusted.

High-risk CSPs are compounded in a buffer area that does not provide physical separation from other compounding areas.

An inspector from a Qualified Vendor has inspected your pharmacy on behalf of the Texas State Board of Pharmacy. The results of this inspection are noted. The inspection report will be submitted to the Texas State Board of Pharmacy for further review.

Signature of Inspector

Reginal Bellamy

Printed Name of Inspector

6/11/2025

Date

17:41

Time of Exit

I acknowledge that the noted conditions, which are not in compliance, have been explained to me and I have received a copy of this report.

Sarah Bensimon

Authorized Individual for the Pharmacy

Sara Bensimon, RPh CEO

Printed Name and Title of Authorized Individual

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2023-26

SUPERVISING PHARMACIST
ASHOKANAND RAMDHANIE

THIS IS TO CERTIFY

PHARMKO, INC.
256 CENTRAL AVE
LAWRENCE, NY 11559

is duly recorded as a

REGISTERED PHARMACY

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF JUNE 2023
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF MAY 2026

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered retail pharmacy 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
038192

EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

PHARMKO, INC. X

GENERAL INFO

ENFORCEMENT ACTIONS

Type	Pharmacy
Legal Name	PHARMKO, INC.
Trade Name	---
Street Address	298 CENTRAL AVE. LAWRENCE NY 11559
Registration No	038192
Date First Registered	June 11, 2020
Registration Begins	June 01, 2023
Registered Through	May 31, 2026
Supervisor	040446 - RAMDHANIE ASHOKANAND
Establishment Status	Active
Successor	NONE

February 23, 2026 04:48 PM (ET)

https://eservices.nysed.gov/professions/verification-search?pharmacyRegistrationNumber=038192&professionCode=020

PHARMKO, INC.

GENERAL INFO

ENFORCEMENT ACTIONS

Registration No: 038192

No Enforcement Actions Found

February 23, 2026 04:48 PM (ET)

https://eservices.nysed.gov/professions/verification-search?pharmacyRegistrationNumber=038192&professionCode=020

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 Pharmko Inc

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 298 Central Ave

City Lawrence State NY Zip 11559

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 516-540-2003 Website https://pharmko.com

Licensing Company Email referral@pharmko.com

Section 2: Personal Information

First Sarah Middle _____ Last Bensimon

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City [redacted] State NY 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)	
Touro Pharmacy School		08/10 - 05/14	
Address	**City**	**State**	**Zip**
3 Times Square	New York	NY	10036
Diploma/Degree obtained, if any			
PharmD			
School Name		**From - To (MM/YY – MM/YY)**	
Nova Southeastern University		08/05 - 05/10	
Address	**City**	**State**	**Zip**
3300 S. University Drive	Fort Lauderdale	FL	33328
Diploma/Degree obtained, if any			
Bachelor of Science (B.S.)			
School Name		**From - To (MM/YY – MM/YY)**	
Weinbaum Yeshiva High School		09/01 - 06/05	
Address	**City**	**State**	**Zip**
2 Montoya Cir N	Boca Raton	FL	33433
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 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
2012 to present	[redacted]	[redacted]	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
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)
Pharmko Inc			02/20 - present
Business Address	**City**	**State**	**Zip**
298 Central Ave	Lawrence	NY	11559-1606
Phone	**Title**		
516-540-2003	Owner/CEO		

Description of Duties

Parenteral Nutrition Pharmacy. Renal Specialty Pharmacy, Sterile Compounding Pharmacy. Oversee & influence all aspects of company including clinical protocols, quality compliance, and financial performance.

Business Name			From - To (MM/YY – MM/YY)
Prevental Health			10/20 - present
Business Address	**City**	**State**	**Zip**
1019 Broadway, Suite 206	Woodmere	NY	11598
Phone	**Title**		
516-123-4567	Co-founder		

Description of Duties

Physician and Facility Telehealth partner and innovation of med-tech devices to accompany our RPM program.

Business Name			From - To (MM/YY – MM/YY)
AmericareRx Pharmacy			09/18 - 02/20
Business Address	**City**	**State**	**Zip**
444 Merrick Rd, Ste LL5	Lynbrook	NY	11563
Phone	**Title**		
	Director of Pharmacy		

Description of Duties

Chair Quality Management Program. Lead & direct pharmacy initiatives for Intradialytic Parenteral Nutrition. Maintain USP 797 Compliance. Oversee sales team, lead pharmacy technician, technicians, buying dept., compounding team.

Business Name			From - To (MM/YY – MM/YY)
Mega Aid Pharmacy Inc			10/17 - 09/18
Business Address	**City**	**State**	**Zip**
140 58th St	Brooklyn	NY	11220
Phone	**Title**		
(212) 920-4500	Director of Specialty Pharmacy		

Description of Duties

Direct clinical operations of four pharmacy departments: Specialty Pharmacy, Chronic Care Management, Clinical Compounding, Worker's Compensation Retail division.

Business Name			From - To (MM/YY – MM/YY)
Mega Aid Pharmacy Inc			10/15 - 10/17
Business Address	**City**	**State**	**Zip**
140 58th St	Brooklyn	NY	11220
Phone	**Title**		
(212) 920-4500	Clinical Compounding Pharmacist		

Description of Duties

Develop patient-specific therapeutic options & formulate innovative drug designs & delivery systems in accordance with USP. Conduct clinical research, work with physicians, oversee inventory management, quality control, documentation.

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
CVS Pharmacy			07/14 - 08/18
Business Address	**City**	**State**	**Zip**
341 Commack Rd	Commack	NY	11725
Phone	**Title**		
(631) 462-9077	Pharmacist		
Description of Duties			
Staff pharmacist. Counsel patients on potential for interactions & how to properly take medications. Responsible for inventory. Maintain pharmacy records. Meet company-wide metrics. Administer vaccines. Manage Pharmacy Techs.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sarah Bensimon

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/04/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Denton

I, SARAH BENSIMON, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

02/04/2026

Date

Subscribed and Sworn to before me this 4th day of February, 2026.

Latoya Lynn Reese

Notary Public Signature

Latoya Lynn Reese
Notary Public, State of Texas
Comm. Expires 06-03-2029
Notary ID 133138086

Notarized Online with NotaryLive.com

(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 ☐ 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: 30 Day Home Delivery with patient specific multi-dose packaging	■ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ■ Other: 30 Day Home Delivery with patient specific multi-dose packaging

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: PillPack LLC dba Amazon Pharmacy #051

Physical Address: 5005 East North Belt Road, Suite 100

City: North Las Vegas State: NV Zip: 89115

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 855-745-5725 Toll Free # (NAC 639.708, NRS 639.23286): 855-745-5725

Fax: 603-935-9108 Contact Email: ap051-licensing@pillpack.com

Website: http://www.pharmacy.amazon.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Joelvis Cuadros

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23532

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: Joelvis Cuadros	NV Pharmacist Registration #: 23532
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: LLC, formed in Delaware

Parent Company (if any): Picasso Holdco 1 LLC

Corporation/Organization Name: PillPack LLC

Mailing Address: 410 Terry Avenue Noth

City: Seattle State: WA Zip: 98109

Telephone: 855-745-5725 Email: ap051-licensing@pillpack.com

Contact Person Name: Tanvi Patel

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ■ Yes ☐ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for PillPack LLC dba Amazon Pharmay #051 (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).

Tanvi Patel

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

4/16/2026

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Tanvi Patel hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President (title) for PillPack LLC dba Amazon Pharmacy #051 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 16th day of April, 2026

Notary Public

PAULA PIERSON-SEARS
Notary Public
State of Washington
Commission # 27886
My Comm. Expires Jan 29, 2030

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: Joelvis Cuadros Pharmacist Registration #: 23532

Pharmacy Name: PillPack LLC dba Amazon Pharmacy #051

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)

Date 04/16/26

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tanvi Patel

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

4/16/2026

Date

Board Use Only	Date Received: 4/17/26	Amount: $300 ✓

PillPack, LLC dba PillPack by Amazon Pharmacy 250 Commercial St Suite 2012 Manchester, NH 03101.

PillPack, LLC - Pharmacy Disciplinary Summary

In December 2014 PillPack, Inc.'s renewal for the out of state pharmacy license for Alabama was denied as there was a change of rule that required that PillPack, Inc. have an Alabama licensed pharmacist named on the permit. PillPack, Inc. immediately contacted the Alabama board and informed them they would have two pharmacists licensed as soon as possible. The Board indicated that the facility would still be able to ship during the interim period. Two pharmacists were scheduled to appear before the board at their February meeting. Unfortunately the February meeting was canceled due to inclement weather in Alabama. The pharmacists attended the March meeting and both were granted an Alabama pharmacist license. PillPack, Inc. assumed that the denied application would then be approved. This was not the case and upon checking with the board PillPack, Inc. was told they would have to resubmit the renewal license application, which was done. When PillPack, Inc. received their new license they were cited for shipping medication to Alabama without an active license and asked to sign a consent form with a $500.00 penalty. PillPack, Inc. signed off on that order and paid the administrative fee. The PIC for Alabama was also assessed a $500.00 fee and a similar consent form.

On November 2, 2021, PillPack by Amazon Pharmacy located at 250 Commercial Street, Suite 2012, Manchester, New Hampshire 03101 (the "Pharmacy"), entered into Agreed Board Order #2019-05709 with the Texas Board of Pharmacy to resolve allegations that a pharmacist incorrectly verified the data entry of a new facsimile prescription for a patient calling for a look-alike sound-alike medication. This letter constitutes notice of the Texas Board of Pharmacy's imposition of a reprimand requiring that the Pharmacy implement a Continuous Quality Improvement Program for purposes of preventing and handling dispensing errors. A copy of the Agreed Board Order is attached for your reference. Importantly, the Board's Order does not impose any restrictions on the Pharmacy's ability to provide pharmacy services.

On May 2, 2022, PillPack LLC entered into a settlement with the federal government related to how it dispensed and billed for insulin pen prescriptions from 2014 to November 2019. Patient health and wellness is at the core of everything we do. A 2019 review of our insulin pen dispensing and billing practices indicated that some customers may have received more insulin pens than their pharmacy benefits plan allowed. This review resulted in Amazon Pharmacy changing its practice. Amazon Pharmacy's historical practices did not have an impact on patient safety and neither patients nor the government were charged for more insulin pens than what was dispensed. It should be noted that nothing in this settlement impacts Amazon Pharmacy's ability to practice pharmacy or serve customers.

On June 20, 2022, PillPack by Amazon Pharmacy located at 250 Commercial Street, Suite 2012, Manchester, New Hampshire 03101 (the "Pharmacy"), entered into a Settlement Agreement with the Hawaii Board of Pharmacy (the "Settlement Agreement"). This Settlement Agreement was accepted by the Hawaii Board of Pharmacy on July 29, 2022. This Settlement Agreement is a result of follow-on discipline from the Hawaii Board of Pharmacy related to discipline the Pharmacy received from the Texas Board of Pharmacy on November 5, 2021. We previously notified you of the underlying Texas discipline on November 5, 2021. Importantly, the Board's Order does not impose any restrictions on the Pharmacy's ability to provide pharmacy services.

On December 24, 2022, The Missouri State Board of Pharmacy has elected to enter into a settlement agreement with PillPack LLC dba PillPack by Amazon Pharmacy [MO permit number 2018043786], effective

December 24, 2022 as a follow-on to the settlement agreement entered into between PillPack LLC and the federal government, related to how the pharmacy dispensed and billed for insulin pen prescriptions from 2014 to November 2019, a notice of which was provided to this board on or about 5/2/2022. This discipline is a Public Censure and it should be noted that nothing in the aforementioned settlement impacts Amazon Pharmacy's ability to practice pharmacy or serve customers.

On June 21, 2023, The Hawaii Regulated Industries Complaints Office (RICO) elected to enter into a settlement agreement with PillPack LLC dba PillPack by Amazon Pharmacy [HI permit numbers PMP-891, PMP-1728, PMP-1579, PMP-1760, PMP-1790, PMP-1839], as a follow-on to the settlement agreement entered into between PillPack LLC and the federal government, related to how the pharmacy dispensed and billed for insulin pen prescriptions from 2014 to November 2019, a notice of which was provided to this board on or about 5/2/2022.
It should be noted that nothing in the aforementioned negotiation impacts Amazon Pharmacy's ability to practice pharmacy or serve customers.

On June 28, 2023, PillPack LLC dba PillPack by Amazon Pharmacy [NH permit 0796] entered into a Settlement Agreement with the U.S. Department of Justice ("DOJ"). This Settlement resolves alleged violations of the recordkeeping provisions of the Controlled Substances Act made by the Drug Enforcement Administration based on an inspection conducted in October 2020. Amazon Pharmacy has cooperated with the DOJ in coming to this resolution and continues to take patient safety and compliance seriously.
It should be noted that nothing in this Settlement Agreement impacts Amazon Pharmacy's ability to practice pharmacy or service customers.

On February 14, 2024, PillPack entered into a Settlement Agreement with the Office of Inspector General (OIG). This settlement is a result of voluntary self-disclosures to the OIG in 2022 and 2023. The first disclosure related to the OIG's contention that the Pharmacy accepted and honored pharmaceutical manufacturers' copayment coupons and other copayment assistance programs for federal health care payers between January 1, 2017 and June 30, 2022. The second relates to OIG's contention that during the period from November 2, 2017 through January 2, 2023, PillPack provided prescription drugs exceeding the prescribed amount in certain circumstances and billed Medicare, Medicaid, and TRICARE for those prescription drugs. Both self-disclosures impacted a very small percentage of billed claims. The settlement reflects OIG's determination that PillPack receive a benefit for voluntarily disclosing the conduct and cooperating with the agency in the resolution of the matter. PillPack remains committed to patient safety and operating in full compliance with all applicable rules and regulations. This Agreement is not an admission of liability by PillPack. It should be noted that nothing in this Settlement Agreement impacts PillPack's ability to practice pharmacy or service customers.

On April 23, 2024, The Hawaii Regulated Industries Complaints Office (RICO) elected to enter into its own settlement agreement with PillPack LLC dba PillPack by Amazon Pharmacy (HI permit numbers PMP-891) as a follow-on to the settlement agreement entered into between PillPack LLC dba PillPack by Amazon Pharmacy and the U.S. Department of Justice ("DOJ"), related to the resolution of alleged violations of the recordkeeping provisions of the Controlled Substances Act made by the Drug Enforcement Administration based on an inspection conducted in October 2020, a notice of which was provided to this board on or about 6/28/2023. It should be noted that nothing in the aforementioned negotiation impacts Amazon Pharmacy's ability to practice pharmacy or serve customers.

On February 19, 2025, PillPack LLC dba PillPack by Amazon Pharmacy [IL permit 054.021076]

entered into a Settlement Agreement with the Illinois Department of Financial and Professional Regulation. This Agreement is a follow-on to previously reported matters between PillPack LLC and the Texas Board of Pharmacy, the Southern District of New York, and the Department of Justice. Each of the aforementioned matters were previously reported to this board. Amazon Pharmacy has cooperated with the Illinois Department of Financial and Professional Regulation in coming to this resolution, and remains committed to patient safety and operating in full compliance with all applicable rules and regulations. This Agreement is not an admission of liability by Amazon Pharmacy. Nothing in this Settlement Agreement impacts Amazon Pharmacy's ability to practice pharmacy or service customers.

4/16/2026

Tanvi Patel — Date

Officer List as of 2026

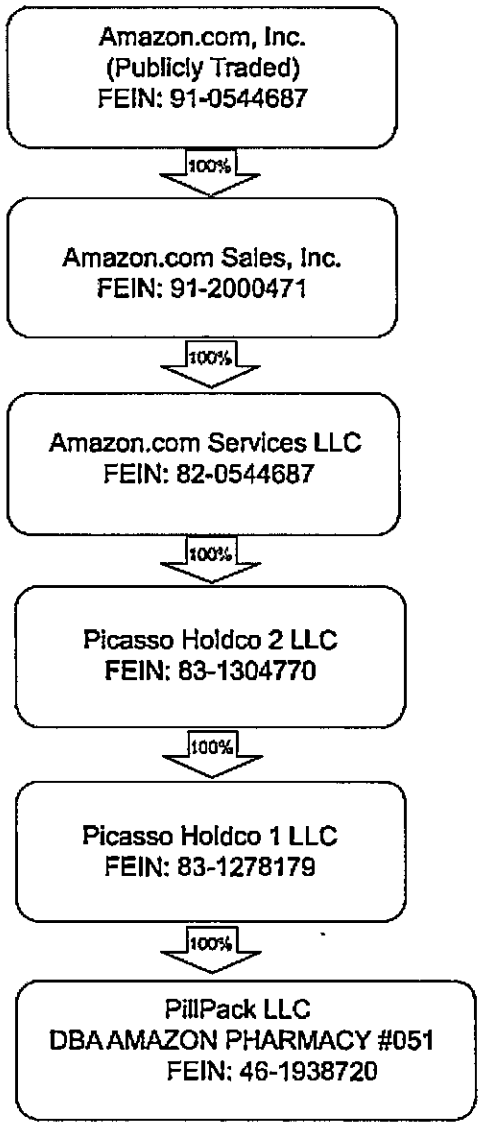
PillPack LLC dba Amazon Pharmacy #051

Officer Name	Title	Business/Contact Address
John Love Effective 3/1/22	CEO, President & LLC Manager	410 Terry Avenue North Seattle, WA 98109 206-266-1000
Kelvin Downes Effective 11/21/22	VP, Treasurer & Secretary	410 Terry Avenue North Seattle, WA 98109 206-266-1000
Tanvi Patel Effective 7/15/24	Vice President	399 Fairview Ave N Seattle WA, 98109 (240) 418-4482
Hannah McClellan Richards Effective 7/15/24	Vice President	399 Fairview Ave N Seattle WA, 98109 617-680-4500

Officer List as of 2026
PillPack LLC dba Amazon Pharmacy #051

Officer Name	Title	Business/Contact Address	% of Ownership
John Love	CEO, President & LLC Manager	410 Terry Avenue North Seattle, WA 98109 206-266-1000	0%
Kelvin Downes	VP, Treasurer & Secretary	410 Terry Avenue North Seattle, WA 98109 206-266-1000	0%
Tanvi Patel	Vice President	399 Fairview Ave N Seattle WA, 98109 (240) 418-4482	0%
Hannah McClellan Richards	Vice President	399 Fairview Ave N Seattle WA, 98109 617-680-4500	0%
Picasso Holdco 1 LLC	Sole Member	410 Terry Avenue North Seattle, WA 98109	100%

PILLPACK LLC DBA AMAZON PHARMACY #051
AMAZON CONFIDENTIAL



Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PILLPACK 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 NOVEMBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PILLPACK LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5282593 8300

SR# 20254603968

Authentication: 205357819

Date: 11-18-25

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 PillPack LLC dba Amazon Pharmacy #051

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 5005 East North Belt Road, Suite 100

City North Las Vegas State NV Zip 89115

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 855-745-5725 Website http://www.pharmacy.amazon.com

Licensing Company Email ap051-licensing@pillpack.com

Section 2: Personal Information

First Joelvis Middle _____ Last Cuadros

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Addres[redacted]

City[redacted] State FL Zip[redacted]

Telephon[redacted] Ema[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: Nova Southeastern University			From - To (MM/YY – MM/YY): 08/2015 - 05/2019
Address: Fort Lauderdale3300 South University Dr	City: Fort Lauderdale	State: FL	Zip: 33328
Diploma/Degree obtained, if any: Pharm D			
School Name: Flordia Atlantic University			From - To (MM/YY – MM/YY): 08/2013 - 06/2015
Address: 777 Glades Road	City: Boca Raton	State: FL	Zip: 33431
Diploma/Degree obtained, if any:			
School Name: Broward College			From - To (MM/YY – MM/YY): 2011 - 2013
Address: 1000 Coconut Creek BLVD	City: Coconut Creek	State: FL	Zip: 33065
Diploma/Degree obtained, if any: Associates Degree			
School Name: Monarch High School			From - To (MM/YY – MM/YY): 2007 - 2011
Address: 5050 Wiles Road	City: Coconut Creek	State: FL	Zip: 33073
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): 10/2024 - Present	[redacted]	[redacted]	State: FL	Zip: [redacted]
From - To (MM/YY – MM/YY): 02/2023 - 02/2024			State: FL	
From - To (MM/YY – MM/YY): 07/2020 - 02/2023			State: FL	
From - To (MM/YY – MM/YY): 2016 - 2019			State: FL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: 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)
Amazon Pharmacy			2019 - 2026
Business Address	**City**	**State**	**Zip**
6701 NW 7th St	Miami	FL	33126
Phone	**Title**		**Number of Employed Hours**
855-745-5725	Pharmacist		13,440
Description of Duties			
Verifying and dispensing prescriptions, conducting clinical reviews, recordkeeping, managing a large team of pharmacy technicians, ensure regulatory compliance, and manage medication inventory			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description 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, Joelvis Cuadros, **certify that as the designated representative for**

PillPack LLC dba Amazon Pharmacy #051,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JC I am at least 21 years of age;
3. JC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Joelvis Cuadros

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/09/26

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.

Joelvis Cuadros

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/09/26

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Broward

I, Joelvis Cuadros, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

04/09/26

Date

Subscribed and Sworn to before me this 9th day of April, 2026.

Notary Public Signature

KEVEN BOLIVAR
Commission # HH 525582
Expires May 9, 2028

(Seal)

10B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (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 #: For application
	☐ 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: Hospice

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: Genuine Care Pharmacy

Physical Address: 4880 E Bonanza Rd., Suite 6

City: Las Vegas State: NV Zip: 89110

Mailing Address (if different from physical address): 9894 Sparrow Ridge Ave

City: Las Vegas State: NV Zip: 89117

Telephone: 702-881-1099 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-342-5479 Contact Email: admin@genuinecarepharmacylv.com

Website: genuinecarepharmacylv.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Dimitiris Efstathiou

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 17277

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: NA	%: NA
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: Lucky 888 LLC

Mailing Address: [redacted]

City: [redacted] State: NV Zip: [redacted]

Telephone [redacted] Email [redacted]

Contact Person Name: Robert Bryan Jose

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 Managing Pharmacist (title) for Genuine Care 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).

Dimitris Efstathiou

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

4/6/26

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Dimitris Efstathiou hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Managing Pharmacist (title) for Genuine Care 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 6th day of April, 20 26

Maricel Autencio Palma
Notary Public

MARICEL AUTENCIO PALMA
Notary Public - State of Nevada
County of Clark
Appt. No. 22-9401-01
My Appt. Expires: Nov. 8, 2026

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Dimitris Efstathiou Pharmacist Registration #: 17277

Pharmacy Name: Genuine Care Pharmacy

Initial each statement below to indicate you have read and agree with the following:

D.E — 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.

D.E — 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.

D.E — 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.

D.E — 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)).

D.E — 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

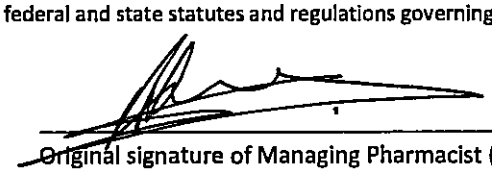
Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of 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)

04/06/2026

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 Bryan Jose

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)

04/06/2026

Date

Board Use Only	Date Received: 4/21/26	Amount: $500 cc ✓

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

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE Manager:

Name	Country	Address	City	State	Zip/Postal Code
Robert Bryan Jose	USA	[redacted]	[redacted]	NV	[redacted]

CORPORATION, INDICATE THE Member:

Name	Country	Address	City	State	Zip/Postal Code
Edgar Princer	USA	[redacted]	[redacted]	NV	[redacted]

CORPORATION, INDICATE THE Member:

Name	Country	Address	City	State	Zip/Postal Code
Simon Valenzona-Gianan	USA	[redacted]	[redacted]	NV	[redacted]

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 Robert Bryan Jose
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Manager
Title

02/14/2026
Date

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 **Lucky 888 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 02/14/2026, 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 02/17/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202602176492315
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: Genuine Care Pharmacy

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 4880 E. Bonanza Road, Suite 6

City: Las Vegas State: NV Zip: 89110

Mailing Address (if different from physical address): [redacted]

City: [redacted] State: NV Zip: [redacted]

Telephone: 702-881-1099 Website: genuinecarepharmacylv.com

Licensing Company Email: admin@genuinecarepharmacylv.com

Section 2: Personal Information

First: Dimitris Middle: Last: Efstathiou

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] 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)	
University of Southern Nevada USN		08/2003 - 06/2007	
Address	**City**	**State**	**Zip**
11 Sunset Way	Henderson	NV	89014
Diploma/Degree obtained, if any			
Pharmacy Degree			

School Name		From - To (MM/YY – MM/YY)	
1st High School of Zogroufos		09/1966 - 06/1974	
Address	**City**	**State**	**Zip**
Athens, Greece			
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
09/2013 - present	[redacted]	[redacted]	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)	
Walgreens Pharmacy			04/2007 - 11/2021	
Business Address		**City**	**State**	**Zip**
2280 Las Vegas Blvd		N. Las Vegas	NV	89030
Phone	**Title**		**Number of Employed Hours**	
702-649-1415	Staff Pharmacist		Full- Time	
Description of Duties				
Ensuring all medications are dispensed accurately and in a timely manner, counseling patients on the use of medications and maintaining accurate patient records. Responsible for overseeing the work of pharmacy technicians				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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, Dimitris Efstathiou, **certify that as the designated representative for**

Genuine Care Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. D.E I am at least 21 years of age;
3. D.E 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. D.E I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. D.E I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. D.E 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. D.E I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Dimitris Efstathiou

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/06/2026

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.

Dimitris Efstathiou

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/06/2026

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, DIMITRIS EFSTATHIOU, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

04/06/2026

Date

Subscribed and Sworn to before me this 6th day of April 2026

Notary Public Signature

MARICEL AUTENCIO PALMA
Notary Public - State of Nevada
County of Clark
Appt. No. 22-9401-01
My Appt. Expires: Nov. 8, 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: Genuine Care Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 4880 E Bonanza Rd Ste 6

City: Las Vegas State: NV Zip: 89110

Mailing Address (if different from physical address): [redacted]

City: [redacted] State: NV Zip: [redacted]

Telephone: 7028811099 Website: www.genuinecarepharmacylv.com

Licensing Company Email: admin@genuinecarepharmacylv.com

Section 2: Personal Information

First: Robert Bryan Middle: Joseph Last: Jose

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] 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)
San Beda University			06/2002 - 04/2006
Address	**City**	**State**	**Zip**
Mendiola, Manila Philippines			1005
Diploma/Degree obtained, if any			
Bachelors of Science in International Business Management and Entreprenuership			

School Name			From - To (MM/YY – MM/YY)
San Beda University			06/1998 - 03/2002
Address	**City**	**State**	**Zip**
Mendiola, Manila Philippines			1005
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
03/2024 -current	[redacted]	[redacted]	NV	[redacted]
03/2023 - 03/2024			NV	
11/2022 - 03/2023			NV	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Greater Good Veterinary Care, Pet Emergency and Urgent Care			01/2024 - current
Business Address	**City**	**State**	**Zip**
1250 Commerce Ctr Dr	Lancaster	CA	93534
Phone	**Title**		
661-603-1771	Business Manager		
Description of Duties			
Administrative and HR duties. Bookkeeping.			

Business Name			From - To (MM/YY – MM/YY)
Century Properties Group, Inc			01/2011 - 11/2022
Business Address	**City**	**State**	**Zip**
Gil Puyat Ave, Makati City Philippines			1200
Phone	**Title**		
	Deputy Marketing Director		
Description of Duties			
Consultation, sales and management. Managerial role overseeing salespeople and 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			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert Bryan Joseph Jose

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/10/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Robert Bryan J. Jose, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

04/11/26

Date

Subscribed and Sworn to before me this 11th day of April.

Notary Public Signature

Saul Isaac Galicia Reyes
Notary Public - State of Nevada
County of Clark
Appt. No. 26-0292-01
My Appt. Expires: December 8,2029

(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 Genuine Care Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 4880 E Bonanza Rd Ste 6

City Las Vegas State NV Zip 89110

Mailing Address (if different from physical address) [redacted]

City [redacted] State NV Zip [redacted]

Telephone 7028811099 Website www.genuinecarepharmacylv.com

Licensing Company Email admin@genuinecarepharmacylv.com

Section 2: Personal Information

First Edgar Middle Artienda Last Princer

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] 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)	
Christ the King Mission Seminary		06/1984 - 03/1988	
Address	**City**	**State**	**Zip**
101 E Rodriguez Sr., Avenue, Philippines	Quezon City		1112
Diploma/Degree obtained, if any			
AB Philosophy			

School Name		From - To (MM/YY – MM/YY)	
Holy Cross School		06/1980 - 03/1984	
Address	**City**	**State**	**Zip**
Laang, Lagangilang, Abra Philippines			
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)		City	State	Zip
06/2002 - present	[redacted]	[redacted]	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: 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)
Envigor Medical and Behavioral Center			01/2023 - present
Business Address	**City**	**State**	**Zip**
4900 E Bonanza Rd	Las Vegas	NV	89110
Phone	**Title**		
725-205-4063	Practice Administrator		
Description of Duties			
Manage the operations of Envigor Medical and Behavioral Center			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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.

Edgar A. Princer

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/10/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, EDGAR A. PRINCER, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

04/11/2026

Date

Subscribed and Sworn to before me this 11th day of April.

Notary Public Signature

Saul Isaac Galicia Reyes
Notary Public - State of Nevada
County of Clark
Appt. No. 26-0292-01
My Appt. Expires: December 8,2029

(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: Genuine Care Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 4880 E Bonanza Rd Ste 6

City: Las Vegas State: NV Zip: 89110

Mailing Address (if different from physical address): [redacted]

City: [redacted] State: NV Zip: [redacted]

Telephone: 7028811099 Website: www.genuirecarepharmacylv.com

Licensing Company Email: admin@genuinecarepharmacylv.com

Section 2: Personal Information

First: Simon Middle: Last: Valenzona-Gianan

Alias(es, nicknames, name changes, etc.): Arvydaz Valenzona, Simon Valenzona

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] 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)	
Georgia Institute of Technology		08/24 - Expected 08/26	
Address	**City**	**State**	**Zip**
225 North Ave NW	Atlanta	GA	30332
Diploma/Degree obtained, if any			
M.S. Computer Science			

School Name		From - To (MM/YY – MM/YY)	
University of Nevada, Las Vegas		08/19 - 05/23	
Address	**City**	**State**	**Zip**
4505 S Maryland Pkwy	Las Vegas	NV	89154
Diploma/Degree obtained, if any			
B.S. Computer Science, Minor in Mathematics			

School Name		From - To (MM/YY – MM/YY)	
East Career and Technical Academy		08/15 – 05/19	
Address	**City**	**State**	**Zip**
6705 Vegas Valley Dr	Las Vegas	NV	89142
Diploma/Degree obtained, if any			
Advanced Honors 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
01/12 - Present	[redacted]	[redacted]	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: 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)	
JT4 LLC			06/23 - Present	
Business Address	**City**		**State**	**Zip**
821 Grier Dr	Las Vegas		NV	89119
Phone	**Title**			
702-492-2100	Computer Scientist			
Description of Duties				
Full-Time Employee				

Business Name			From - To (MM/YY – MM/YY)	
Decentre Labs			12/22 - 02/23	
Business Address	**City**		**State**	**Zip**
1716 Rambla Court	Las Vegas		NV	89102
Phone	**Title**			
917-921-7612	Software Development Intern			
Description of Duties				
Part-Time Employee				

Business Name			From - To (MM/YY – MM/YY)	
Paradigm IoT			02/22 - 11/22	
Business Address	**City**		**State**	**Zip**
3997 Dean Martin Dr	Las Vegas		NV	89103
Phone	**Title**			
406-230-9494	Software Engineer Intern			
Description of Duties				
Part-Time Employee				

Business Name			From - To (MM/YY – MM/YY)	
Youlpass			05/21 - 02/22	
Business Address	**City**		**State**	**Zip**
2040 Glenview Drive	Las Vegas		NV	89134
Phone	**Title**			
702-281-8198	Software Development Intern			
Description of Duties				
Part-Time Employee				

Business Name			From - To (MM/YY – MM/YY)	
University of Nevada, Las Vegas			08/20 - 12/20	
Business Address	**City**		**State**	**Zip**
4505 S Maryland Pkwy	Las Vegas		NV	89154
Phone	**Title**			
702-895-3011	Teaching Assistant			
Description of Duties				
Part-Time Employee				

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.

Simon Valenzona-Gianan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/08/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Simon Valenzona - Gianan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

04/08/2026

Date

State of Nevada, County of Clark

Subscribed and Sworn to before me this 8 day of April 2026. by Simon Valenzona - Gianan

Notary Public Signature

SAM SINGSON TUMBAGA
Notary Public, State of Nevada
Appointment No. 26-7569-01
My Appt. Expires Mar 21, 2030

(Seal)

10C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (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 #: PH02771	☐ 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: Shree Guru Krupa LLC. dba Patient Care Pharmacy

Physical Address: 4101 Wagon Trail Ave

City: Las Vegas State: NV Zip: 89118

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-576-9545 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-946-0353 Contact Email: machenish112@hotmail.com

Website: _____

Nevada Business License # (if applicable) NV20263541830

Supervising/Managing Pharmacist Name (NRS 639.220): Vy Burns

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19369

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: Vy Burns	NV Pharmacist Registration #: 19369
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: Neveda

Parent Company (if any): _____

Corporation/Organization Name: Shree Guru Krupa LLC dba Patient Care Pharmacy

Mailing Address: 4101 Wagon Trail Ave

City: Las Vegas State: NV Zip: 89118

Telephone: 702-576-9545 Email: machenish112@hotmail.com

Contact Person Name: Manish Patel

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 Managing Member (title) for Shree Guru Krupa LLC dba Patient Care (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).

Manish Patel

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

4/2/26

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Manish R Patel 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 Shree Guru Krupa LLC dba Patient Care Pharma (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 2nd day of April, 2026

Notary Public

LORI M. BROWN
Notary Public, Commonwealth of Massachusetts
My Commission Expires September 28, 2029

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: Vy Burns Pharmacist Registration #: 19369

Pharmacy Name: Patient Care Pharmacy

Initial each statement below to indicate you have read and agree with the following:

VB 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.

VB 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.

VB 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.

VB 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)).

VB I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

4/10/26
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.

Manish Patel

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

4/2/2026

Date

Board Use Only	Date Received: 4/20/26	Amount: $500-cc ✓

List of ALL officers and Directors of Shree Guru Krupa LLC. dba Patient Care Pharmacy

4101 Wagon Trail Ave, Las Vegas, NV 89118

1) Manish Patel – Managing Member
2) Sharan Patel – Managing Member
3) Chandresh Patel – Managing Member

List of TOP FOUR stockholders and their percent ownership of Shree Guru Krupa LLC. dba Patient Care Pharmacy

4101 Wagon Trail Ave, Las Vegas, NV 89118

1) Manish Patel – Managing Member – 20%
2) Sharan Patel – Managing Member – 60%
3) Chandresh Patel – Managing Member – 20%

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 **Shree Guru Krupa LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 03/10/2026, 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 03/18/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202603186563587
You may verify this certificate
online at https://www.nvsilverflume.gov/home

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Shree Guru Krupa LLC

Nevada Business Identification # NV20263541830
Expiration Date: 03/31/2027

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 03/10/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202603106544838
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 Patient Care Pharmacy

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 4101 Wagon Trail Ave

City Las Vegas State NV Zip 89118

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-576-9545 Website _____

Licensing Company Email _____

Section 2: Personal Information

First Vy Middle _____ Last Burns

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted]

City [redacted] State NV 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		From - To (MM/YY – MM/YY)	
Roseman University		9/2013 to 05/2016	
Address	**City**	**State**	**Zip**
11 Sunset Way	Henderson	NV	89014
Diploma/Degree obtained, if any			
Pharm.D			

School Name		From - To (MM/YY – MM/YY)	
College of Southern Nevada		9/2008 to 5/2013	
Address	**City**	**State**	**Zip**
6375 W Charleston Blvd	Las Vegas	NV	89146
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Nguyen Chi Thanh		09/2004 to 05/2007	
Address	**City**	**State**	**Zip**
Vietnam			
Diploma/Degree obtained, if any			
High Schools 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
08/2017 to Now	[redacted]	[redacted]	NV	[redacted]
7/2012 to 08/2017			NV	

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)	
Patient Care Pharmacy			04/2019 to Now	
Business Address		**City**	**State**	**Zip**
4101 Wagon Trail Ave		Las Vegas	NV	89118
Phone	**Title**		**Number of Employed Hours**	
702-576-9545	Pharmacy Manager		40 hours weekly	
Description of Duties				
Overseas 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				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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, Vy Burns, **certify that as the designated representative for**

Patient Care Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Vy Burns
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/10/26
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.

VY BURNS

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/10/26

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, VY ANH BURNS, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/10/26

Date

Subscribed and Sworn to before me this 10th day of APRIL 2026

Notary Public Signature

KENNETH ALBERT RIZO HERNANDEZ
Notary Public-State of Nevada
APPT. NO. 23-6634-01
My Appt. Expires 10-08-2027

(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: Shree Guru Krupa LLC. dba Patient Care Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 4101 Wagon Trail Ave

City: Las Vegas State: NV Zip: 89118

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-576-9545 Website:

Licensing Company Email: machenish112@hotmail.com

Section 2: Personal Information

First: Manish Middle: Ranchhodbhai 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: MA 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)
Massachusetts College of Pharmacy and Health Sciences			09/01-05/05
Address	**City**	**State**	**Zip**
179 Longwood Ave	Boston	MA	02115
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name			From - To (MM/YY – MM/YY)
Lukhdhirji Engineering College			09/91-05/95
Address	**City**	**State**	**Zip**
	Morbi	Gujarat	363642
Diploma/Degree obtained, if any			
Bachelor of Engineering Mechanical			

School Name			From - To (MM/YY – MM/YY)
Experimental High School			09/86-03/91
Address	**City**	**State**	**Zip**
Rajmahel Road	Patan	Gujarat	384265
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 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
10/11- Current	[redacted]	[redacted]	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			From - To (MM/YY – MM/YY)	
Shree Sainath LLC. dba Patient Care Pharmacy			06/17 - Current	
Business Address		**City**	**State**	**Zip**
4101 Wagon Trail Ave		Las Vegas	NV	89118
Phone	**Title**			
702-576-9545	Managing Member			
Description of Duties				
Assisting in overall management of the pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
Massachusetts General Hospital			07/03- Current	
Business Address		**City**	**State**	**Zip**
55 Fruit St		Boston	MA	02114
Phone	**Title**			
617-726-2508	Compounding Pharmacist			
Description of Duties				
Oversight on patient specific sterile and non-sterile compounding area.				

Business Name			From - To (MM/YY – MM/YY)	
Habitat Realty LLP			08/2019-Currenet	
Business Address		**City**	**State**	**Zip**
113 Dale St		Boston	MA	02119
Phone	**Title**			
617-755-7801	Managing Member			
Description of Duties				
Helping manage rental property				

Business Name			From - To (MM/YY – MM/YY)	
CVS in Target Pharmacy			07/2005 - 12/2020	
Business Address		**City**	**State**	**Zip**
36 Furlong Dr		Revere	MA	02151
Phone	**Title**			
781-922-6031	Pharmacy Manager			
Description of Duties				
Overall management of retail pharmacy				

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.

Manish Patel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/02/2026

Date

Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of Essex

I, MANISH 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

4/2/2026

Date

Subscribed and Sworn to before me this 2nd day of April 2026

Notary Public Signature

LORI M. BROWN
Notary Public, Commonwealth of Massachusetts
My Commission Expires September 28, 2029

(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: Patient Care Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 4101 Wagon trail Ave

City: Las Vegas State: NV Zip: 89118

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-576-9545 Website:

Licensing Company Email:

Section 2: Personal Information

First: Sharan Middle: Indravadan 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: 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)	
UNLV		08/15-05/18	
Address	**City**	**State**	**Zip**
4505 S MARYLAND PKWY	Las Vegas	NV	89154
Diploma/Degree obtained, if any			
BACHELROS IN MECHANICAL ENGINEERING			

School Name		From - To (MM/YY – MM/YY)	
College of Southern Nevada		07/13-07/15	
Address	**City**	**State**	**Zip**
6375 W CHARLESTON BLVD	LAS VEGAS	NV	89102
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
NIRMA UNIVERSITY		05/10-05/13	
Address	**City**	**State**	**Zip**
	INDIA		
Diploma/Degree obtained, if any			
DIPLOMA IN MECHANICAL ENGINEERING			

School Name		From - To (MM/YY – MM/YY)	
ST KABIR SCHOOL		04/00-05/10	
Address	**City**	**State**	**Zip**
	INDIA		
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
02/22-CURRENT	[redacted]	[redacted]	NV	[redacted]
04/19-01/22			NV	
05/16-03/19			NV	
07/13-04/16			NV	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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)
PATIENTCARE PHARMACY			07/2017-CURRENT
Business Address	**City**	**State**	**Zip**
4101 Wagon trail Ave	Las Vegas	NV	89118
Phone	**Title**		
702-576-9545	Pharmacy Technician		
Description of Duties			
PERFORMED PHARMACY TECHNICIAN DUTIES			

Business Name			From - To (MM/YY – MM/YY)
PREFERRED PHARMACY			05/2019-07/25
Business Address	**City**	**State**	**Zip**
2202 W CHARLESTON BLVD STE 13	LAS VEGAS	NV	89102
Phone	**Title**		
7023843784	Pharmacy Technician		
Description of Duties			
PERMORNED PHARMACY TECHNICIAN DUTIES			

Business Name			From - To (MM/YY – MM/YY)
SMOKE SHOP			01/2015-06/2017
Business Address	**City**	**State**	**Zip**
7460 W LAKE MEAD BLVD STE 5	LAS VEGAS	NV	89128
Phone	**Title**		
702-985-7081	OWNER/SELF EMPLOYED		
Description of Duties			
MANAGE STORE AND INVENTORY			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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.

SHARAN PATEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/11/2026

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, SHARAN INDRAVADAN 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

4/11/26

Date

Subscribed and Sworn to before me this 11th day of April 2026

Notary Public Signature

KARA BERMUDES
Notary Public-State of Nevada
Appointment No. 25-0003-01
My Appointment Expires May 12, 2029

(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 Patient Care Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 4101 Wagon trail Ave

City Las Vegas State NV Zip 89118

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-576-9545 Website _____

Licensing Company Email _____

Section 2: Personal Information

First Chandresh Middle Kanjibhai 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 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)	
Sahjanand Arts & Commerce College		7/1985 to 7/1988	
Address	**City**	**State**	**Zip**
120 Feet Ring Rd, AEC Char Rasta	Ahmedabad	Gujarat	380015
Diploma/Degree obtained, if any			
Bachelor of Commerce			

School Name		From - To (MM/YY – MM/YY)	
Mangal Vidhyalaya		6/1983 to 6/1985	
Address	**City**	**State**	**Zip**
2HH8+X88, Maharashtra Society Club Ground	Ahmedabad	Gujarat	380006
Diploma/Degree obtained, if any			
High Schools Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed:)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
4/22 TO CURRENT	[redacted]	[redacted]	NV	[redacted]
6/19 to 4/22			NV	
8/12 to 6/19			NV	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Patient Care Pharmacy			7/2017-CURRENT	
Business Address		**City**	**State**	**Zip**
4101 Wagon trail Ave		Las Vegas	NV	89118
Phone	**Title**			
702-576-9545	Pharmacy Technician			
Description of Duties				
Performed pharmacy technician duties				

Business Name			From - To (MM/YY – MM/YY)	
Blue Star LLC			7/2015 to 6/2017	
Business Address		**City**	**State**	**Zip**
1314 Wake Forest Ave		Walnut	CA	91789
Phone	**Title**			
714-519-9075	Marketing			
Description of Duties				
Sales and Marketing				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**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.

Chandresh Patel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/11/2026

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK.

I, Chandresh 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

4/11/2026

Date

Subscribed and Sworn to before me this 11th day of April 2026

Notary Public Signature

KARA BERMUDES
Notary Public-State of Nevada
Appointment No. 25-0003-01
My Appointment Expires May 12, 2029

(Seal)

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)

4

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 #: [redacted]
	☐ 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 #:		☐ Hospital
	PH_____		■ Other: Mail Order

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: Alto Pharmacy

Physical Address: 475 State Highway 121 Bypass, Suite 150

City: Lewisville State: TX Zip: 75067-8154

Mailing Address (if different from physical address): 475 State Highway 121 Bypass, Suite 150

City: Lewisville State: TX Zip: 75067-8154

Telephone: (800) 874-5881 Toll Free # (NAC 639.708, NRS 639.23286): (800) 874-5881

Fax: (415) 484-7058 Contact Email: pharmacycompliance@alto.com

Website: www.alto.com

Nevada Business License # (if applicable) NV20212001945

Supervising/Managing Pharmacist Name (NRS 639.220): Salma Abdulghani

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24667

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: Salma Abdulghani	NV Pharmacist Registration #: 24667
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Alto Pharmacy Investments, LLC

Corporation/Organization Name: Alto Pharmacy LLC

Mailing Address: 645 Harrison Street, Suite 200

City: San Francisco State: CA Zip: 94107

Telephone: (800) 874-5881 Email: pharmacycompliance@alto.com

Contact Person Name: Lisa M. Jurinka

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Secretary (title) for Alto 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).

Lisa M. Jurinka

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, Lisa M. Jurinka 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 (title) for Alto 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 27th day of AUGUST, 2025

Notary Public

STATE OF OREGON
COUNTY OF MULTNOMAH

OFFICIAL STAMP
ELENA BETH HELLER
NOTARY PUBLIC - OREGON
COMMISSION NO. 1060098
MY COMMISSION EXPIRES JUNE 26, 2029

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lisa M. Jurinka, 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)

Date 8/27/25

Board Use Only	Date Received: 10/21/25	Amount: 500.00 CC

Standard Report - Legal History and Actions

Client	Branch	Action Level	Date of Action	Notes
Alto Pharmacy LLC				
Alto Pharmacy LLC - Irvine, California				
		FACILITY	08/24/2025	California Board of Pharmacy (Case #: CI 2025 109318) Effective August 24, 2025, the California Board of Pharmacy ("Board of Pharmacy") finalized a Citation and Fine to Alto Pharmacy (license# PHY 58888). Notably, Alto neither admitted nor denied the allegations brought by the California Board of Pharmacy but agreed to pay a $5,000 fine. This Administrative action resolved allegations that Alto dispensed controlled substance prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California at the time. Alto's California Pharmacy Permit remains active, in good standing and unrestricted. Upon receipt of the fine, the Board of Pharmacy considered the matter closed and took no further action. As part of its internal corrective and preventive action plan, Alto implemented additional training for pharmacy staff to ensure verification of valid prescriber licensure is conducted pursuant to Board regulations and industry standards. Alto remains fully committed to complying with all applicable federal and state regulations and maintaining transparent communication with regulatory entities. If you require any additional information, please contact us via email at pharmacycompliance@alto.com.

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

July 25, 2025

DATED MATERIAL ENCLOSED

ALTO PHARMACY
ATTN: ALICIA BOLER DAVIS, PRS
20 FAIRBANKS STE 187
IRVINE, CA 92618

RE: CI 2025 109318
ALTO PHARMACY
PHY 58888

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- August 24, 2025: Unless the Citation is contested payment of fine(s) must be received by the Board.
- August 08, 2025: Any contest of the Citation by request for an Informal Office Conference must be received by the Board.
- August 24, 2025: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Joshua Monforte, Citation and Fine Analyst at (916) 518-3014.

Anne Sodergren
EXECUTIVE OFFICER

By: Joshua Monforte
Joshua Monforte
Citation and Fine Analyst

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **August 24, 2025.**
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy
Attn: Cashier
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference",
- Mail form to arrive at the Board office no later than August 08, 2025 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than August 24, 2025 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have any questions regarding any documents enclosed please contact Joshua Monforte, Citation and Fine Analyst at (916) 518-3014.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No.
CI 2025 109318	ALTO PHARMACY, PHY 58888

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMOUNT OF FINE
CCR, Title 16, § 1761 subd. (a) & (b)	No pharmacist shall compound or dispense any prescription, which contains any significant error or omission…/A pharmacist shall not compound or dispense a prescription for a controlled substance where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose	$1,000.00
Bus. & Prof. Code § 4059 subd. (a)	Furnishing dangerous drugs without a prescription	$1,000.00
Bus. & Prof. Code § 4126.5 subd. (a)(5)(c)	A Pharmacy may furnish dangerous drugs only to the following: (5) A patient or to another pharmacy pursuant to a prescription or as otherwise authorized by law. (c) Nothwithstanding any other law, a violation of this section may subject the person or persons who committed the violation to a fine not to exceed the amount specified in Section 125.9 for each occurrence pursuant to a citation issued by the Board.	$1,000.00
Bus. & Prof. Code § 4301 subd. (c)(d)(j)(o)	Unprofessional Conduct - Gross negligence/excessive furnishing of controlled substances/Violation of any statutes of this state or of the United States regulation controlled substances or dangerous drugs/violated or attempting to violate directly or indirectly, or assisting in or abetting the violation.	$1,000.00

Health & Safety Code § 11153 subd. (a)	**Responsibility for legitimacy of prescription; a prescription for a controlled substance shall only be issued for a legitimate medical purpose...**	**$1,000.00**

CONDUCT:

Dispensing prescriptions with irregularities: California Code of Regulations Section 1761 states in subdivisions, (a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription. (b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose. Alto Pharmacy (PHY 58888), located at 20 Fairbanks, Suite 187, Irvine, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 58888), approved the following totals of prescriptions to be dispensed to patients in California, from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 58888):

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	53	2,766

Alto Pharmacy (PHY 58888) dispensed the following totals of prescriptions to patients in California after completing the product verification at their location:

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	974	44,783
Schedule II	1	30
Schedule III	2	77
Schedule IV	19	782
Totals	**996**	**45,672**

Alto Pharmacy dispensed, and/or approved to be dispensed, the above prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California. Alto Pharmacy caused these dangerous drugs and controlled

substances to be supplied without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. The prescriptions contained unresolved irregularities, omissions, or uncertainties. This was in violation of CCR 1761.

Furnishing Dangerous Drugs Prohibited Without Prescription: California Business and Professions Code Section 4059 states in pertinent part in subdivision: (a) A person may not furnish any dangerous drug, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7. Alto Pharmacy (PHY 58888), located at 20 Fairbanks, Suite 187, Irvine, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 58888), approved the following totals of prescriptions to be dispensed to patients in California, from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 58888):

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Totals	**996**	**45,672**

Alto Pharmacy dispensed, and/or approved to be dispensed, the above prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California. Alto Pharmacy caused these dangerous drugs and controlled substances to be supplied without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. This was in violation of BPC 4059 (a).

Furnishing Dangerous Drugs by a Pharmacy: California Business and Professions Code Section 4126.5 states in subdivisions: (a) A pharmacy may furnish dangerous drugs only to the

following: (5) A patient or to another pharmacy pursuant to a prescription or as otherwise authorized by law. (c) Notwithstanding any other law, a violation of this section may subject the person or persons who committed the violation to a fine not to exceed the amount specified in Section 125.9 for each occurrence pursuant to a citation issued by the board. Alto Pharmacy (PHY 58888), located at 20 Fairbanks, Suite 187, Irvine, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 58888), approved the following totals of prescriptions to be dispensed to patients in California, from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 58888):

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Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	974	44,783
Schedule II	1	30
Schedule III	2	77
Schedule IV	19	782
Totals	**996**	**45,672**

Alto Pharmacy dispensed, and/or approved to be dispensed, the above prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California. Alto Pharmacy caused these dangerous drugs and controlled substances to be supplied without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. This was in violation of BPC 4126.5 (a).

Unprofessional conduct: California Business and Professions Code (BPC) Section 4301 states in pertinent parts: The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following: (c) Gross negligence. (d) The clearly excessive furnishing of controlled substances in violation of subdivision (a) of Section 11153 of the Health and Safety Code. (j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs. (o) Violating or attempting to violate,

directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency. Alto Pharmacy (PHY 58888), located at 20 Fairbanks, Suite 187, Irvine, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 58888), approved the following totals of prescriptions to be dispensed to patients in California, from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 58888):

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Non-controlled	53	2,766

Alto Pharmacy (PHY 58888) dispensed the following totals of prescriptions to patients in California after completing the product verification at their location:

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	974	44,783
Schedule II	1	30
Schedule III	2	77
Schedule IV	19	782
Totals	**996**	**45,672**

Alto Pharmacy dispensed, and/or approved to be dispensed, the above prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California. Alto Pharmacy caused these dangerous drugs and controlled substances to be supplied without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. This was in violation of BPC 4301.

Corresponding Responsibility: California Health and Safety Code Section 11153 states in pertinent part in subdivision: (a) A prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. As related, Code of Federal Regulations Title 21, Part 1306, Section 04 (21 CFR 1306.04) states in pertinent part: (a) A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the

usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. Alto Pharmacy (PHY 58888), located at 20 Fairbanks, Suite 187, Irvine, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which controlled substance prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships, and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of controlled substance prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 58888) dispensed the following totals of controlled substance prescriptions to patients in California after completing the product verification at their location:

Type of prescriptions	Number of prescriptions	Total number of dosage units
Schedule II	1	30
Schedule III	2	77
Schedule IV	19	782
Totals	**22**	**889**

Alto Pharmacy dispensed the above controlled substance prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California. Alto Pharmacy supplied these controlled substances without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. This was not in the usual course of the prescribers' professional practice. This was in violation of HSC 11153 (a).

CITATION ISSUED ON: July 25, 2025 **TOTAL AMOUNT OF FINE(S): $5,000.00**

PAYMENT OF FINE(S) DUE BY: August 24, 2025

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

COPY

CITATION AND FINE

Citation Number	Name, License No.
CI 2025 109318	ALTO PHARMACY, PHY 58888

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMOUNT OF FINE
CCR, Title 16, § 1761 subd. (a) & (b)	No pharmacist shall compound or dispense any prescription, which contains any significant error or omission.../A pharmacist shall not compound or dispense a prescription for a controlled substance where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose	$1,000.00
Bus. & Prof. Code § 4059 subd. (a)	Furnishing dangerous drugs without a prescription	$1,000.00
Bus. & Prof. Code § 4126.5 subd. (a)(5)(c)	A Pharmacy may furnish dangerous drugs only to the following: (5) A patient or to another pharmacy pursuant to a prescription or as otherwise authorized by law. (c) Nothwithstanding any other law, a violation of this section may subject the person or persons who committed the violation to a fine not to exceed the amount specified in Section 125.9 for each occurrence pursuant to a citation issued by the Board.	$1,000.00
Bus. & Prof. Code § 4301 subd. (c)(d)(j)(o)	Unprofessional Conduct - Gross negligence/excessive furnishing of controlled substances/Violation of any statutes of this state or of the United States regulation controlled substances or dangerous drugs/violated or attempting to violate directly or indirectly, or assisting in or abetting the violation.	$1,000.00

Health & Safety Code § 11153 subd. (a)	**Responsibility for legitimacy of prescription; a prescription for a controlled substance shall only be issued for a legitimate medical purpose...**	**$1,000.00**

CONDUCT:

COPY

Dispensing prescriptions with irregularities: California Code of Regulations Section 1761 states in subdivisions, (a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription. (b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose. Alto Pharmacy (PHY 58888), located at 20 Fairbanks, Suite 187, Irvine, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 58888), approved the following totals of prescriptions to be dispensed to patients in California, from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 58888):

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substances to be supplied without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. The prescriptions contained unresolved irregularities, omissions, or uncertainties. This was in violation of CCR 1761.

Furnishing Dangerous Drugs Prohibited Without Prescription: California Business and Professions Code Section 4059 states in pertinent part in subdivision: (a) A person may not furnish any dangerous drug, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7. Alto Pharmacy (PHY 58888), located at 20 Fairbanks, Suite 187, Irvine, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 58888), approved the following totals of prescriptions to be dispensed to patients in California, from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 58888):

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Furnishing Dangerous Drugs by a Pharmacy: California Business and Professions Code Section 4126.5 states in subdivisions: (a) A pharmacy may furnish dangerous drugs only to the

following: (5) A patient or to another pharmacy pursuant to a prescription or as otherwise authorized by law. (c) Notwithstanding any other law, a violation of this section may subject the person or persons who committed the violation to a fine not to exceed the amount specified in Section 125.9 for each occurrence pursuant to a citation issued by the board. Alto Pharmacy (PHY 58888), located at 20 Fairbanks, Suite 187, Irvine, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 58888), approved the following totals of prescriptions to be dispensed to patients in California, from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 58888):

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Alto Pharmacy dispensed, and/or approved to be dispensed, the above prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California. Alto Pharmacy caused these dangerous drugs and controlled substances to be supplied without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. This was in violation of BPC 4126.5 (a).

Unprofessional conduct: California Business and Professions Code (BPC) Section 4301 states in pertinent parts: The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following: (c) Gross negligence. (d) The clearly excessive furnishing of controlled substances in violation of subdivision (a) of Section 11153 of the Health and Safety Code. (j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs. (o) Violating or attempting to violate,

directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency. Alto Pharmacy (PHY 58888), located at 20 Fairbanks, Suite 187, Irvine, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 58888), approved the following totals of prescriptions to be dispensed to patients in California, from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 58888):

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	53	2,766

Alto Pharmacy (PHY 58888) dispensed the following totals of prescriptions to patients in California after completing the product verification at their location:

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	974	44,783
Schedule II	1	30
Schedule III	2	77
Schedule IV	19	782
Totals	**996**	**45,672**

COPY

Alto Pharmacy dispensed, and/or approved to be dispensed, the above prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California. Alto Pharmacy caused these dangerous drugs and controlled substances to be supplied without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. This was in violation of BPC 4301.

Corresponding Responsibility: California Health and Safety Code Section 11153 states in pertinent part in subdivision: (a) A prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. As related, Code of Federal Regulations Title 21, Part 1306, Section 04 (21 CFR 1306.04) states in pertinent part: (a) A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the

usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. Alto Pharmacy (PHY 58888), located at 20 Fairbanks, Suite 187, Irvine, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which controlled substance prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships, and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of controlled substance prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 58888) dispensed the following totals of controlled substance prescriptions to patients in California after completing the product verification at their location:

Type of prescriptions	Number of prescriptions	Total number of dosage units
Schedule II	1	30
Schedule III	2	77
Schedule IV	19	782
Totals	**22**	**889**

Alto Pharmacy dispensed the above controlled substance prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California. Alto Pharmacy supplied these controlled substances without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. This was not in the usual course of the prescribers' professional practice. This was in violation of HSC 11153 (a).

CITATION ISSUED ON: July 25, 2025 | **TOTAL AMOUNT OF FINE(S): $5,000.00**

PAYMENT OF FINE(S) DUE BY: August 24, 2025

COPY

California State Board of Pharmacy

REQUEST FOR OFFICE CONFERENCE

Licensee: ALTO PHARMACY

License No: PHY 58888

Citation Number : CI 2025 109318

I hereby acknowledge receipt of the Citation referenced above and notification of my rights to contest the Citation.

Check ☐ I contest the Citation and request an Office Conference.

Check One:

☐ I contest the entire Citation or

☐ specific violations for the following reasons (list each violation with your specific reason):

_____

_____

_____

_____

_____

_____

If more space is needed attach additional sheets of paper.

Name: _____

Signature: _____ Dated: _____

Address of Service: _____

City: _____ State: _____ Zip: _____

Daytime Number: ( ) _____ Email Address: ( ) _____

NOTE: Any written documentation or evidence you wish to be considered for the office conference review or hearing should be submitted with this request.

Mailing Address: California State Board of Pharmacy
Attn: Citation and Fine Unit
2720 Gateway Oaks Drive, Suite #100
Sacramento, CA 95833
(916) 518-3100

3299

REQUEST FOR APPEAL

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

Check ☐ I contest the Citation and request an administrative hearing before an Administrative Law Judge.

In the Matter of the Citation Against: ALTO PHARMACY PHY 58888 Respondent	Citation Case No.: CI 2025 109318 NOTICE OF APPEAL (Pursuant to sections 11505, and 11506 Government Code)

I, the undersigned, the respondent named in the above-entitled proceeding, hereby acknowledge receipt of a copy of the Citation.

I hereby request a hearing in said proceeding to permit me to present my defense to charges contained herein in said Citation.

DATE _____ _____
(Respondent)

Mailing Address of Respondent:

_____
(Street Address)

_____ (___)_____
(City (State) (Zip) (Telephone)

Please indicate whether or not you intend to be represented by counsel. If you intend to have counsel, please complete the following:

Mailing Address of Attorney

_____
(Attorney's Name

_____
(Street Address)

_____ (___)_____
(City (State) (Zip) (Telephone)

3300

California State Board of Pharmacy

DECLARATION OF SERVICE BY CERTIFIED MAIL

Name: ALTO PHARMACY, PHY 58888
Citation and Fine CI 2025 109318

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833.

On July 25, 2025, I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME	CERTIFIED MAIL NO
ALTO PHARMACY ATTN: ALICIA BOLER DAVIS, PRS 20 FAIRBANKS STE 187 IRVINE, CA 92618	9589 0710 5270 1738 5486 56

I declare under penalty of perjury that the forgoing is true and correct.

Executed on July 25, 2025, at Sacramento, California.

Joshua Monforte

DECLARANT

Joshua Monforte

Citation and Fine Analyst

3301

Standard Report - Legal History and Actions

Client	Branch	Action Level	Date of Action	Notes
Alto Pharmacy LLC				
Alto Pharmacy LLC - Los Angeles, California				
		FACILITY	08/24/2025	California Board of Pharmacy (Case #: CI 2025 109321) Effective August 24, 2025, the California Board of Pharmacy ("Board of Pharmacy") finalized a Citation and Fine to Alto Pharmacy (license# PHY 58642). Notably, Alto neither admitted nor denied the allegations brought by the California Board of Pharmacy but agreed to pay a $5,000 fine. This Administrative action resolved allegations that Alto dispensed controlled substance prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California at the time. Alto's California Pharmacy Permit remains active, in good standing and unrestricted. Upon receipt of the fine, the Board of Pharmacy considered the matter closed and took no further action. As part of its internal corrective and preventive action plan, Alto implemented additional training for pharmacy staff to ensure verification of valid prescriber licensure is conducted pursuant to Board regulations and industry standards. Alto remains fully committed to complying with all applicable federal and state regulations and maintaining transparent communication with regulatory entities. If you require any additional information, please contact us via email at pharmacycompliance@alto.com.
		FACILITY	07/14/2023	California Board of Pharmacy (Case #: CI 2021 95943) On December 28, 2023, the California Board of Pharmacy ("Board of Pharmacy") issued a dismissal of the Citation and Fine, in which the Board of Pharmacy alleged, on or about July 14, 2023, the Licensee failed to update their pharmacy systems and inventory indicating a certain prescription drug was not available for dispensing to a patient requesting the medication, thus delaying the receipt of the prescription medication for the patient. Alto Pharmacy's California Resident Pharmacy Permit remains active, in good standing and unrestricted.

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

July 25, 2025

DATED MATERIAL ENCLOSED

ALTO PHARMACY
ATTN: ALICIA BOLER DAVIS, PRS
5916 BOWCROFT STREET
LOS ANGELES, CA 90016

RE: CI 2025 109321
ALTO PHARMACY
PHY 58642

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- August 24, 2025: Unless the Citation is contested payment of fine(s) must be received by the Board.
- August 08, 2025: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- August 24, 2025: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Joshua Monforte, Citation and Fine Analyst at (916) 518-3014.

Anne Sodergren
EXECUTIVE OFFICER

By: Joshua Monforte

Joshua Monforte
Citation and Fine Analyst

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **August 24, 2025.**
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy
Attn: Cashier
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than August 08, 2025 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than August 24, 2025 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have any questions regarding any documents enclosed please contact Joshua Monforte, Citation and Fine Analyst at (916) 518-3014.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No.
CI 2025 109321	ALTO PHARMACY, PHY 58642

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMOUNT OF FINE
CCR, Title 16, § 1761 subd. (a)(b)	No pharmacist shall compound or dispense any prescription, which contains any significant error or omission.../A pharmacist shall not compound or dispense a prescription for a controlled substance where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose	$1,000.00
Bus. & Prof. Code § 4059 subd. (a)	Furnishing dangerous drugs without a prescription	$1,000.00
Bus. & Prof. Code § 4126.5 subd. (a)(5)(c)	A Pharmacy may furnish dangerous drugs only to the following: (5) A patient or to another pharmacy pursuant to a prescription or as otherwise authorized by law. (c) Nothwithstanding any other law, a violation of this section may subject the person or persons who committed the violation to a fine not to exceed the amount specified in Section 125.9 for each occurrence pursuant to a citation issued by the Board.	$1,000.00
Bus. & Prof. Code § 4301 subd. (c)(d)(j)(o)	Unprofessional Conduct - Gross negligence/excessive furnishing of controlled substances/Violation of any statutes of this state or of the United States regulation controlled substances or dangerous drugs/violated or attempting to violate directly or indirectly, or assisting in or abetting the violation.	$1,000.00

Health & Safety Code § 11153 subd. (a)	**Responsibility for legitimacy of prescription; a prescription for a controlled substance shall only be issued for a legitimate medical purpose...**	**$1,000.00**

CONDUCT:

Dispensing prescriptions with irregularities: California Code of Regulations Section 1761 states in subdivisions, (a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription. (b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose. Alto Pharmacy (PHY 58642) located at 5916 Bowcroft Street, Los Angeles, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 58642) approved the following totals of prescriptions to be dispensed to patients in California, either from their location or from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 58642):

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	16	1,727
Schedule V	1	60
Totals	**17**	**1,787**

Alto Pharmacy (PHY 58642) dispensed the following totals of prescriptions to patients in California after completing the product verification at their location:

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	3,056	140,199
Schedule II	9	540
Schedule III	10	415
Schedule IV	87	3394
Schedule V	6	660
Totals	**3,168**	**145,208**

Alto Pharmacy dispensed, and/or approved to be dispensed, the above prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California. Alto Pharmacy supplied these dangerous drugs and controlled substances without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. The prescriptions contained unresolved irregularities, omissions, or uncertainties. This was in violation of CCR 1761.

Furnishing Dangerous Drugs Prohibited Without Prescription: California Business and Professions Code Section 4059 states in pertinent part in subdivision: (a) A person may not furnish any dangerous drug, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7. Alto Pharmacy (PHY 58642) located at 5916 Bowcroft Street, Los Angeles, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 58642) approved the following totals of prescriptions to be dispensed to patients in California, either from their location or from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 58642):

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	16	1,727
Schedule V	1	60
Totals	**17**	**1,787**

Alto Pharmacy (PHY 58642) dispensed the following totals of prescriptions to patients in California after completing the product verification at their location:

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	3,056	140,199
Schedule II	9	540
Schedule III	10	415
Schedule IV	87	3394
Schedule V	6	660
Totals	**3,168**	**145,208**

Alto Pharmacy dispensed, and/or approved to be dispensed, the above prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice

medicine and prescribe in California. Alto Pharmacy supplied these dangerous drugs and controlled substances without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. This was in violation of BPC 4059 (a).

Furnishing Dangerous Drugs by a Pharmacy: California Business and Professions Code Section 4126.5 states in subdivisions: (a) A pharmacy may furnish dangerous drugs only to the following: (5) A patient or to another pharmacy pursuant to a prescription or as otherwise authorized by law. (c) Notwithstanding any other law, a violation of this section may subject the person or persons who committed the violation to a fine not to exceed the amount specified in Section 125.9 for each occurrence pursuant to a citation issued by the board. Alto Pharmacy (PHY 58642) located at 5916 Bowcroft Street, Los Angeles, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 58642) approved the following totals of prescriptions to be dispensed to patients in California, either from their location or from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 58642):

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	16	1,727
Schedule V	1	60
Totals	**17**	**1,787**

Alto Pharmacy (PHY 58642) dispensed the following totals of prescriptions to patients in California after completing the product verification at their location:

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	3,056	140,199
Schedule II	9	540
Schedule III	10	415
Schedule IV	87	3394
Schedule V	6	660
Totals	**3,168**	**145,208**

Alto Pharmacy dispensed, and/or approved to be dispensed, the above prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California. Alto Pharmacy supplied these dangerous drugs and controlled substances without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not

issued by prescribers who possessed a valid license to practice and prescribe in California. This was in violation of BPC 4126.5 (a).

Unprofessional conduct: California Business and Professions Code (BPC) Section 4301 states in pertinent parts: The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following: (c) Gross negligence. (d) The clearly excessive furnishing of controlled substances in violation of subdivision (a) of Section 11153 of the Health and Safety Code. (j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs. (o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency. Alto Pharmacy (PHY 58642) located at 5916 Bowcroft Street, Los Angeles, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 58642) approved the following totals of prescriptions to be dispensed to patients in California, either from their location or from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 58642):

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	16	1,727
Schedule V	1	60
Totals	**17**	**1,787**

Alto Pharmacy (PHY 58642) dispensed the following totals of prescriptions to patients in California after completing the product verification at their location:

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	3,056	140,199
Schedule II	9	540
Schedule III	10	415
Schedule IV	87	3394
Schedule V	6	660
Totals	**3,168**	**145,208**

Alto Pharmacy dispensed, and/or approved to be dispensed, the above prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California. Alto Pharmacy supplied these dangerous drugs and controlled substances without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. This was in violation of BPC 4301.

Corresponding Responsibility: California Health and Safety Code Section 11153 states in pertinent part in subdivision: (a) A prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. As related, Code of Federal Regulations Title 21, Part 1306, Section 04 (21 CFR 1306.04) states in pertinent part: (a) A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. Alto Pharmacy (PHY 58642) located at 5916 Bowcroft Street, Los Angeles, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which controlled substance prescriptions , were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships, and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of controlled substance prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 58642) approved the following totals of controlled substance prescriptions to be dispensed to patients in California, either from their location or from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 58642):

Type of prescriptions	Number of prescriptions	Total number of dosage units
Schedule V	1	60

Alto Pharmacy (PHY 58642) dispensed the following totals of controlled substance prescriptions to patients in California after completing the product verification at their location:

Type of prescriptions	Number of prescriptions	Total number of dosage units
Schedule II	9	540
Schedule III	10	415
Schedule IV	87	3394
Schedule V	6	660
Totals	**112**	**5009**

Alto Pharmacy dispensed, and/or approved to be dispensed, the above controlled substance prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California. Alto Pharmacy supplied these controlled substances without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. This was not in the usual course of the prescribers' professional practice. This was in violation of HSC 11153 (a).

CITATION ISSUED ON: July 25, 2025 | **TOTAL AMOUNT OF FINE(S): $5,000.00**

PAYMENT OF FINE(S) DUE BY: August 24, 2025

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

COPY

CITATION AND FINE

Citation Number	Name, License No.
CI 2025 109321	ALTO PHARMACY, PHY 58642

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMOUNT OF FINE
CCR, Title 16, § 1761 subd. (a)(b)	No pharmacist shall compound or dispense any prescription, which contains any significant error or omission…/A pharmacist shall not compound or dispense a prescription for a controlled substance where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose	$1,000.00
Bus. & Prof. Code § 4059 subd. (a)	Furnishing dangerous drugs without a prescription	$1,000.00
Bus. & Prof. Code § 4126.5 subd. (a)(5)(c)	A Pharmacy may furnish dangerous drugs only to the following: (5) A patient or to another pharmacy pursuant to a prescription or as otherwise authorized by law. (c) Nothwithstanding any other law, a violation of this section may subject the person or persons who committed the violation to a fine not to exceed the amount specified in Section 125.9 for each occurrence pursuant to a citation issued by the Board.	$1,000.00
Bus. & Prof. Code § 4301 subd. (c)(d)(j)(o)	Unprofessional Conduct - Gross negligence/excessive furnishing of controlled substances/Violation of any statutes of this state or of the United States regulation controlled substances or dangerous drugs/violated or attempting to violate directly or indirectly, or assisting in or abetting the violation.	$1,000.00

Health & Safety Code § 11153 subd. (a)	**Responsibility for legitimacy of prescription; a prescription for a controlled substance shall only be issued for a legitimate medical purpose...**	**$1,000.00**

CONDUCT:

COPY

Dispensing prescriptions with irregularities: California Code of Regulations Section 1761 states in subdivisions, (a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription. (b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose. Alto Pharmacy (PHY 58642) located at 5916 Bowcroft Street, Los Angeles, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 58642) approved the following totals of prescriptions to be dispensed to patients in California, either from their location or from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 58642):

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	16	1,727
Schedule V	1	60
Totals	**17**	**1,787**

Alto Pharmacy (PHY 58642) dispensed the following totals of prescriptions to patients in California after completing the product verification at their location:

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	3,056	140,199
Schedule II	9	540
Schedule III	10	415
Schedule IV	87	3394
Schedule V	6	660
Totals	**3,168**	**145,208**

Alto Pharmacy dispensed, and/or approved to be dispensed, the above prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California. Alto Pharmacy supplied these dangerous drugs and controlled substances without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. The prescriptions contained unresolved irregularities, omissions, or uncertainties. This was in violation of CCR 1761.

Furnishing Dangerous Drugs Prohibited Without Prescription: California Business and Professions Code Section 4059 states in pertinent part in subdivision: (a) A person may not furnish any dangerous drug, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7. Alto Pharmacy (PHY 58642) located at 5916 Bowcroft Street, Los Angeles, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 58642) approved the following totals of prescriptions to be dispensed to patients in California, either from their location or from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 58642):

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	16	1,727
Schedule V	1	60
Totals	**17**	**1,787**

Alto Pharmacy (PHY 58642) dispensed the following totals of prescriptions to patients in California after completing the product verification at their location:

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	3,056	140,199
Schedule II	9	540
Schedule III	10	415
Schedule IV	87	3394
Schedule V	6	660
Totals	**3,168**	**145,208**

COPY

Alto Pharmacy dispensed, and/or approved to be dispensed, the above prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice

medicine and prescribe in California. Alto Pharmacy supplied these dangerous drugs and controlled substances without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. This was in violation of BPC 4059 (a).

Furnishing Dangerous Drugs by a Pharmacy: California Business and Professions Code Section 4126.5 states in subdivisions: (a) A pharmacy may furnish dangerous drugs only to the following: (5) A patient or to another pharmacy pursuant to a prescription or as otherwise authorized by law. (c) Notwithstanding any other law, a violation of this section may subject the person or persons who committed the violation to a fine not to exceed the amount specified in Section 125.9 for each occurrence pursuant to a citation issued by the board. Alto Pharmacy (PHY 58642) located at 5916 Bowcroft Street, Los Angeles, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 58642) approved the following totals of prescriptions to be dispensed to patients in California, either from their location or from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 58642):

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	16	1,727
Schedule V	1	60
Totals	**17**	**1,787**

Alto Pharmacy (PHY 58642) dispensed the following totals of prescriptions to patients in California after completing the product verification at their location:

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	3,056	140,199
Schedule II	9	540
Schedule III	10	415
Schedule IV	87	3394
Schedule V	6	660
Totals	**3,168**	**145,208**

COPY

Alto Pharmacy dispensed, and/or approved to be dispensed, the above prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California. Alto Pharmacy supplied these dangerous drugs and controlled substances without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not

issued by prescribers who possessed a valid license to practice and prescribe in California. This was in violation of BPC 4126.5 (a).

Unprofessional conduct: California Business and Professions Code (BPC) Section 4301 states in pertinent parts: The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following: (c) Gross negligence. (d) The clearly excessive furnishing of controlled substances in violation of subdivision (a) of Section 11153 of the Health and Safety Code. (j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs. (o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency. Alto Pharmacy (PHY 58642) located at 5916 Bowcroft Street, Los Angeles, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 58642) approved the following totals of prescriptions to be dispensed to patients in California, either from their location or from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 58642):

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	16	1,727
Schedule V	1	60
Totals	**17**	**1,787**

Alto Pharmacy (PHY 58642) dispensed the following totals of prescriptions to patients in California after completing the product verification at their location:

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	3,056	140,199
Schedule II	9	540
Schedule III	10	415
Schedule IV	87	3394
Schedule V	6	660
Totals	**3,168**	**145,208**

COPY

Alto Pharmacy dispensed, and/or approved to be dispensed, the above prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California. Alto Pharmacy supplied these dangerous drugs and controlled substances without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. This was in violation of BPC 4301.

Corresponding Responsibility: California Health and Safety Code Section 11153 states in pertinent part in subdivision: (a) A prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. As related, Code of Federal Regulations Title 21, Part 1306, Section 04 (21 CFR 1306.04) states in pertinent part: (a) A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. Alto Pharmacy (PHY 58642) located at 5916 Bowcroft Street, Los Angeles, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which controlled substance prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships, and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of controlled substance prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 58642) approved the following totals of controlled substance prescriptions to be dispensed to patients in California, either from their location or from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 58642):

Type of prescriptions	Number of prescriptions	Total number of dosage units
Schedule V	1	60

Alto Pharmacy (PHY 58642) dispensed the following totals of controlled substance prescriptions to patients in California after completing the product verification at their location:

Type of prescriptions	Number of prescriptions	Total number of dosage units
Schedule II	9	540
Schedule III	10	415
Schedule IV	87	3394
Schedule V	6	660
Totals	**112**	**5009**

COPY

Alto Pharmacy dispensed, and/or approved to be dispensed, the above controlled substance prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California. Alto Pharmacy supplied these controlled substances without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. This was not in the usual course of the prescribers' professional practice. This was in violation of HSC 11153 (a).

CITATION ISSUED ON: July 25, 2025	TOTAL AMOUNT OF FINE(S): $5,000.00

PAYMENT OF FINE(S) DUE BY: August 24, 2025

COPY

California State Board of Pharmacy

REQUEST FOR OFFICE CONFERENCE

Licensee: ALTO PHARMACY

License No: PHY 58642

Citation Number : CI 2025 109321

I hereby acknowledge receipt of the Citation referenced above and notification of my rights to contest the Citation.

Check ☐ I contest the Citation and request an Office Conference.

Check One:

☐ I contest the entire Citation or

☐ specific violations for the following reasons (list each violation with your specific reason):

_____

_____

_____

_____

_____

_____

If more space is needed attach additional sheets of paper.

Name: _____

Signature: _____ Dated: _____

Address of Service: _____

City: _____ State: _____ Zip: _____

Daytime Number: (___) _____ Email Address: (___) _____

NOTE: Any written documentation or evidence you wish to be considered for the office conference review or hearing should be submitted with this request.

Mailing Address: California State Board of Pharmacy
Attn: Citation and Fine Unit
2720 Gateway Oaks Drive, Suite #100
Sacramento, CA 95833
(916) 518-3100

REQUEST FOR APPEAL

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

Check ☐ I contest the Citation and request an administrative hearing before an Administrative Law Judge.

In the Matter of the Citation Against:	Citation Case No : CI 2025 109321
ALTO PHARMACY PHY 58642 Respondent	NOTICE OF APPEAL (Pursuant to sections 11505, and 11506 Government Code)

I, the undersigned, the respondent named in the above-entitled proceeding, hereby acknowledge receipt of a copy of the Citation.

I hereby request a hearing in said proceeding to permit me to present my defense to charges contained herein in said Citation.

DATE _____ _____
(Respondent)

Mailing Address of Respondent:

_____
(Street Address)

_____ (___)_____
(City (State) (Zip) (Telephone)

Please indicate whether or not you intend to be represented by counsel. If you intend to have counsel, please complete the following:

Mailing Address of Attorney

_____
(Attorney's Name

_____
(Street Address)

_____ (___)_____
(City (State) (Zip) (Telephone)

California State Board of Pharmacy

DECLARATION OF SERVICE BY CERTIFIED MAIL

Name: ALTO PHARMACY, PHY 58642
Citation and Fine CI 2025 109321

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833.

On July 25, 2025, I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME	CERTIFIED MAIL NO
ALTO PHARMACY ATTN: ALICIA BOLER DAVIS, PRS 5916 BOWCROFT STREET LOS ANGELES, CA 90016	9589 0710 5270 1738 5486 87

I declare under penalty of perjury that the forgoing is true and correct.

Executed on July 25, 2025, at Sacramento, California.

Joshua Monforte

DECLARANT

Joshua Monforte
Citation and Fine Analyst

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

December 28, 2023

CERTIFIED MAIL

ALTO PHARMACY
ATTN: ALICIA DAVIS, CEO
5916 BOWCROFT ST
LOS ANGELES, CA 90016

Sweta Patel
1255 Treat Blvd., Suite 300
Walnut Creek, CA 94597

RE: CI 2021 95943
ALTO PHARMACY
PHY 58642

After thorough and careful consideration of the explanation and information you provided at the office conference, it was decided to dismiss Citation and Fine. CI 2021 95943 as originally issued. Effective immediately the fines assessed in Citation CI 2021 95943, have been dismissed.

This decision is the final administrative order regarding the Citation.

Please contact Associate Enforcement Analyst Suelynn Yee at (916) 518-3013, if you have any questions.

Sincerely

Julia G. Ansel
Chief of Enforcement
Board of Pharmacy

DECLARATION OF SERVICE BY FIRST CLASS CERTIFIED MAIL

RE: CI 2021 95943
ALTO PHARMACY
PHY 58642

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and no party to the within entitled cause. My business address is 2720 Gateway Oaks Drive, Suit 100, Sacramento, California 95833.

On December 28, 2023, I served the attached:

in said cause, by placing a true copy thereof enclosed in two separate sealed envelopes w postage thereon fully prepaid by Certified Mail and First Class Mail, in the United States m at Sacramento, California, addresses as follows:

NAME	CERTIFIED MAIL NO
ALTO PHARMACY ATTN: ALICIA DAVIS, CEO 5916 BOWCROFT ST LOS ANGELES, CA 90016	7017 0530 0000 3305 3269
Sweta Patel 1255 Treat Blvd., Suite 300 Walnut Creek, CA 94597	7017 0530 0000 3305 3252

I declare under penalty of perjury that the forgoing is true and correct.

Executed on December 28, 2023, at Sacramento, California.

DECLARANT
Suelynn Yee
Citation and Fine Analyst

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

July 14, 2023

DATED MATERIAL ENCLOSED

ALTO PHARMACY
ATTN: ALICIA DAVIS, CEO
5916 BOWCROFT ST
LOS ANGELES, CA 90016

RE: CI 2021 95943
ALTO PHARMACY
PHY 58642

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

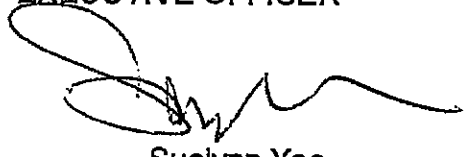
- August 13, 2023: Unless the Citation is contested payment of fine(s) must be received by the Board.
- July 28, 2023: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- August 13, 2023: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Suelynn Yee, Citation and Fine Analyst at (916) 518-3013.

Anne Sodergren
EXECUTIVE OFFICER

By: 

Suelynn Yee
Citation and Fine Analyst

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **August 13, 2023.**
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy
Attn: Cashier
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than July 28, 2023 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than August 13, 2023 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have any questions regarding any documents enclosed please contact Suelynn Yee, Citation and Fine Analyst at (916) 518-3013.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No
CI 2021 95943	ALTO PHARMACY, PHY 58642

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 § 733 subd. (a)	**Dispensing prescription drugs and devices- No licentiate shall obstruct a patient in obtaining a prescription**	**$1,500.00**

CONDUCT:

Unprofessional conduct: Business and Professions Code section 733, subsection (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. Subsection (b) states notwithstanding any other law, a licentiate shall dispense drugs and devices, as described in subdivision (a) of section 4024, pursuant to a lawful order or prescription unless one of the following circumstances exist subsection (2) (A) states, immediately notify the patient and arrange for the drug or device to be delivered to the site or directly to the patient in a timely manner. Alto Pharmacy, PHY58642, failed to comply. Specifically, on 5/18/2022, Dr. Shammas sent a prescription for EW for 30 tablets of Paxlovid 150 – 100 mg to Alto Pharmacy. On 5/18/2022, the prescription was processed under Rx774057005, and the data entry was verified by pharmacist Cynetha Lee at Alto Pharmacy Plano Texas, NRP2529, located at 6201 W Plano PKWY, Suite 400, Plano, TX. On 5/18/2022, upon completion of the data entry verification, the prescription was placed in the fulfillment queue at Alto Pharmacy Los Angeles, PHY58642, located at 5916 Bowcroft Street, Los Angeles, CA to fill the prescription. Two days later, on 5/20/2022, the pharmacists at Alto Pharmacy Los Angeles contacted Alto Pharmacy Clinical Care Specialist to inform EW that Alto Pharmacy Los Angeles cannot fill the prescription because Alto Pharmacy Los Angeles was a site not allocated to dispense Paxlovid thereby unable to obtain the medication to fill the prescription.

Alto Pharmacy failed to establish procedures or failed to update their computer software such that Alto Pharmacy staff are alerted that California Alto Pharmacy facilities do not dispense Paxlovid. Consequently, Alto Pharmacy obstructed EW from obtaining her prescription for Paxlovid in a timely manner.

oOn 5/18/2022, Alto Pharmacy's Clinical Care Specialist informed EW that Alto Pharmacy had Paxlovid in stock instead of informing EW on 5/20/2022 that Alto Pharmacy California facilities do not dispense Paxlovid.

oOn 5/18/2022, EW's prescription for Paxlovid was processed at Alto Pharmacy Plano Texas. The technician who processed the prescription and Pharmacist Cynetha Lee who verified the data entry of the prescription on 5/18/2022 should have informed the Care

Specialist to inform EW that California Alto Pharmacy facilities do not dispense Paxlovid.
oOn 5/18/2022, EW's Paxlovid prescription was placed in queue at Alto Pharmacy Los Angeles for filling. On 5/18/2022, the staff at Alto Pharmacy Los Angeles should have alerted the Care team to inform EW that Alto Pharmacy Los Angles cannot fill her prescription for Paxlovid because the pharmacy was not allocated to dispense Paxlovid.

Had Alto Pharmacy established procedures or updated their computer software, the staff at Alto Pharmacy could have informed EW on 5/18/2022 that her prescription for Paxlovid cannot be filled at Alto Pharmacy Los Angeles.
On 5/20/2022, EW contacted Dr. Shammas to send another prescription for Paxlovid to CVS Pharmacy 9660. The prescription was filled but was not delivered until 5/21/2022. Alto Pharmacy obstructed EW from obtaining from obtaining her prescription for Paxlovid, a medication which needed to be started within five days from the onset of COVID-19 symptoms, a violation of Business and Professions Code 733 (a).

CITATION ISSUED ON: July 14, 2023	TOTAL AMOUNT OF FINE(S): $1,500.00
PAYMENT OF FINE(S) DUE BY: August 13, 2023	

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

COPY

CITATION AND FINE

Citation Number	Name, License No
CI 2021 95943	ALTO PHARMACY, PHY 58642

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 § 733 subd. (a)	Dispensing prescription drugs and devices- No licentiate shall obstruct a patient in obtaining a prescription	$1,500.00

CONDUCT:

Unprofessional conduct: Business and Professions Code section 733, subsection (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. Subsection (b) states notwithstanding any other law, a licentiate shall dispense drugs and devices, as described in subdivision (a) of section 4024, pursuant to a lawful order or prescription unless one of the following circumstances exist subsection (2) (A) states, immediately notify the patient and arrange for the drug or device to be delivered to the site or directly to the patient in a timely manner. Alto Pharmacy, PHY58642, failed to comply. Specifically, on 5/18/2022, Dr. Shammas sent a prescription for EW for 30 tablets of Paxlovid 150 – 100 mg to Alto Pharmacy. On 5/18/2022, the prescription was processed under Rx774057005, and the data entry was verified by pharmacist Cynetha Lee at Alto Pharmacy Plano Texas, NRP2529, located at 6201 W Plano PKWY, Suite 400, Plano, TX. On 5/18/2022, upon completion of the data entry verification, the prescription was placed in the fulfillment queue at Alto Pharmacy Los Angeles, PHY58642, located at 5916 Bowcroft Street, Los Angeles, CA to fill the prescription. Two days later, on 5/20/2022, the pharmacists at Alto Pharmacy Los Angeles contacted Alto Pharmacy Clinical Care Specialist to inform EW that Alto Pharmacy Los Angeles cannot fill the prescription because Alto Pharmacy Los Angeles was a site not allocated to dispense Paxlovid thereby unable to obtain the medication to fill the prescription.

Alto Pharmacy failed to establish procedures or failed to update their computer software such that Alto Pharmacy staff are alerted that California Alto Pharmacy facilities do not dispense Paxlovid. Consequently, Alto Pharmacy obstructed EW from obtaining her prescription for Paxlovid in a timely manner.

oOn 5/18/2022, Alto Pharmacy's Clinical Care Specialist informed EW that Alto Pharmacy had Paxlovid in stock instead of informing EW on 5/20/2022 that Alto Pharmacy California facilities do not dispense Paxlovid.

oOn 5/18/2022, EW's prescription for Paxlovid was processed at Alto Pharmacy Plano Texas. The technician who processed the prescription and Pharmacist Cynetha Lee who verified the data entry of the prescription on 5/18/2022 should have informed the Care

Specialist to inform EW that California Alto Pharmacy facilities do not dispense Paxlovid. oOn 5/18/2022, EW's Paxlovid prescription was placed in queue at Alto Pharmacy Los Angeles for filling. On 5/18/2022, the staff at Alto Pharmacy Los Angeles should have alerted the Care team to inform EW that Alto Pharmacy Los Angles cannot fill her prescription for Paxlovid because the pharmacy was not allocated to dispense Paxlovid.

Had Alto Pharmacy established procedures or updated their computer software, the staff at Alto Pharmacy could have informed EW on 5/18/2022 that her prescription for Paxlovid cannot be filled at Alto Pharmacy Los Angeles.
On 5/20/2022, EW contacted Dr. Shammas to send another prescription for Paxlovid to CVS Pharmacy 9660. The prescription was filled but was not delivered until 5/21/2022. Alto Pharmacy obstructed EW from obtaining from obtaining her prescription for Paxlovid, a medication which needed to be started within five days from the onset of COVID-19 symptoms, a violation of Business and Professions Code 733 (a).

CITATION ISSUED ON: July 14, 2023	TOTAL AMOUNT OF FINE(S): $1,500.00
PAYMENT OF FINE(S) DUE BY: August 13, 2023	

COPY

California State Board of Pharmacy

REQUEST FOR OFFICE CONFERENCE

Licensee: ALTO PHARMACY

License No: PHY 58642

Citation Number : CI 2021 95943

I hereby acknowledge receipt of the Citation referenced above and notification of my rights to contest the Citation.

Check ☐ I contest the Citation and request an Office Conference.

Check One:

☐ I contest the entire Citation or

☐ specific violations for the following reasons (list each violation with your specific reason):

_____

_____

_____

_____

_____

_____

If more space is needed attach additional sheets of paper.

Name: _____

Signature: _____ Dated: _____

Address of Service: _____

City: _____ State: _____ Zip: _____

Daytime Number: (___) _____ Email Address: (___) _____

NOTE: Any written documentation or evidence you wish to be considered for the office conference review or hearing should be submitted with this request.

Mailing Address: California State Board of Pharmacy
Attn: Citation and Fine Unit
2720 Gateway Oaks Drive, Suite #100
Sacramento, CA 95833
(916) 518-3100

REQUEST FOR APPEAL

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

Check ☐ I contest the Citation and request an administrative hearing before an Administrative Law Judge.

In the Matter of the Citation Against:	Citation Case No : CI 2021 95943
ALTO PHARMACY PHY 58642 Respondent	NOTICE OF APPEAL (Pursuant to sections 11505, and 11506 Government Code)

I, the undersigned, the respondent named in the above-entitled proceeding, hereby acknowledge receipt of a copy of the Citation.

I hereby request a hearing in said proceeding to permit me to present my defense to charges contained herein in said Citation.

DATED _____ _____
(Respondent)

Mailing Address of Respondent:

_____
(Street Address)

_____ (___)_____
(City (State) (Zip) (Telephone)

Please indicate whether or not you intend to be represented by counsel. If you intend to have counsel, please complete the following:

Mailing Address of Attorney

_____
(Attorney's Name

_____
(Street Address)

_____ (___)_____
(City (State) (Zip) (Telephone)

California State Board of Pharmacy

DECLARATION OF SERVICE BY CERTIFIED MAIL

Name: ALTO PHARMACY, PHY 58642
Citation and Fine CI 2021 95943

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833.

On July 14, 2023, I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME	CERTIFIED MAIL NO
ALTO PHARMACY ATTN: ALICIA DAVIS, CEO 5916 BOWCROFT ST LOS ANGELES, CA 90016	7021 1970 0001 5375 5542

I declare under penalty of perjury that the forgoing is true and correct.

Executed on July 14, 2023, at Sacramento, California.

DECLARANT

Suelynn Yee
Citation and Fine Analyst

Standard Report - Legal History and Actions

Client	Branch	Action Level	Date of Action	Notes
Alto Pharmacy LLC				
Alto Pharmacy LLC - San Diego, California				
		FACILITY	08/24/2025	California Board of Pharmacy (Case #: CI 2025 109319) Effective August 24, 2025, the California Board of Pharmacy ("Board of Pharmacy") finalized a Citation and Fine to Alto Pharmacy (license# PHY 57844). Notably, Alto neither admitted nor denied the allegations brought by the California Board of Pharmacy but agreed to pay a $5,000 fine. This Administrative action resolved allegations that Alto dispensed controlled substance prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California at the time. Alto's California Pharmacy Permit remains active, in good standing and unrestricted. Upon receipt of the fine, the Board of Pharmacy considered the matter closed and took no further action. As part of its internal corrective and preventive action plan, Alto implemented additional training for pharmacy staff to ensure verification of valid prescriber licensure is conducted pursuant to Board regulations and industry standards. Alto remains fully committed to complying with all applicable federal and state regulations and maintaining transparent communication with regulatory entities. If you require any additional information, please contact us via email at pharmacycompliance@alto.com.

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

July 25, 2025

DATED MATERIAL ENCLOSED

ALTO PHARMACY
ATTN: ALICIA BOLER DAVIS, PRS
4240 KEARNY MESA RD STE 107
SAN DIEGO, CA 92111

RE: CI 2025 109319
ALTO PHARMACY
PHY 57844

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- August 24, 2025: Unless the Citation is contested payment of fine(s) must be received by the Board.
- August 08, 2025: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- August 24, 2025: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Joshua Monforte, Citation and Fine Analyst at (916) 518-3014.

Anne Sodergren
EXECUTIVE OFFICER

By: Joshua Monforte
Joshua Monforte
Citation and Fine Analyst

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **August 24, 2025.**
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy
Attn: Cashier
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than August 08, 2025 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than August 24, 2025 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have any questions regarding any documents enclosed please contact Joshua Monforte, Citation and Fine Analyst at (916) 518-3014.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No.
CI 2025 109319	ALTO PHARMACY, PHY 57844

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)		
VIOLATION CODE SECTION	OFFENSE	AMOUNT OF FINE
CCR, Title 16, § 1761 subd. (a)(b)	No pharmacist shall compound or dispense any prescription, which contains any significant error or omission.../A pharmacist shall not compound or dispense a prescription for a controlled substance where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose	$1,000.00
Bus. & Prof. Code § 4059 subd. (a)	Furnishing dangerous drugs without a prescription	$1,000.00
Bus. & Prof. Code § 4126.5 subd. (a)(5)(c)	A Pharmacy may furnish dangerous drugs only to the following: (5) A patient or to another pharmacy pursuant to a prescription or as otherwise authorized by law. (c) Nothwithstanding any other law, a violation of this section may subject the person or persons who committed the violation to a fine not to exceed the amount specified in Section 125.9 for each occurrence pursuant to a citation issued by the Board.	$1,000.00
Bus. & Prof. Code § 4301 subd. (c)(d)(j)(o)	Unprofessional Conduct - Gross negligence/excessive furnishing of controlled substances/Violation of any statutes of this state or of the United States regulation controlled substances or dangerous drugs/violated or attempting to violate directly or indirectly, or assisting in or abetting the violation.	$1,000.00

Health & Safety Code § 11153 subd. (a)	**Responsibility for legitimacy of prescription; a prescription for a controlled substance shall only be issued for a legitimate medical purpose...**	**$1,000.00**

CONDUCT:

Dispensing prescriptions with irregularities: California Code of Regulations Section 1761 states in subdivisions, (a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription. (b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose. Alto Pharmacy (PHY 57844), located at 4240 Kearny Mesa Rd., Suite 107, San Diego, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 57844) approved the following totals of prescriptions to be dispensed to patients in California, either from their location or from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 57844):

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	512	22,116
Schedule II	4	150
Schedule IV	14	540
Totals	**530**	**22,806**

Alto Pharmacy (PHY 57844) dispensed the following totals of prescriptions to patients in California after completing the product verification at their location:

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	993	40,998
Schedule II	13	750
Schedule III	12	1,050
Schedule IV	33	1,184
Totals	**1,051**	**43,982**

Alto Pharmacy dispensed, and/or approved to be dispensed, the above prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California. Alto Pharmacy supplied these dangerous drugs and controlled substances without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. The prescriptions contained unresolved irregularities, omissions, or uncertainties. This was in violation of CCR 1761.

Furnishing Dangerous Drugs Prohibited Without Prescription: California Business and Professions Code Section 4059 states in pertinent part in subdivision: (a) A person may not furnish any dangerous drug, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7. Alto Pharmacy (PHY 57844), located at 4240 Kearny Mesa Rd., Suite 107, San Diego, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 57844) approved the following totals of prescriptions to be dispensed to patients in California, either from their location or from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 57844):

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	512	22,116
Schedule II	4	150
Schedule IV	14	540
Totals	**530**	**22,806**

Alto Pharmacy (PHY 57844) dispensed the following totals of prescriptions to patients in California after completing the product verification at their location:

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	993	40,998
Schedule II	13	750
Schedule III	12	1,050
Schedule IV	33	1,184
Totals	**1,051**	**43,982**

Alto Pharmacy dispensed, and/or approved to be dispensed, the above prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice

medicine and prescribe in California. Alto Pharmacy supplied these dangerous drugs and controlled substances without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. This was in violation of BPC 4059 (a).

Furnishing Dangerous Drugs by a Pharmacy: California Business and Professions Code Section 4126.5 states in subdivisions: (a) A pharmacy may furnish dangerous drugs only to the following: (5) A patient or to another pharmacy pursuant to a prescription or as otherwise authorized by law. (c) Notwithstanding any other law, a violation of this section may subject the person or persons who committed the violation to a fine not to exceed the amount specified in Section 125.9 for each occurrence pursuant to a citation issued by the board. Alto Pharmacy (PHY 57844), located at 4240 Kearny Mesa Rd., Suite 107, San Diego, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 57844) approved the following totals of prescriptions to be dispensed to patients in California, either from their location or from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 57844):

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	512	22,116
Schedule II	4	150
Schedule IV	14	540
Totals	**530**	**22,806**

Alto Pharmacy (PHY 57844) dispensed the following totals of prescriptions to patients in California after completing the product verification at their location:

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	993	40,998
Schedule II	13	750
Schedule III	12	1,050
Schedule IV	33	1,184
Totals	**1,051**	**43,982**

Alto Pharmacy dispensed, and/or approved to be dispensed, the above prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California. Alto Pharmacy supplied these dangerous drugs and controlled substances without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not

issued by prescribers who possessed a valid license to practice and prescribe in California. This was in violation of BPC 4126.5 (a).

Unprofessional conduct: California Business and Professions Code (BPC) Section 4301 states in pertinent parts: The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following: (c) Gross negligence. (d) The clearly excessive furnishing of controlled substances in violation of subdivision (a) of Section 11153 of the Health and Safety Code. (j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs. (o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency. Alto Pharmacy (PHY 57844), located at 4240 Kearny Mesa Rd., Suite 107, San Diego, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 57844) approved the following totals of prescriptions to be dispensed to patients in California, either from their location or from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 57844):

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	512	22,116
Schedule II	4	150
Schedule IV	14	540
Totals	**530**	**22,806**

Alto Pharmacy (PHY 57844) dispensed the following totals of prescriptions to patients in California after completing the product verification at their location:

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	993	40,998
Schedule II	13	750
Schedule III	12	1,050
Schedule IV	33	1,184
Totals	**1,051**	**43,982**

Alto Pharmacy dispensed, and/or approved to be dispensed, the above prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California. Alto Pharmacy supplied these dangerous drugs and controlled substances without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. This was in violation of BPC 4301.

Corresponding Responsibility: California Health and Safety Code Section 11153 states in pertinent part in subdivision: (a) A prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. As related, Code of Federal Regulations Title 21, Part 1306, Section 04 (21 CFR 1306.04) states in pertinent part: (a) A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. Alto Pharmacy (PHY 57844), located at 4240 Kearny Mesa Rd., Suite 107, San Diego, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which controlled substance prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed contro led substances issued by providers to patients with established medical relationships, and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of controlled substance prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 57844) approved the following totals of controlled substance prescriptions to be dispensed to patients in California, either from their location or from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 57844):

Type of prescriptions	Number of prescriptions	Total number of dosage units
Schedule II	4	150
Schedule IV	14	540
Totals	**18**	**690**

Alto Pharmacy (PHY 57844) dispensed the following totals of controlled substance prescriptions to patients in California after completing the product verification at their location:

Type of prescriptions	Number of prescriptions	Total number of dosage units
Schedule II	13	750
Schedule III	12	1,050
Schedule IV	33	1,184

Totals	**58**	**2,984**

Alto Pharmacy dispensed, and/or approved to be dispensed, the above controlled substance prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California. Alto Pharmacy supplied these controlled substances without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. This was not in the usual course of the prescribers' professional practice. This was in violation of HSC 11153 (a).

CITATION ISSUED ON: July 25, 2025

TOTAL AMOUNT OF FINE(S): $5,000.00

PAYMENT OF FINE(S) DUE BY: August 24, 2025

California State Board of Pharmacy

REQUEST FOR OFFICE CONFERENCE

Licensee: ALTO PHARMACY

License No: PHY 57844

Citation Number : CI 2025 109319

I hereby acknowledge receipt of the Citation referenced above and notification of my rights to contest the Citation.

Check ☐ I contest the Citation and request an Office Conference.

Check One:

☐ I contest the entire Citation or

☐ specific violations for the following reasons (list each violation with your specific reason):

_____

_____

_____

_____

_____

_____

If more space is needed attach additional sheets of paper.

Name: _____

Signature: _____ Dated: _____

Address of Service: _____

City: _____ State: _____ Zip: _____

Daytime Number: ( ) _____ Email Address: ( ) _____

NOTE: Any written documentation or evidence you wish to be considered for the office conference review or hearing should be submitted with this request.

Mailing Address: California State Board of Pharmacy
Attn: Citation and Fine Unit
2720 Gateway Oaks Drive, Suite #100
Sacramento, CA 95833
(916) 518-3100

REQUEST FOR APPEAL

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

Check ☐ I contest the Citation and request an administrative hearing before an Administrative Law Judge.

In the Matter of the Citation Against: ALTO PHARMACY PHY 57844 Respondent	Citation Case No : CI 2025 109319 NOTICE OF APPEAL (Pursuant to sections 11505, and 11506 Government Code)

I, the undersigned, the respondent named in the above-entitled proceeding, hereby acknowledge receipt of a copy of the Citation.

I hereby request a hearing in said proceeding to permit me to present my defense to charges contained herein in said Citation.

DATE _____ _____
(Respondent)

Mailing Address of Respondent:

_____
(Street Address)

_____ (___)_____
(City (State) (Zip) (Telephone)

Please indicate whether or not you intend to be represented by counsel. If you intend to have counsel, please complete the following:

Mailing Address of Attorney

_____
(Attorney's Name

_____
(Street Address)

_____ (___)_____
(City (State) (Zip) (Telephone)

California State Board of Pharmacy

DECLARATION OF SERVICE BY CERTIFIED MAIL

Name: ALTO PHARMACY, PHY 57844
Citation and Fine CI 2025 109319

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833.

On July 25, 2025, I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME	CERTIFIED MAIL NO
ALTO PHARMACY ATTN: ALICIA BOLER DAVIS, PRS 4240 KEARNY MESA RD STE 107 SAN DIEGO, CA 92111	9589 0710 5270 1738 5486 63

I declare under penalty of perjury that the forgoing is true and correct.

Executed on July 25, 2025, at Sacramento, California.

Joshua Monforte

DECLARANT

Joshua Monforte
Citation and Fine Analyst

Standard Report - Legal History and Actions

Client	Branch	Action Level	Date of Action ▼	Notes
Alto Pharmacy LLC				
	Alto Pharmacy LLC - San Francisco (Harrison Street), California			
		FACILITY	08/24/2025	California Board of Pharmacy (Case #: CI 2025 109317) Effective August 24, 2025, the California Board of Pharmacy ("Board of Pharmacy") finalized a Citation and Fine to Alto Pharmacy (license# PHY 58263). Notably, Alto neither admitted nor denied the allegations brought by the California Board of Pharmacy but agreed to pay a $5,000 fine. This Administrative action resolved allegations that Alto dispensed controlled substance prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California at the time. Alto's California Pharmacy Permit remains active, in good standing and unrestricted. Upon receipt of the fine, the Board of Pharmacy considered the matter closed and took no further action. As part of its internal corrective and preventive action plan, Alto implemented additional training for pharmacy staff to ensure verification of valid prescriber licensure is conducted pursuant to Board regulations and industry standards. Alto remains fully committed to complying with all applicable federal and state regulations and maintaining transparent communication with regulatory entities. If you require any additional information, please contact us via email at pharmacycompliance@alto.com.
		FACILITY	09/26/2024	Texas Board of Pharmacy (Case #: 2024-01512) On July 19, 2024, the Texas Board of Pharmacy ("Board of Pharmacy") issued an Agreed Board Order ("ABO") in which the Board of Pharmacy alleges, from about September 28, 2023, through on or about November 29, 2023, Alto Pharmacy, located at 645 Harrison Street, Suite 200, San Francisco, CA 94107, Texas Non-Resident Pharmacy Permit #: 34204, operated without a Texas licensed pharmacist named on the Texas Non-Resident Pharmacy Permit. Alto Pharmacy acknowledges operating without the required Texas licensed pharmacist, Alto Pharmacy further acknowledges contact, and correspondence was made with the Board of Pharmacy, requesting guidance and direction on operating without a Texas licensed pharmacist. The Board of Pharmacy and Alto Pharmacy finalized the ABO on November 5, 2024, and a fine of $1,000 was paid. Alto Pharmacy's Texas Non-Resident Pharmacy Permit remains active, in good standing and unrestricted. The Board of Pharmacy considered the matter closed and took no further action.

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

July 25, 2025

DATED MATERIAL ENCLOSED

ALTO PHARMACY
ATTN: ALICIA BOLER DAVIS, PRS
645 HARRISON ST STE 200
SAN FRANCISCO, CA 94107

RE: CI 2025 109317
ALTO PHARMACY
PHY 58263

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- August 24, 2025: Unless the Citation is contested payment of fine(s) must be received by the Board.
- August 08, 2025: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- August 24, 2025: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Joshua Monforte, Citation and Fine Analyst at (916) 518-3014.

Anne Sodergren
EXECUTIVE OFFICER

By: Joshua Monforte

Joshua Monforte
Citation and Fine Analyst

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **August 24, 2025.**
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy
Attn: Cashier
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than August 08, 2025 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than August 24, 2025 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have any questions regarding any documents enclosed please contact Joshua Monforte, Citation and Fine Analyst at (916) 518-3014.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No.
CI 2025 109317	ALTO PHARMACY, PHY 58263

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)		
VIOLATION CODE SECTION	OFFENSE	AMOUNT OF FINE
CCR, Title 16, § 1761 subd. (a)(b)	No pharmacist shall compound or dispense any prescription, which contains any significant error or omission.../A pharmacist shall not compound or dispense a prescription for a controlled substance where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose	$1,000.00
Bus. & Prof. Code § 4059 subd. (a)	Furnishing dangerous drugs without a prescription	$1,000.00
Bus. & Prof. Code § 4126.5 subd. (a)(5)(c)	A Pharmacy may furnish dangerous drugs only to the following: (5) A patient or to another pharmacy pursuant to a prescription or as otherwise authorized by law. (c) Nothwithstanding any other law, a violation of this section may subject the person or persons who committed the violation to a fine not to exceed the amount specified in Section 125.9 for each occurrence pursuant to a citation issued by the Board.	$1,000.00
Bus. & Prof. Code § 4301 subd. (c)(d)(j)(o)	Unprofessional Conduct - Gross negligence/excessive furnishing of controlled substances/Violation of any statutes of this state or of the United States regulation controlled substances or dangerous drugs/violated or attempting to violate directly or indirectly, or assisting in or abetting the violation.	$1,000.00

Health & Safety Code § 11153 subd. (a)	**Responsibility for legitimacy of prescription; a prescription for a controlled substance shall only be issued for a legitimate medical purpose...**	**$1,000.00**

CONDUCT:

Dispensing prescriptions with irregularities: California Code of Regulations Section 1761 states in subdivisions, (a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription. (b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose. Alto Pharmacy (PHY 58263), located at 645 Harrison St., Suite 200, San Francisco, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 58263), approved the following totals of prescriptions to be dispensed to patients in California, from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 58263):

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	4,142	198,080
Schedule II	24	1,077
Schedule III	25	915
Schedule IV	119	5,036
Schedule V	18	1,230
Totals	**4,328**	**206,338**

Alto Pharmacy approved the above prescriptions to be dispensed to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California. Alto Pharmacy caused these dangerous drugs and controlled substances to be supplied without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. The prescriptions contained unresolved irregularities, omissions, or uncertainties. This was in violation of CCR 1761.

Furnishing Dangerous Drugs Prohibited Without Prescription: California Business and Professions Code Section 4059 states in pertinent part in subdivision: (a) A person may not furnish any dangerous drug, except upon the prescription of a physician, dentist, podiatrist, optometrist,

veterinarian, or naturopathic doctor pursuant to Section 3640.7. Alto Pharmacy (PHY 58263), located at 645 Harrison St., Suite 200, San Francisco, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 58263), approved the following totals of prescriptions to be dispensed to patients in California, from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 58263):

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	4,142	198,080
Schedule II	24	1,077
Schedule III	25	915
Schedule IV	119	5,036
Schedule V	18	1,230
Totals	**4,328**	**206,338**

Alto Pharmacy approved the above prescriptions to be dispensed to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California. Alto Pharmacy caused these dangerous drugs and controlled substances to be supplied without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. This was in violation of BPC 4059 (a).

Furnishing Dangerous Drugs by a Pharmacy: California Business and Professions Code Section 4126.5 states in subdivisions: (a) A pharmacy may furnish dangerous drugs only to the following: (5) A patient or to another pharmacy pursuant to a prescription or as otherwise authorized by law. (c) Notwithstanding any other law, a violation of this section may subject the person or persons who committed the violation to a fine not to exceed the amount specified in Section 125.9 for each occurrence pursuant to a citation issued by the board. Alto Pharmacy (PHY 58263), located at 645 Harrison St., Suite 200, San Francisco, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of prescriptions before dispensing to ensure the product to be dispensed matched what

was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 58263), approved the following totals of prescriptions to be dispensed to patients in California, from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 58263):

Type of prescriptions	Number of prescriptions	Total number of dosage units
Non-controlled	4,142	198,080
Schedule II	24	1,077
Schedule III	25	915
Schedule IV	119	5,036
Schedule V	18	1,230
Totals	**4,328**	**206,338**

Alto Pharmacy approved the above prescriptions to be dispensed to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California. Alto Pharmacy caused these dangerous drugs and controlled substances to be supplied without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. This was in violation of BPC 4126.5 (a).

Unprofessional conduct: California Business and Professions Code (BPC) Section 4301 states in pertinent parts: The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following: (c) Gross negligence. (d) The clearly excessive furnishing of controlled substances in violation of subdivision (a) of Section 11153 of the Health and Safety Code (j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs. (o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency. Alto Pharmacy (PHY 58263), located at 645 Harrison St., Suite 200, San Francisco, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 58263), approved the following totals of prescriptions to be dispensed to patients in California, from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 58263):

Type of prescriptions	Number of prescriptions	Total number of dosage units

Non-controlled	4,142	198,080
Schedule II	24	1,077
Schedule III	25	915
Schedule IV	119	5,036
Schedule V	18	1,230
Totals	**4,328**	**206,338**

Alto Pharmacy approved the above prescriptions to be dispensed to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California. Alto Pharmacy caused these dangerous drugs and controlled substances to be supplied without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. This was in violation of BPC 4301.

Corresponding Responsibility: California Health and Safety Code Section 11153 states in pertinent part in subdivision: (a) A prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. As related, Code of Federal Regulations Title 21, Part 1306, Section 04 (21 CFR 1306.04) states in pertinent part: (a) A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. Alto Pharmacy (PHY 58263), located at 645 Harrison St., Suite 200, San Francisco, failed to comply. Specifically, an investigation involving records from 05/10/2021 – 09/13/2024 found Alto Pharmacy had a policy in place in which controlled substance prescriptions were reviewed in two parts, data verification and product verification. The data verification was performed by a pharmacist who was responsible for data entry verification including, interpretation of the prescription, validity, legitimacy of prescriber relationship, and appropriateness of drug dosage, route of administration, potential interactions, therapeutic appropriateness, and route of administration. Additionally, the data check pharmacist was responsible for corresponding responsibility tasks to ensure the dispensing of only legally prescribed controlled substances issued by providers to patients with established medical relationships, and according to a legitimate medical purpose. Product verification was performed by a pharmacist who was responsible for the final verification of controlled substance prescriptions before dispensing to ensure the product to be dispensed matched what was outlined on the label, was in good saleable condition, and was appropriately packaged. This investigation determined Alto Pharmacy (PHY 58263), approved the following totals of controlled substance prescriptions to be dispensed to patients in California, from other Alto Pharmacy locations, through data verification performed by Alto Pharmacy (PHY 58263):

Type of prescriptions	Number of prescriptions	Total number of dosage units
Schedule II	24	1,077
Schedule III	25	915
Schedule IV	119	5,036
Schedule V	18	1,230
Totals	**186**	**8,258**

Alto Pharmacy approved to be dispensed the above controlled substance prescriptions to patients in California pursuant to orders from prescribers who did not possess a valid license to practice medicine and prescribe in California. Alto Pharmacy caused these controlled substances to be supplied without prescriptions as defined in BPC 4040 (a) (2), in that the documents were not issued by prescribers who possessed a valid license to practice and prescribe in California. This was not in the usual course of the prescribers' professional practice. This was in violation of HSC 11153 (a).

CITATION ISSUED ON: July 25, 2025 | **TOTAL AMOUNT OF FINE(S): $5,000.00**

PAYMENT OF FINE(S) DUE BY: August 24, 2025

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

COPY

CITATION AND FINE

Citation Number	Name, License No.
CI 2025 109317	ALTO PHARMACY, PHY 58263

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)		
VIOLATION CODE SECTION	OFFENSE	AMOUNT OF FINE
CCR, Title 16, § 1761 subd. (a)(b)	No pharmacist shall compound or dispense any prescription, which contains any significant error or omission.../A pharmacist shall not compound or dispense a prescription for a controlled substance where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose	$1,000.00
Bus. & Prof. Code § 4059 subd. (a)	Furnishing dangerous drugs without a prescription	$1,000.00
Bus. & Prof. Code § 4126.5 subd. (a)(5)(c)	A Pharmacy may furnish dangerous drugs only to the following: (5) A patient or to another pharmacy pursuant to a prescription or as otherwise authorized by law. (c) Nothwithstanding any other law, a violation of this section may subject the person or persons who committed the violation to a fine not to exceed the amount specified in Section 125.9 for each occurrence pursuant to a citation issued by the Board.	$1,000.00
Bus. & Prof. Code § 4301 subd. (c)(d)(j)(o)	Unprofessional Conduct - Gross negligence/excessive furnishing of controlled substances/Violation of any statutes of this state or of the United States regulation controlled substances or dangerous drugs/violated or attempting to violate directly or indirectly, or assisting in or abetting the violation.	$1,000.00

Alto Pharmacy LLC

Owners and Officers

Name and Title	Work Address, Telephone and Email	Home Address and Telephone	Date of Birth	SSN or FEIN
Alto Pharmacy Investments, LLC Parent / Sole Member	645 Harrison Street, Suite 200 San Francisco, CA 94107-3624 (800) 874-5881 pharmacycompliance@alto.com	[redacted]	NA	[redacted]
Paul J. Greenall President and CEO	645 Harrison Street, Suite 200 San Francisco, CA 94107-3624 (800) 874-5881 paul.greenall@truepill.com	[redacted]	[redacted]	
Jamie E. Cohen CFO and Treasurer	645 Harrison Street, Suite 200 San Francisco, CA 94107-3624 (800) 874-5881 jamie.cohen@alto.com	[redacted]		
Lisa M. Jurinka Secretary	645 Harrison Street, Suite 200 San Francisco, CA 94107-3624 (800) 874-5881 lisa.jurinka@alto.com	[redacted]		

Managers

Name and Tile	Work Address, Telephone and Email	Home Address and Telephone	Date of Birth	SSN
Paul J. Greenall Manager	645 Harrison Street, Suite 200 San Francisco, CA 94107-3624 (800) 874-5881	[redacted]	[redacted]	[redacted]

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Application for Registration for Alto Pharmacy LLC (file number 803494873), a DELAWARE, USA, Foreign Limited Liability Company (LLC), was filed in this office on December 17, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 11, 2025.

Jane Nelson
Secretary of State

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Alto Pharmacy

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 475 State Highway 121 Bypass, Suite 150

City: Lewisville State: TX Zip: 75067-8154

Mailing Address (if different from physical address): 475 State Highway 121 Bypass, Suite 150

City: Lewisville State: TX Zip: 75067-8154

Telephone: (800) 874-5881 Website: www.alto.com

Licensing Company Email: info@adeiaservices.com

Section 2: Personal Information

First: Salma Middle: Last: Abdulghani

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: TX Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Illinois at Chicago		08/99- 06/04	
Address	**City**	**State**	**Zip**
833 S Wood ST	Chicago	IL	60612
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
Susan E Wagner High School		08/92 - 06/96	
Address	**City**	**State**	**Zip**
1200 Manor Road	Staten Island	NY	10314
Diploma/Degree obtained, if any			
secondary education 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
06/17 - Present	[redacted]	[redacted]y	TX	[redacted]
03/16 - 06/17		[redacted]	IL	
03/04 - 03/16			IL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Alto Pharmacy			04/25 - Present	
Business Address		**City**	**State**	**Zip**
475 State Highway 121 Bypass, Suite 150		Lewisville	TX	75067-8154
Phone	**Title**		**Number of Employed Hours**	
(800) 874-5881	Pharmacist in Charge		800	
Description of Duties				
Practiced pharmacy in compliance with all Federal, state, local laws and regulations as well as company polices.				

Business Name			From - To (MM/YY – MM/YY)	
CVS Health			12/02-06/25	
Business Address		**City**	**State**	**Zip**
1 CVS Dr		Woonsocket	RI	02895
Phone	**Title**		**Number of Employed Hours**	
(401) 765-1500	Pharmacy Intern, Manager, Supervisor, Leader, Director		38,720	
Description of Duties				
Practiced pharmacy in compliance with all Federal, state, local laws and regulations as well as company polices.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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, Salma Abdulghani, **certify that as the designated representative for**

Alto Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SA I am at least 21 years of age;
3. SA 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. SA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SA 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. SA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Salma Abdulghani

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/7/25

Date

3370

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Salma Abdulghani

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/7/25

Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of COLLIN

I, Salma Abdulghani, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

8/7/25

Date

Subscribed and Sworn to before me this 7th day of August. 2025

Notary Public Signature

SHANTANU MAHESHWARI
Notary ID #134392352
My Commission Expires
June 6, 2027

(Seal)

3371

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *ALTO PHARMACY*

License Number: *33448*

Address: *475 ST HWY 121 BYPASS STE 150, LEWISVILLE, TX 75067*

Phone: *(800) 874-5881*

Email:

Class of License: *A*

License Expiration: *10/31/2024*

DEA #: [redacted]

DEA Expiration: *06/30/3026*

Inspection Information

Type: *Compliance*

Purpose: *Routine*

Date: *07/11/2023*

Arrival Time: *12:00 PM*

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

Chontae Williams PIC *63915*

Witness

Felicia Carrasco

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *ALTO PHARMACY* License Number: *33448*

Class of License: *A*

Inspection Information

Type: *Compliance* Purpose: *Routine*

Date: *07/11/2023* Arrival Time: *12:00 PM* Departure Time: *1:15 PM*

Action Taken: *Inspectian*

General Comments:

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*

Comment

Delinquent personnel are not employed/do nat work in pharmacy.

01. Required licenses posted	*Satisfactory*
09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Satisfactory*

Inventory Records

15. Change of PIC inventory	*Satisfactory*

Comment

Change of PIC inventory completed on: 6/15/22

17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Satisfactory*
68. Change of ownership controlled substance inventory	*Nat Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Annual controlled substance inventory completed on: 4/30/23 @ 2pm

69. Annual controlled substance inventory *(continued)*	*Satisfactory*

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?)	*Not Applicable*
34. Notifications	*Satisfactory*
76. PIC (Does the pharmacy have a pharmacist-in-charge?)	*Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean	*Satisfactory*
04. Balance inspection	*Not Applicable*
05. Equipment Inspection	*Satisfactory*
07. Security	*Satisfactory*
08. Environment	*Satisfactory*
48. Drugs (procurement, temperature, security, out-of-date, samples)	*Satisfactory*
90. TSBP complaint notification	*Satisfactory*

Controlled Substances

10. Prescriptions separated	*Satisfactory*
24. Theft/Loss	*Satisfactory*

Comment

Theft or loss reported on: 4/22/22, 10/24/22, 1/6/23, 5/8/23

26. Controlled substance prescription compliance	*Satisfactory*
30. Controlled substance invoices dated/initialed by pharmacist	*Satisfactory*
35. Controlled substance invoices separated	*Satisfactory*
46. Drug distribution	*Not Applicable*
53. Possession of controlled substances	*Satisfactory*
57. Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?)	*Satisfactory*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?)	*Satisfactory*
45. Proper dispensing/labeling	*Satisfactory*
54. Proper prepackaging procedures	*Not Applicable*

Library

06. Required Library	*Satisfactory*

Training

60. Documentation of required training	*Satisfactory*
61. Supervision of supportive personnel	*Satisfactory*

Patient/Computer/Dispensing Records

18. Records available	*Satisfactory*
22. Data processing system compliance	*Satisfactory*
25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	*Satisfactory*
37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	*Satisfactory*
56. Prescription transfers	*Not Applicable*
67. Written drug information provided	*Satisfactory*
80. Patient counseling	*Satisfactory*
82. Patient Medication Records	*Not Applicable*
84. Drug regimen review	*Not Applicable*
86. Absence of pharmacist records	*Not Applicable*

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs	*Satisfactory*
92. Automated dispensing policy & procedures/SOPs	*Not Applicable*

Non-Sterile Compounding

38. Area for non-sterile compounding	*Not Applicable*
43. Records for non-sterile compounding	*Not Applicable*

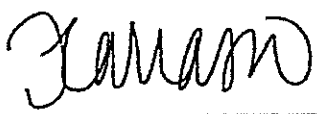
Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and

- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).

Chontae Williams



Felicia Carrasco

Section 3: History of Company

Please be advised, the information provided relates to the Applicant's affiliate pharmacies located in San Francisco and Los Angeles, CA.

As the Applicant and affiliate locations operate under the same legal name and ownership, we are providing this information with transparency in mind, to ensure are aware of these matters.

Further be advised, the Applicant has not had a license investigated, disciplined nor are any investigations or disciplinary actions pending.

By:
Name: Lisa M. Jurinka
Title: Secretary

Date: 08/04/2025

Please be advised, the information provided relates to the Applicant's affiliate pharmacies.

As the Applicant and affiliate locations operate under the same legal name and ownership, we are providing this information with transparency in mind, to ensure are aware of these matters.

Further be advised, the Applicant has not had a license investigated, disciplined nor are any investigations or disciplinary actions pending.

Texas State Board of Pharmacy

"Red Flags" Checklist for Pharmacies

YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy.
	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate.
	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber foropiates, benzodiazepines, and/or muscle relaxants.
	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

Updated 2/2018

List of 1 NABP-Accredited Digital Pharmacies

Accreditation is valid for 3 years

Business Name Pharmacy Name	Website	End Date Membership Type
Alto Pharmacy 1400 Tennessee Street San Francisco, CA 97107 [-] 15 Stores	https://alto.com	04/24/27 Open to all
Alto Specialty Pharmacy	4175 Freidrich Lane, Suite 202 Austin, TX 78744	
Alto Pharmacy	4950 Terminal St , Suite 200 Bellaire, TX 77401-6013	
Alto Pharmacy	13010 NE 20th Street, Suite 200 Bellevue, WA 98005	
Alto Pharmacy	929 N Broadway Denver, CO 80203	
Alto Pharmacy	20 Fairbanks, Suite 187 Irvine, CA 92618	
Alto Pharmacy	600 Pilot Road, Suite A Las Vegas, NV 98119	
Alto Pharmacy	475 State Highway 121 Bypass, Suite 150 Lewisville, TX 75067	
Alto Pharmacy	5916 Bowcroft Street Los Angeles, CA 90016	
Alto Pharmacy	100 Park Ave, Front E New York, NY 10017	
Alto Pharmacy	245 Newtown Road, Suite 300 Plainview, NY 11803	
Alto Pharmacy	6201 W. Plano Parkway, Suite 400 Plano, TX 75093	
Alto Pharmacy	4240 Kearny Mesa Rd, Suite 107 San Diego, CA 92111	
Alto Pharmacy	1400 Tennessee St San Francisco, CA 94107	
Alto Pharmacy	645 Harrison St San Francisco, CA 97107	
Alto Pharmacy	2360 Qume Dr, Suite A San Jose, CA 95131-1838	

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TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

I am the Pharmacist-in-Charge (PIC) of *ALTO PHARMACY*, pharmacy license number *33448*, and I ✓ was/ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *07/11/2023*.

I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF.

If applicable, the Warning Notice issued contains *0* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please email this completed form to the TSBP Compliance Inspector for your area or to inspections@pharmacy.texas.gov within 7 days of the date of the inspection.

Signed:

Date: *07/11/2023*

Printed Name: *Chontae Williams*

License No.(if applicable): *63915*

TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue, Suite 13.100
Austin, TX 78701-1319
(512) 305-8000

License Number: 33448

(Date PDF Version Generated: 12/30/2024)

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/

CERTIFICATE
BOARD OF PHARMACY

This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **33448** Expiration Date: **10/31/2026**

Balances: **0**

ALTO PHARMACY
475 ST HWY 121 BYPASS STE 150
LEWISVILLE, TX 75067

Daniel R. Carroll, Pharm.D.,
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 33448

ALTO PHARMACY

License Information

License Status Active
License # 33448
Expiration Date 10/31/2026
Date License Issued 10/12/2020

Address

475 ST HWY 121 BYPASS STE 150
LEWISVILLE, TX 75067
County DENTON
Phone (800) 874-5881

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 Corporation
Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist in Charge
ABDUL GHANI, SALMA

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	Yes

Translating services (Listed Below If Available)

Spanish
Vietnamese
Telecomm. for the deaf (TDD)

¥ 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

- 1102105 33448 ALTOPHARMACY 2020-10 10-2025.pdf
- 1102105 33448 ALTOPHARMACY 2021-05 05-2026.pdf
- 1102105 33448 ALTOPHARMACY 2023-07 07-2028.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	Yes
Ship Prescription Out of State	No
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	No
Compounding, Office Use	No
Home Delivery	Yes
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No
In-Patient Medication Orders	No

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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
ABDUL GHANI, SALMA	48614	07/02/2010	08/31/2026	PIC	Active
ILOKWU, AMARACHI KIMBERLY	59118	08/11/2016	12/31/2026	Relief	Active
REHMAN, ANA	70035	01/27/2022	10/31/2025	Relief	Active
SWANZY, ERIS	69095	08/12/2021	04/30/2027	Staff	Active
YAZDANI, ANITA	72936	08/17/2023	10/31/2025	Staff	Active

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Texas Registered Technicians/Trainees Employment Information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
CARIAS, PEARLEY JOHANNA	260558	09/20/2016	10/31/2026	Staff	Active
ESPANA, CLARISSA ALIYAH INTAL	365467	01/04/2024	06/30/2026	Staff	Active
GRIMES, JESIKA	259175	08/16/2016	08/31/2026	Staff	Active
LEE, GARY KING LONG	333578	12/27/2021	12/31/2025	Staff	Active
PATEL, NIRAVKUMAR	339016	05/03/2022	04/30/2026	Staff	Active
PFEIFFER, JAVIER	255399	05/05/2016	05/31/2026	Staff	Active
PREMANI, MYSHA	366031	01/17/2024	06/30/2026	Staff	Active

Page 1 of 1 20 View 1 - 7 of 7

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
ALTO PHARMACY LLC	OWNER	1400 TENNESSEE ST UNIT	SAN FRANCISCO	CA	94107
DAVIS, ALICIA BOLER	OFFICER	,			
JURINKA, LISA	OFFICER	,			
COHEN, JAMIE E	OFFICER	,			

Page 1 of 1 20 View 1 - 4 of 4

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.

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11B

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 #: [redacted]
	☐ 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 03832		■ Other: Mental and Behavioral Health

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: Janus Rx

Physical Address: 2697 International Pkwy, Bldg 3 Ste 103

City: Virginia Beach State: VA Zip: 23452

Mailing Address (if different from physical address): 3480 Eastern Blvd

City: Montgomery State: AL Zip: 36116

Telephone: 757-351-1951 Toll Free # (NAC 639.708, NRS 639.23286): 855-422-9701

Fax: 757-351-1953 Contact Email: kmims@mimsmanagementgroup.com

Website: http://www.januspharmacy.com/

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Oluwatoyin Adekunbi Lambo-Akomolafe

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): N/A

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: Derek Sapone	NV Pharmacist Registration #: 18411
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Alabama

Parent Company (if any): Roman Target, LLC

Corporation/Organization Name: Janus Rx, LLC

Mailing Address: 3480 Eastern Blvd

City: Montgomery State: AL Zip: 36116

Telephone: 334-819-4500 Email: kmims@mimsmanagementgroup.com

Contact Person Name: Krystal Mims, Chief Administrative Officer

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Administrative Officer (title) for Janus 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).

Krystal Mims

Print Name of Authorized Person

Krystal Mims

Original signature of Authorized Person (copies or stamps not accepted)

10/23/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Krystal Mims 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 Administrative Officer (title) for Krystal Mims (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.

Krystal Mims
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 23 day of October, 2025

January M Green
Notary Public

STATE OF ALABAMA NOTARY PUBLIC
JANUARY M. GREEN
My Commission Expires
July 11, 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.

Krystal Mims

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

Krystal Mims

Original signature of Authorized Person (copies or stamps not accepted)

10/23/25

Date

Board Use Only	Date Received: 11/12/25	Amount: $500-CK 1000002376

Janus Rx, LLC

Discipline Statement

Janus Rx, LLC entered an Agreed Order with the Kentucky Board of Pharmacy on December 26, 2023, based on an alleged violation of 201 Kentucky Administrative Rule 2:100 Section 1(1)(a) related to the loss of controlled substances from its licensed location at 8521 Lagrange Road, Louisville, KY 40242. As part of this Agreed Order, Janus Rx, LLC agreed to (i) pay a $1,500 fine, (ii) conduct a self-audit of all controlled substances at this location within 6 months, and (iii) report the Agreed Order and the obligations thereunder to the National Association of Boards of Pharmacy. Janus Rx, LLC paid the $1,500 fine, submitted the required self-audit to the Board on April 5, 2024, and reported all obligations to the National Association of Boards of Pharmacy. Janus Rx, LLC also reported the Agreed Order to the Drug Enforcement Agency and local authorities. No further action was taken by the Kentucky Board of Pharmacy on this matter. This pharmacy location has since closed for unrelated reasons.

RECD KYBOP DEC28'23

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 23-0532 A

$1,500
PAID
#6394

Agreed Order

Come the parties, the Kentucky Board of Pharmacy ("the Board") and **JANUS RX LLC**("Respondent"), and both having been fully informed regarding the matter set forth herein hereby agree to the entry of this **Agreed Order** to obviate a formal hearing.

Stipulations of Fact

(1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control all matters related to pharmacies and pharmacists.

(2) Respondent is permitted as a pharmacy and was issued permit number P08225.

(3) Respondent allegedly failed to provide adequate security and control of controlled substances when the pharmacy reported a loss of 629 dosage units of fifteen difference controlled substances, primarily Schedule II controlled substances, over a periof of one month.

Stipulated Conclusions of Law

(1) Respondent's permit to operate as a pharmacist in the Commonwealth is subject to regulation and discipline by the Kentucky Board of Pharmacy.

(2) The Board may discipline Respondent pursuant to KRS 315.121.

(3) Based on the factual allegations contained herein, there is probable cause to believe that Respondent violated 201 KAR 2:100 Section 1 (1)(a).

(4) In lieu of the filing of a formal Complaint and hearing, the Board and Respondent have agreed to address this matter by entering into this Agreed Order.

Order

(1) Respondent is fined $1,500. The fine is payable on or before December 1, 2023. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, 125 Holmes Street, Suite 300, Frankfort, KY 40601.

(2) Respondent shall conduct a self-audit of all controlled substances within six (6) months and submit the findings to the Board's inspector.

(3) Respondent acknowledges it has read and understands the terms of this Agreed Order and is entering into it freely, willingly, and voluntarily. Respondent further acknowledges that by entering into this Agreed Order, Respondent is freely, voluntarily, and willingly waiving all the due process rights afforded under the U. S. and Kentucky Constitutions, KRS Chapter 315 and the accompanying regulations in regard to disciplinary actions.

(4) By entering this Agreed Order respondent consents to the continuing jurisdiction of the Kentucky Board of Pharmacy and by signing, submits to that jurisdiction.

(5) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

ANTHONY TAGAVI, PHARM D, JD
Chair, Case Review Panel,
Kentucky Board of Pharmacy

1/30/2024
DATE

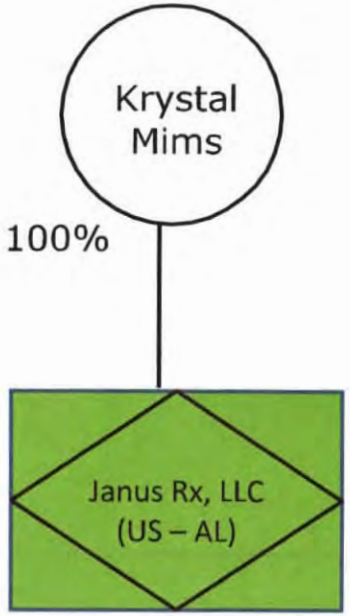
JANUS RX LLC,
Respondent

12/26/2023
DATE

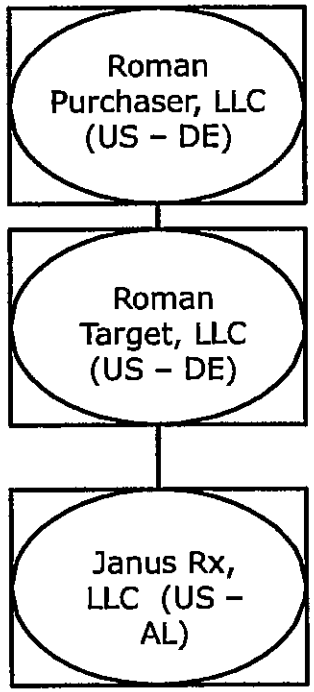
Officer List
Janus Rx, LLC

Name	Krystal Mims
Title	Chief Administrative Officer
Business Address	3480 Eastern Blvd Ste 100 Montgomery, AL 36116
Phone	(334) 819-4500
Email	kmims@mimsmanagementgroup.com

Slide 1: Pre-Closing Structure



Slide 2: Post-Closing Structure



Privileged & Confidential

EXEMPT FROM FREEDOM OF INFORMATION ACT

Alabama Secretary of State

Janus Rx, LLC	
Entity ID Number	000-371-639
Entity Type	Domestic Series Limited Liability Company
Principal Address	Not Provided
Principal Mailing Address	Not Provided
Status	Exists
Place of Formation	Madison County
Formation Date	09/07/2016
Registered Agent Name	MCCARTHA LAW, LLC
Registered Office Street Address	200 CLINTON AVENUE W, SUITE 508 HUNTSVILLE, AL 35801
Registered Office Mailing Address	200 CLINTON AVENUE W, SUITE 508 HUNTSVILLE, AL 35801
Nature of Business	
Organizers	
Organizer Name	MCCARTHA, JASON P
Organizer Street Address	100 JEFFERSON ST S, SUITE 200 HUNTSVILLE, AL 35801
Organizer Mailing Address	100 JEFFERSON ST S, SUITE 200 HUNTSVILLE, AL 35801
Annual Reports	
Report Year	2017 2018 2019 2020 2021 2022 2023
Transactions	
Transaction Date	09/15/2016
Miscellaneous Filing Entry	New Entity Effective 09-07-2016 09:34
Transaction Date	09/06/2022
Agent Mailing Address Changed From	MCCARTHA, JASON P 100 JEFFERSON ST S, SUITE 200 HUNTSVILLE, AL 35801
Transaction Date	09/06/2022
Registered Agent Changed From	MCCARTHA, JASON P 100 JEFFERSON ST S, SUITE 200 HUNTSVILLE, AL 35801
Transaction Date	12/29/2023
Agent Mailing Address Changed From	MCCARTHA LAW, LLC 100 CHURCH STREET SW, SUITE 125 HUNTSVILLE, AL 35801
Transaction Date	12/29/2023
Registered Agent Changed From	MCCARTHA LAW, LLC 100 CHURCH STREET SW, SUITE 125 HUNTSVILLE, AL 35801
Scanned Documents	
Purchase Document Copies	
Document Date / Type / Pages	09/15/2016 Certificate of Formation 6 pgs.
Document Date / Type / Pages	09/06/2022 Registered Agent Change 4 pgs.
Document Date / Type / Pages	12/29/2023 Registered Agent Change 7 pgs.

Browse Results New Search

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Current NV Pharmacy License Number: PH03832

Ownership & Leadership of Applicant Entity

Applicant: **Janus Rx**
2697 International Pkwy, Bldg. 3, Ste 103 Virginia Beach, VA 23452

Ownership: The Applicant entity is wholly owned (100%) by Roman Target, LLC.

Officer of Janus Rx
Krystal Mims, President

Ownership & Leadership of Roman Target, LLC

Ownership: Roman Target, LLC is wholly owned (100%) by Roman Purchaser, LLC

Officers of Roman Target, LLC
Daniel Mims, Chief Executive Officer
Karen Winterhof, President
Krystal Mims, Chief Administrative Officer
Rajat Duggal, Vice President

Ownership & Leadership of Roman Purchaser, LLC

Ownership: Roman Purchaser, LLC is wholly owned (100%) by Roman Intermediate, LLC

Officers of Roman Purchaser, LLC
Karen Winterhof, Chairman of the Board and President
Rajat Duggal, Vice President
Chris Harris, Treasurer and Secretary

Ownership & Leadership of Roman Intermediate, LLC

Ownership: Roman Intermediate, LLC is wholly owned (100%) by Roman Topco, LLC

Officers of Roman Intermediate, LLC
Karen Winterhof, Chairman of the Board and President
Rajat Duggal, Vice President
Chris Harris, Treasurer and Secretary

Ownership & Leadership of Roman Topco, LLC

Ownership: Roman Topco, LLC is owned by FFL VI Roman Aggregator, LLC (34.23%), Roman Holdco, LLC (47.43%), Janus HoldCo, Inc. (18.84%) and a group of passive investors, none of which hold more than 10% of the beneficial ownership of the operating entity.

Officers of Roman Topco, LLC
Karen Winterhof, Chairman of the Board and President
Daniel Mims, President
Doug Mims, Chief Operating Officer
Rajat Duggal, Vice President
Chris Harris, Treasurer and Secretary

Please see the attached post-closing Corporate Organization chart for reference.

CONFIDENTIAL/EXEMPT FROM
FREEDOM OF INFORMATION ACT AND
SIMILAR STATE REQUESTS

Ownership Information

Current NV Pharmacy License Number: PH03832

Ownership & Leadership of Applicant Entity

Applicant: **Janus Rx**
2697 International Pkwy, Bldg. 3, Ste 103 Virginia Beach, VA 23452

Ownership: The Applicant entity is wholly owned (100%) by Roman Target, LLC.

Officer of Janus Rx
Krystal Mims, President

Ownership & Leadership of Roman Target, LLC

Ownership: Roman Target, LLC is wholly owned (100%) by Roman Purchaser, LLC

Officers of Roman Target, LLC
Daniel Mims, Chief Executive Officer
Karen Winterhof, President
Krystal Mims, Chief Administrative Officer
Rajat Duggal, Vice President

Ownership & Leadership of Roman Purchaser, LLC

Ownership: Roman Purchaser, LLC is wholly owned (100%) by Roman Intermediate, LLC

Officers of Roman Purchaser, LLC
Karen Winterhof, Chairman of the Board and President
Rajat Duggal, Vice President
Chris Harris, Treasurer and Secretary

Ownership & Leadership of Roman Intermediate, LLC

Ownership: Roman Intermediate, LLC is wholly owned (100%) by Roman Topco, LLC

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Karen Winterhof, Chairman of the Board and President
Rajat Duggal, Vice President
Chris Harris, Treasurer and Secretary

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Ownership: Roman Topco, LLC is owned by FFL VI Roman Aggregator, LLC (34.23%), Roman Holdco, LLC (47.43%), Janus HoldCo, Inc. (18.84%) and a group of passive investors, none of which hold more than 10% of the beneficial ownership of the operating entity.

Officers of Roman Topco, LLC
Karen Winterhof, Chairman of the Board and President
Daniel Mims, President
Doug Mims, Chief Operating Officer
Rajat Duggal, Vice President
Chris Harris, Treasurer and Secretary

Please see the attached post-closing Corporate Organization chart for reference.

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: Janus Rx

Pharmacy/Wholesaler License # (if applicable): PH03832

Physical Address: 2697 International Pkwy, Bldg 3 Ste 103

City: Virginia Beach State: VA Zip: 23452

Mailing Address (if different from physical address): 3480 Eastern Blvd

City: Montgomery State: AL Zip: 36116

Telephone: 757-351-1951 Website: http://www.januspharmacy.com/

Licensing Company Email: kmims@mimsmanagementgroup.com

Section 2: Personal Information

First: Derek Middle: Anthony Last: Sapone

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: VA 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)	
Duquesne University, School of Pharmacy		08/93-05/98	
Address	**City**	**State**	**Zip**
600 Forbes Ave	Pittsburgh	PA	15282
Diploma/Degree obtained, if any			
B.S. Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Pen Argyl High School		08/89-06/93	
Address	**City**	**State**	**Zip**
501 W Laurel Ave	Pen Argyl	PA	18072
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
08/03-Present	[redacted]	[redacted]	VA	[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)
Institutional Pharmacy Solutions			2010-present
Business Address	**City**	**State**	**Zip**
2697 International PKWY, Bldg 3 Ste 104	Virginia Beach	VA	23452
Phone	**Title**	**Number of Employed Hours**	
757-351-1951	Director of Pharmacy	15 years	

Description of Duties

Manage a team of employees to service pharmacy services. Utilizing currently technology able to use Pyxis med stations to accurately provide medications for several hundred patients. The Janus Rx call center provides remote order data entry and verification after normal business hours for approximately 15 locations.

Business Name			From - To (MM/YY – MM/YY)
Janus Rx Pharmacy			2010-present
Business Address	**City**	**State**	**Zip**
2697 International PKWY , Bldg 3 Ste 103	Virginia Beach	VA	23452
Phone	**Title**	**Number of Employed Hours**	
(757) 351-1951	Director of Pharmacy	15 years	

Description of Duties

Manage a team of employees to service pharmacy services. Utilizing currently technology able to use Pyxis med stations to accurately provide medications for several hundred patients. The Janus Rx call center provides remote order data entry and verification after normal business hours for approximately 15 locations.

Business Name			From - To (MM/YY – MM/YY)
Rite Aid Pharmacy			1998-2010
Business Address	**City**	**State**	**Zip**
324 Virginia Beach Blvd	Virginia Beach	VA	23451
Phone	**Title**	**Number of Employed Hours**	
Closed	Pharmacist Manager	12 years	

Description of Duties

In the retail sector of pharmacy, filled 250-300 prescriptions daily, providing MTM, patient counseling, and a variety of other services to customers. Effectively managed the pharmacy team to increase prescription count over several years by 50%.

Business Name			From - To (MM/YY – MM/YY)
Westbrook Pharmacy & Surgical Supply			
Business Address	**City**	**State**	**Zip**
2101 GREENTREE RD A115 SCOTT TOWN, 2101 Greentree Rd A115	Pittsburgh	PA	15220
Phone	**Title**	**Number of Employed Hours**	
(412) 561-6532	Pharmacy Intern	4 years	

Description of Duties

As an intern while in pharmacy school, assisted the pharmacist in data entry, outdate pulling, receiving and initiating phone calls, as well as a variety of other tasks.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	✓	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?	✓	
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).	✓	
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	✓	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1,2,6, 10. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
4/3/10;4/4/10	10/24/2011	VA	Virginia Beach	N/A

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
CR10-2978	Common Wealth of Virginia

Reason/Charge
Prescription Fraud - Misdemeanor (2 counts)

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Derek Anthony Sapone	N/A

Name of Business/Industry/Entity
N/A

Provide explanation below:

Derek Sapone

Original Signature (electronic, copies or stamps not accepted)

10-24-25
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 # 9. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
	10/15/2013	VA	Virginia Beach	N/A

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
File No:13-54-04141	Commonwealth of Pennsylvania, Bureau of Professional and Occupational Affairs

Reason/Charge
Discipline

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Derek A. Sapone	N/A

Name of Business/Industry/Entity
N/A

Provide explanation below:

Derek Sapone knowingly provided false information on his pharmacist license application to the Pennsylvania Board of Pharmacy, by failing to disclose a VA fraud conviction from 2011. Effective 9/6/2013, Mr. Sapone voluntarily relinquished his PA pharmacist license.

Original Signature (electronic, copies or stamps not accepted)

10/24/25
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 # 9. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
	12/16/2013	AL	Montgomery	N/A
Case #	**Governing, licensing, Arresting Presiding Body/Agency/Court**			
2013-1674	Colorado State Board of Pharmacy			
Reason/Charge				
Discipline				
Plaintiff/Defendant/Claimant/Respondent	**Lawsuit/Arbitration/Bankruptcy**			
N/A	N/A			
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

Derek Sapone knowingly provided false information on his pharmacist license application to the Colorado, Board of Pharmacy, by failing to disclose a VA fraud conviction from 2011. Effective 12/16/2013, Mr. Sapone voluntarily relinquished his CO pharmacist license.

Original Signature (electronic, copies or stamps not accepted)

10-24-25
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 # 6, 9. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
6/18/2015	8/27/2015	PA	Pittsburgh	N/A

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2012-37	South Carolina State Board of Pharmacy

Reason/Charge
Discipline

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Derek A. Sapone	N/A

Name of Business/Industry/Entity
N/A

Provide explanation below:

Derek Sapone knowingly provided false information on his pharmacist license application to the South Carolina Board of Pharmacy, by failing to disclose the VA fraud conviction. Mr. Sapone has paid all fines, successfully completed probation, and passed the Multistate Pharmacy Jurisprudence Examination (MPJE) within the required time-frame.

Original Signature (electronic, copies or stamps not accepted)

10/24/25
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 # 7. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/29/2017	11/29/2017	MI	N/A	N/A

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
5500000132054225	State of Michigan Bureau of Professional Licensing

Reason/Charge
Denial of Initial License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Derek Anthony Sapone	N/A

Name of Business/Industry/Entity
N/A

Provide explanation below:

On 11/29/2017, the Michigan Bureau of Professional Licensing denied Derek Sapone's initial pharmacist license application citing that he did not meet their requirements for licensure.

Original Signature (electronic, copies or stamps not accepted)

10/24/25
Date

I, Derek Sapone, **certify that as the designated representative for**

Janus Rx, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DAS I am at least 21 years of age;
3. DAS 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. DAS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DAS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DAS 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. DAS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Derek Sapone

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10-24-25

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.

Derek Sapone

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/24/25

Date

Please have this section completed in the presence of a Notary Public.

State of Virginia, ss. County of Virginia Beach

I, Derek Sapone, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information 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

10/24/2025

Date

Subscribed and Sworn to before me this 24th day o October 2025

Notary Public Signature

CHRISTINE MARIEL OUTLAW
NOTARY PUBLIC
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES JUL. 31, 2028
COMMISSION # 7871440

(Seal)

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE BEFORE THE STATE BOARD OF PHARMACY

IN THE MATTER OF: **DEREK A. SAPONE,** License No. PH.13574 OIE # **2012-37** Respondent.	**FINAL ORDER**

On June 18, 2015, the above licensing board (Board) with a quorum present held a hearing on the Formal Complaint against the above captioned respondent (Respondent). Respondent admitted numerous facts in Memorandum of Agreement and Stipulation of Facts Respondent signed on May 13, 2015 (MOA). The Board takes judicial notice that at the time of the hearing, Respondent's license was active.

Recusals: J. Addison Livingston **Appearances, Witnesses and Exhibits**

ODC Atty:	Patrick Hanks	Respondent's Counsel:	Respondent appeared: Yes ☒ No ☐
Witnesses:	Paulette Bentley	Respondent	
State's Exhibit 1: Notice of Hearing		State's Exhibit 2: MOA with attachments thereto	

FINDINGS OF FACT

The Board adopts the facts as stipulated by Respondent in the MOA. Among the facts to which Respondent admitted in the MOA were: (1) Respondent was charged with felony prescription fraud in Virginia Beach, VA around July 22, 2010, and pled guilty to two misdemeanor counts of prescription fraud around October.24, 2011. On his August 31, 2011, reciprocity application to this Board, Respondent indicated that he had never been charged with a felony or misdemeanor other than a minor traffic offense. In early November, 2011, Respondent was interviewed by a member of this Board and again responded no regarding these matters. (2) Respondent has been disciplined by multiple other state boards of pharmacy. The Board takes judicial notice that Respondent disclosed such other discipline in Respondent's 2014-2015 renewal application submitted to this Board.

CONCLUSIONS OF LAW

The Board has jurisdiction in this matter. Respondent acknowledged in the MOA that Respondent's conduct admitted in the MOA presents sufficient grounds for disciplinary or corrective action under S.C. Code Ann. §§40-43-86(DD)(5), 40-1-110(1)(A), 40-1-110(1)(f), and 40-1-110(1)(h) (2011). The sanctions imposed by this Order are appropriate considering Respondent's prior disciplinary history, conduct admitted in the MOA, and mitigating circumstances set forth in the MOA.

IT IS THEREFORE ORDERED:

1. The Board accepts the MOA.
2. Respondent is assessed a civil penalty of Three Thousand Dollars ($3,000.00), which shall be paid within 90 days of the date of this Order.
3. Respondent is placed on probation for a period of three years from the date of this Order
4. Respondent shall successfully complete the Multistate Pharmacy Jurisprudence Examination within one year of this Order.

[redacted]

ROBERT C. HUBBARD, III, R.Ph.
Presiding Board Member and Current Board Chairman

August 27, 2015

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2013-1674

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE PHARMACY IN THE STATE OF COLORADO OF DEREK A. SAPONE, R.PH., LICENSE NO. PHA 19660,

Respondent.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Derek A. Sapone, R.Ph. ("Respondent") to resolve all matters pertaining to Board Case Number 2013-1674, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent, his license to practice pharmacy, 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. (2012).

2. Respondent was originally licensed to practice as a pharmacist in the State of Colorado on or about September 12, 2012, being issued license number PHA 19660, and has been so licensed at all times relevant to this disciplinary action.

3. Respondent admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

4. On August 16, 2012, Respondent, by his own admission, knowingly misled the Board on an application for pharmacist licensure when he failed to disclose the fact that he pled guilty to two counts involving "Obtaining Drugs by Fraud" in Virginia on October 24, 2011.

5. Respondent admits that his 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's Colorado pharmacist license:

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:

(a) Is guilty of misrepresentation, fraud, or deceit in procuring, attempting to procure, or renewing a license or registration;

(d) Is unfit or incompetent by reason of negligence or habits, or for any other cause, to practice pharmacy;

(e) Is addicted to, dependent on, or engages in the habitual or excessive use or abuse of intoxicating liquors, a habit-forming drug, or a controlled substance, as defined in section 18-18-102(5), C.R.S.

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.

12-42.5-126. Unlawful acts

(1) It is unlawful:

(c) To willfully make a false statement in any order, report, application, or record required by this article.

Pharmacy Board Rules and Regulations

1.00.12 A pharmacist shall not be a party or accessory to nor engage in any fraudulent or deceitful practice or transaction in pharmacy, nor knowingly participate in any practice which detrimentally affects the patient, nor discredit his/her profession.

6. The Board finds and concludes, and Respondent agrees, that based upon Respondent'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

7. **Relinquishment of License.** Respondent consents to the Board's entry of this Final Agency Order whereby Respondent's license to practice as a pharmacist in the State of Colorado shall be relinquished and canceled. Upon the effective date of this Final Agency Order, Respondent shall promptly surrender to the Board all indicia of his Colorado pharmacist license. Respondent shall not reapply for licensure in this state for a minimum of two (2) years. Any future application will be handled in the normal course of business. Respondent understands and acknowledges that the right to reapply for licensure in two years does not guarantee a license will be granted at that time.

8. **Agreement to Cease Work In Any Pharmacy Outlet, Wholesale Outlet or Other Pharmaceutical Business.** Respondent shall cease working in any capacity for any prescription drug outlet, wholesale outlet, other outlet, and any other business requiring licensure or registration in the State of Colorado under the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, and shall not thereafter work in any such capacity unless and until such time as Respondent obtains a new license.

9. **Other Requirements.** Through its undersigned Authorized Representative, Respondent acknowledges and agrees that, as a condition of this Final Agency Order, Respondent shall:

   a. promptly pay all Respondent's own fees and costs associated with this Final Agency Order;

   b. comply fully with this Final Agency Order; and

   c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

10. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Final Agency Order. Respondent acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, and may constitute grounds for further legal action. The pendency of any litigation arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Final Agency Order.

11. **Advisements and Waivers.** Respondent 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 acknowledges his understanding that he has the following rights:

a. to have formal notice of hearing and charges served upon him;

b. to respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and

d. to appeal this Final Agency Order.

Respondent freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent to the sanctions imposed herein.

12. **Acknowledgments.** Respondent 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 understands its legal consequences and agrees that none of its terms or conditions is unconscionable. Respondent is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent further acknowledges that he is not entering into this Final Agency Order under any duress.

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 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. **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.

16. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record with the Board. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent

Derek A. Sapone, R.Ph. Dated: 12/13/2013

Subscribed and sworn to before me in the County of Virginia Beach, State of Virginia, this 13th day of December, 2013 by Derek A. Sapone, R.Ph.

TRACI WALKER
NOTARY PUBLIC
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES FEB. 28, 2017
COMMISSION # 7540909

Notary Public

My commission expires: 02/28/17

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 16th day of December, 2013.

State Board of Pharmacy

BY:

Chris Gassen
Program Director

COPY

PROTHONOTARY
2013 OCT 17 PM 2:15
Dept.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY

Commonwealth of Pennsylvania,	:	
Bureau of Professional and	:	
Occupational Affairs	:	
	:	
	:	**Docket No. 0747-54-13**
vs.	:	**File No. 13-54-04141**
	:	
Derek A. Sapone, R.Ph.,	:	
Respondent	:	

CONSENT AGREEMENT AND ORDER

The Commonwealth and Respondent stipulate as follows in settlement of the above-captioned case.

1. This matter is before the State Board of Pharmacy ("Board") pursuant to the Pharmacy Act, Act of September 17, 1961, P.L. 1700, as amended ("Act"), 63 P.S. §390-1 et seq.

2. At all relevant and material times, Derek A. Sapone ("Respondent") held a license to practice pharmacy in the Commonwealth of Pennsylvania, license number RP446378.

3. Respondent neither admits nor denies, but has elected not to contest whether the following facts are true:

a. Respondent's license is active through September 30, 2014, and may be renewed thereafter upon the filing of the appropriate documentation and payment of the necessary fees.

b. Respondent's last known address on file with the Board is 853 Artesia Way, Virginia Beach, VA 23456.

c. On or about September 20, 2010, a Grand Jury issued an Indictment in the Circuit Court of the City of Virginia Beach in the matter of Commonwealth of Virginia v. Derek Anthony Sapone.

d. A true and correct copy of the Grand Jury Indictment referenced in paragraph 3c is attached and incorporated as **Exhibit A.**

e. On or about October 20, 2010, a Guilty Plea Agreement was filed in the Circuit Court of the City of Virginia Beach in the matter of Commonwealth of Virginia v. Derek Anthony Sapone at Case Number CR10-2978.

f. A true and correct copy of the Guilty Plea Agreement referenced in paragraph 3e is attached and incorporated as **Exhibit B.**

g. Respondent pleaded guilty to two (2) misdemeanor counts of Prescription Fraud in violation of Virginia Code Section 18.2-258.1, 1950, as amended.

h. On or about October 16, 2011, a Sentencing Order was issued in the Circuit Court of the City of Virginia Beach in the matter of Commonwealth of Virginia v. Derek Anthony Sapone at Case Number CR10-2978.

i. A true and correct copy of the Sentencing Order referenced in paragraph 3h is attached and incorporated as **Exhibit C.**

j. Respondent was sentenced to incarceration for a term of twelve (12) months on each count, with said terms to be run concurrently, and the Court suspended the entire sentence on the condition that the Respondent shall be of good behavior for one (1) year.

k. On or about August 24, 2011, the Respondent submitted a signed application for licensure to the Board.

l. A true and correct copy of the Respondent's application for licensure is attached and incorporated as **Exhibit D.**

m. Annotated under the Professional History section on page 3 of 6 of the Respondent's application for licensure is the following question: "Have you ever been charged or convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than minor traffic offenses) whether or not sentence was imposed, suspended, expunged, or whether you were pardoned from any such offense?".

n. Respondent answered "No" to the question referenced in paragraph 3m.

o. Respondent signed his name under the Affidavit section on page 3 of 6 of the Respondent's application for licensure immediately below the statement "I, Mr. Derek A. Sapone, under oath, hereby swear or affirm that I have read the foregoing paragraphs, and the information therein is complete, true, and correct. I understand that any false statements made by me in this Application may be punishable by law."

p. On or about August 3, 2012, Respondent submitted an online renewal of his license to practice pharmacy for the biennial period of October 1, 2012 through September 30, 2014 to the Board.

q. A true and correct copy of the online licensure renewal referenced in paragraph 3p is attached and incorporated as Exhibit E.

r. Annotated in the Respondent's online licensure renewal is the following question: "Since your initial application or last renewal, whichever is later, have you been convicted, found guilty, or pleaded nolo contendere, or received probation without verdict, or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction?".

s. Respondent answered "No" to the question referenced in paragraph 3r.

4. Respondent neither admits nor denies, but has elected not to contest whether the alleged actions of Respondent, described above, violated the Act at 63 P.S. §390-5(a)(1) in that Respondent procured a personal license through fraud, misrepresentation or deceit.

5. Intending to be legally bound, the participants consent to issuance of the following Order in settlement of this matter:

a. Respondent violated the Act at 63 P.S. §390-5(a)(1) in that Respondent procured a personal license through fraud, misrepresentation or deceit.

b. In consideration for not imposing other disciplinary sanctions, the parties propose, and the Board hereby accepts the permanent **VOLUNTARY SURRENDER** of Respondent's license number RP446378, along with any other licenses issued by the Board to Respondent at the time this Consent Agreement is adopted by the Board. Respondent acknowledges that with the permanent voluntary surrender of his license(s), Respondent is surrendering any and all property rights he may have in those license(s) and will no longer be eligible to

renew those licenses. As further stated consideration for the Commonwealth not seeking other disciplinary sanctions against Respondent, Respondent agrees not to apply for the issuance or reissuance/reinstatement of any other licenses issued by the Board and any future applications or petitions submitted by the Respondent to the Board shall immediately be deemed denied.

c. The permanent voluntary surrender of Respondent's license(s) shall be considered a disciplinary sanction by the Board and will be reported to other licensing authorities and any applicable national licensing databank as a disciplinary action by the Board.

d. Upon adoption of this Consent Agreement and Order, Respondent shall not return to the practice of pharmacy in Pennsylvania, and shall not represent himself as a Board licensee in any manner whatsoever. Within 10 days of adoption of this Consent Agreement and Order, Respondent shall surrender his wall certificate, registration certificate and wallet card by mailing them or delivering them in person to:

Pennsylvania Department of State
Attn: Keith E. Bashore, Prosecuting Attorney
P.O. Box 2649
Harrisburg, PA 17105

ADMISSIBILITY OF CONSENT AGREEMENT IN FUTURE PROCEEDINGS

6. Respondent agrees that if Respondent is charged with a violation of an Act enforced by this Board in the future, this Consent Agreement and Order shall be admitted into evidence without objection in that proceeding.

ACKNOWLEDGMENT OF RIGHT TO ATTORNEY

7. Respondent acknowledges that he is aware that he has the right to consult with, and/or be represented by, private legal counsel of Respondent's choosing and at Respondent's expense when reviewing, considering and accepting the terms of this Consent Agreement. To the extent that Respondent is not represented by legal counsel, Respondent has knowingly elected to proceed without the assistance of legal counsel.

WAIVER OF CLAIM OF COMMINGLING AND OTHER CONSTITUTIONAL CLAIMS

8. Respondent expressly waives any constitutional rights and issues, such as commingling of prosecutorial and adjudicative functions by the Board or its counsel, which may arise or have arisen during the negotiation, preparation and/or presentation of this Consent Agreement. Respondent specifically agrees that if the Board rejects this agreement, it may assume that the facts and averments as alleged in this Consent Agreement are true and correct for the limited purpose of recommending a sanction, based on those assumed facts that would be acceptable to the Board before hearing the case. In the event that the Board does assume the facts and averments as alleged in this Consent Agreement are true for purposes of making a recommendation as to an acceptable sanction, such action shall not constitute commingling of prosecutorial and adjudicative functions by the Board or its counsel, and the Respondent expressly waives any constitutional rights and issues related to alleged commingling, bias, or violation of due process rights to have an unbiased and impartial adjudicator in any subsequent hearing. If a hearing is subsequently held, neither this Consent Agreement nor the proposed terms of settlement may be admitted into evidence and any facts, averments, and allegations contained in the Consent Agreement must be proven at hearing unless otherwise separately

stipulated. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

NO MODIFICATION OF ORDER

9. Respondent agrees, as a condition of entering into this Consent Agreement, not to seek modification at a later date of the Stipulated Order adopting and implementing this Consent Agreement without first obtaining the express written concurrence of the Prosecution Division.

AGREEMENT NOT BINDING ON OTHER PARTIES

10. The Office of General Counsel has approved this Consent Agreement as to form and legality; however, this Consent Agreement shall have no legal effect unless and until the Board issues the stipulated Order.

EFFECT OF BOARD'S REJECTION OF CONSENT AGREEMENT

11. Should the Board not approve this Consent Agreement, presentation to and consideration of this Consent Agreement and other documents and matters by the Board shall not prejudice the Board or any of its members from further participation in the adjudication of this matter. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

ENTIRE AGREEMENT

12. This agreement contains the whole agreement between the participants; provided however, that the captions printed in the various provisions of this agreement are for ease of reading only and are not to be interpreted as forming any part of this agreement. There is no

other terms, obligations, covenants, representations, statements or conditions, or otherwise, of any kind whatsoever concerning this agreement.

VERIFICATION OF FACTS AND STATEMENTS

13. Respondent verifies that the facts and statements set forth in this Consent Agreement are true and correct to the best of Respondent's knowledge, information and belief. Respondent understands that statements in this Consent Agreement are made subject to the criminal penalties of 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities.

Keith E. Bashore, Esq.
Prosecuting Attorney
Department of State

DATED: 9/9/13

Derek A. Sapone, R.Ph.
Respondent

DATED: 9/6/2013

Russell D. Giancola, Esq.
Attorney for Respondent

DATED: 9/6/13

COMMONWEALTH OF VIRGINIA

EXHIBIT A

In The Circuit Court of the City of Virginia Beach

Commonwealth of Virginia, Plaintiff v. DEREK ANTHONY SAPONE Race: White Sex: Male DOB: Hgt: 5'09" WGT: 170 Eyes: Brown Hair: Brown SSN: Defendant	Prescription Fraud (2 Counts)

Grand Jury Indictment

The Grand Jurors of the Commonwealth of Virginia and of the City of Virginia Beach, attending the Court aforesaid, upon their oaths present that, in the City of Virginia Beach,

DEREK ANTHONY SAPONE

1. Prescription Fraud (NAR-3016-F6)

On or about Saturday, April 3, 2010, did obtain or attempt to obtain any drug or procure or attempt to procure the administration of any controlled substance as defined in the Drug Control Act through fraud, deceit, misrepresentation, embezzlement or subterfuge, or by forgery or alteration of a prescription or written order for the dispensing of a controlled substance, or through the concealment of a material fact, or by the use of a false name or the giving of a false address, in violation of § 18.2-258.1; 54.1-3446 through 54.1-3452; 18.2-10 of the Code of Virginia (1950) as amended.

2. Prescription Fraud (NAR-3016-F6)

On or about Sunday, April 4, 2010, did obtain or attempt to obtain any drug or procure or attempt to procure the administration of any controlled substance as defined in the Drug Control Act through fraud, deceit, misrepresentation, embezzlement or subterfuge, or by forgery or alteration of a prescription or written order for the dispensing of a controlled substance, or through the concealment of a material fact, or by the use of a false name or the giving of a false address, in violation of § 18.2-258.1; 54.1-3446 through 54.1-3452; 18.2-10 of the Code of Virginia (1950) as amended.

Grand Jury Witness: ~~Rachel A McGraw~~ Steve D. White
Virginia Beach Police Department/VBPD - Special Investigations

Grand Jury Date: September 20, 2010

A True Bill ✓

Not A True Bill ____

CERTIFIED TO BE A TRUE COPY OF RECORD IN MY CUSTODY
TINA E. SINNEN, CLERK
CIRCUIT COURT, VIRGINIA BEACH, VA.
BY Stephanie Manis
DEPUTY CLERK

EXHIBIT
B

Virginia:

IN THE CIRCUIT COURT OF THE CITY OF VIRGINIA BEACH

Commonwealth of Virginia, Plaintiff v. Derek Anthony Sapone, Defendant	Docket #: CR10-002978

Plea Agreement

This day comes the defendant, **Derek Anthony Sapone**, the attorney for the defendant, and the attorney for the Commonwealth, who all represent to this Court that the parties have entered into the following plea agreement in accord with Rule 3A:8(c):

1. That the defendant stands indicted in this Court for the following offenses: two (2) counts of Prescription Fraud in violation of Virginia Code Section 18.2-258.1, 1950, as amended.

2. That the defendant agrees to plead guilty to two (2) counts of Prescription Fraud in violation of Virginia Code Section 18.2-258.1, 1950, as amended.

3. That the Attorney for the Commonwealth and the Attorney for the defendant agree that the following sentence is the appropriate disposition in this case: The Court shall place the defendant on probation in accordance with Virginia Code §18.2-258.1. As terms and conditions, the parties agree that the Court shall order the following:

(a) The defendant shall remain of uniform good behavior until final disposition by this court;

(b) The defendant shall remain under the supervision of the Community Corrections Program (CCP) for a term of one (1) year and shall comply with all rules of probation and instructions of the designated CCP caseworker to include the giving of random urine screens and completion of substance abuse treatment;

(c) The defendant shall report to CCP any contact with any physician or health care practitioner within seventy-two hours of such contact;

(d) The defendant shall report to CCP officer every prescription he receives and shall report every occasion on which he has the prescription filled or refilled, within seventy-two hours;

(e) The defendant shall, upon request of the CCP officer, or other law enforcement officer designated by CCP, execute release forms authorizing CCP or such other designated person to obtain his medical records;

(f) The defendant shall be evaluated and enter a treatment and/or education program, if available, such as, in the opinion of the court, may be best suited to the needs of the defendant. Such services shall be provided by a program certified or licensed by the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services or, if warranted and permitted by this Court, the appropriate counterpart in another state or commonwealth. The defendant will

OFFICE OF THE
COMMONWEALTH'S
ATTORNEY
2425 NIMMO PARKWAY
VIRGINIA BEACH, VIRGINIA
23456-9050
(757) 385-4401

be responsible for all the costs of the program, including the costs of the screening, evaluation, testing and education, unless the defendant is determined by the court to be indigent;

(g) The defendant is required to remain drug free during the period of probation, except to the degree permitted by licensed medical personnel, and during the period of probation the defendant shall submit to such tests as may be necessary to determine if he is drug free;

(h) As consideration for this agreement, and as a special condition of his suspended sentence and probation, the defendant shall waive his Fourth Amendment right against unreasonable searches and seizures for a period of one year ending on **October 20, 2011.** During this period any probation officer or law enforcement officer may seize and/or search his person, place of residence, or property at any time of the day or night with or without a warrant;

(i) The defendant's license shall be restricted or suspended pursuant to statute (see section 18.2-259.1) and defendant shall pay costs as the Court may direct.

4. BY SIGNING THIS AGREEMENT THE DEFENDANT ACKNOWLEDGES FULL RESPONSIBILITY FOR HIS ACTIONS IN THIS MATTER. HE AGREES THAT IF HE ATTEMPTS TO ENTER ANY PLEA WHEREBY HE DOES NOT ACCEPT FULL RESPONSIBILITY FOR HIS ACTIONS, THIS AGREEMENT IS WITHDRAWN.

5. Upon violation of a term or condition of this plea agreement, the court may enter an adjudication of guilt upon the felonies and proceed as otherwise provided under the statute. Upon fulfillment of the terms and conditions of probation, the court shall find the defendant guilty of two (2) Class 1 misdemeanors.

6. This plea agreement is the total agreement between the parties and there have been no other inducements, promises, threats or coercion of any kind imposed upon the defendant or suggested to the defendant by the attorney for the Commonwealth or any agent of the Commonwealth.

7. No Judge of the Circuit Court participated in any discussion leading to this agreement under Rule 3A:8.

In support of this agreement, the defendant, the attorney for the defendant and the attorney for the Commonwealth hereto affix their signatures.

_____ Defendant _____ Attorney for the Defendant

_____ Attorney for the Commonwealth

Filed this 20th day of October, 2010.

X Accepted this 20th day of October, 2010.

_____ Rejected this 20th day of October, 2010.

_____
JUDGE

CERTIFIED TO BE A TRUE COPY
OF RECORD IN MY CUSTODY
TINA E. SINNEN, CLERK
CIRCUIT COURT, VIRGINIA BEACH, VA
BY _____
DEPUTY CLERK

OFFICE OF THE
COMMONWEALTH'S
ATTORNEY
2425 NIMMO PARKWAY
VIRGINIA BEACH, VIRGINIA
23456-9050
(757) 385-4401

VIRGINIA: IN THE CIRCUIT COURT OF THE CITY OF VIRGINIA BEACH

HEARING DATE: OCTOBER 20, 2010
JUDGE: SHOCKLEY

COMMONWEALTH OF VIRGINIA
vs
DEREK ANTHONY SAPONE, DEFENDANT

CASE NO.: CR10-2978

OFFENSE:
PRESCRIPTION FRAUD (2 COUNTS)

OFFENSE DATE:
04-03-10; 04-04-10

Court Reporter: Ronald Graham & Associates, Inc.

This day came J. DiNonno, Attorney for the Commonwealth, and the defendant, in person, and M. Del Duca, attorney for the defendant.

The defendant plead GUILTY.

A written plea agreement was filed and made part of the record.

The court reviewed and considered the applicable discretionary sentencing guidelines and made the completed worksheet a part of the record of the case pursuant to the provisions of Code § 19.2-298.01.

The court found that there were sufficient facts that would justify a finding of guilt. Pursuant to Code § 18.2-258.1, the court, without entering a judgment of guilt and with the consent of the defendant, deferred further proceedings and placed the defendant on probation upon these terms and conditions:

- The defendant shall remain of uniform good behavior until final disposition by this court.
- The defendant shall remain under the supervision of the Community Corrections Program (CCP) for a term of one (1) year and shall comply with all rules of probation and instructions of the designated CCP caseworker to include the giving of random urine screens and completion of substance abuse treatment;
- The defendant shall report to CCP any contact with any physician or health care practitioner within seventy-two hours of such contact;
- The defendant shall report to CCP officer every prescription he receives and shall report every occasion on which he has the prescription filled or refilled, within seventy-two hours;

- The defendant shall, upon request of the CCP officer, or other law enforcement officer designated by CCP, execute release forms authorizing CCP or such other designated person to obtain his medical records;
- The defendant shall be evaluated and enter a treatment and/or education program, if available, such as, in the opinion of the court, may be best suited to the needs of the defendant. Such services shall be provided by a program certified or licensed by the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services or, if warranted and permitted by this Court, the appropriate counterpart in another state or commonwealth. The defendant will be responsible for all the costs of the program, including the costs of the screening, evaluation, testing and education, unless the defendant is determined by the court to be indigent;
- The defendant is required to remain drug free during the period of probation, except to the degree permitted by licensed medical personnel, and during the period of probation the defendant shall submit to such tests as may be necessary to determine if he is drug free;

4th Amendment Waiver as part of plea agreement: As part of a plea agreement the defendant agreed as a special condition of good behavior and probation to waive his or her Fourth Amendment right against unreasonable searches and seizures in accordance with the terms and during the period specified in the plea agreement.

The defendant shall report back to this court on October 24, 2011 to determine if the conditions of probation have been fulfilled. Any surety on a bond shall be discharged and the defendant is placed on their personal recognizance to appear back in court.

Forfeiture of license for drug charge.

Pursuant to § 18.2-259.1 the defendant's privilege to drive or operate a motor vehicle, engine, or train in the Commonwealth is forfeited for a period of six months on each charge. The defendant shall surrender his or her driver's license to be disposed of in accordance with the provisions of § 46.2-398, and the clerk shall provide a copy of this order to the Department of Motor Vehicles.

Pursuant subsection C of § 18.2-259.1 the court provides that, if and when the defendant is otherwise eligible, the Commissioner of the Department of Motor Vehicles issue, upon request of the defendant, a restricted license for the following purposes (after receipt of a restricted license, the defendant shall carry a copy of this order, the restricted license and any required written verification, at all times while operating a motor vehicle):

- travel to and from place of employment.
- travel to and from an alcohol rehabilitation or safety action program upon written verification the defendant is enrolled in such a program.
- travel during the hours of such person's employment if the operation of a motor vehicle is a necessary incident of such employment.
- travel for health care services, including medically necessary transportation of a any person residing in their household with a serious medical problem upon written verification of need by a licensed health professional.
- travel necessary to transport a minor child under the care of such person to and from school, day care, and facilities housing medical service providers.
- travel to a screening, evaluation and education program entered pursuant to § 18.2-251 or subsection H of § 18.2-258.1; or
- travel to and from court appearances in which the defendant is a subpoenaed witness or a party and appointments with a probation officer and to and from any programs required by the court or as a condition of probation.

The Clerk of this Court shall forward a copy of this order to:

- Division of Motor Vehicles
- Office of Community Corrections

Costs. The defendant shall pay costs pursuant to § 19.2-354.

ENTERED: 10/20/10

JUDGE

Defendant Identification:
SSN: 167-56-9336
DOB: 09-13-1975
SEX: MALE

Clerk: vbm

CERTIFIED TO BE A TRUE COPY
OF RECORD IN MY CUSTODY
TINA E. SINNEN, CLERK
CIRCUIT COURT, VIRGINIA BEACH, VA
BY Stephanie Manis
DEPUTY CLERK 3431

VIRGINIA: IN THE CIRCUIT COURT OF THE CITY OF VIRGINIA BEACH

HEARING DATE: OCTOBER 24, 2011
JUDGE: LOWE

COMMONWEALTH OF VIRGINIA
vs
DEREK ANTHONY SAPONE, Defendant

Case Number: CR10-2978

EXHIBIT C

SENTENCING ORDER

Attorney for the Commonwealth: E. Gaines
Attorney for the Defendant: M. Delduca
Court Reporter: Fiduciary Reporting, Inc.

On October 20, 2010, the Court deferred the entry of a finding. The Court, this day, found the defendant NOT GUILTY of Prescription Fraud- Felony (2 counts), but GUILTY of the following offense:

OFFENSE DESCRIPTION	OFFENSE DATE	CODE SECTION	CRIME CODE REFERENCE [1]
Prescription Fraud- Misdemeanor (2 counts)	04-03-10; 04-04-10	18.2-258.1; 54.1-3446 - 54.1-3452; 18.2-10	999-9999-99

The Court **SENTENCES** the defendant to:

Incarceration in the jail of this City for the term of: Twelve (12) Months on each charge. The terms shall run concurrently. The total sentence imposed is twelve (12) months.

The Court **SUSPENDS** the entire sentence on the following condition(s):

Good Behavior. The defendant shall be of good behavior for one (1) year.

ENTER: 10/26/11

JUDGE: [signature]

CERTIFIED TO BE A TRUE COPY
OF RECORD IN MY CUSTODY
TINA E. SINNEN, CLERK
CIRCUIT COURT, VIRGINIA BEACH, VA
BY Stephanie Manib
DEPUTY CLERK

Defendant Identification:
SSN: 167-56-9336
DOB: 09/13/75
SEX: M
Clerk: cns

[1] Virginia crime codes shall only be used to facilitate administration and research, and shall not have any legal standing as they relate to a particular offense or offenses. Virginia Code § 19.2-390.01.

RP 4416378

National Association of Boards of Pharmacy®

NABP Official Application For Transfer of Pharmacist License to the state of Pennsylvania.
Please submit the fee of $45.00.

TO: Pennsylvania State Board of Pharmacy
Executive Secretary Melanie Zimmerman
PO Box 2649
Harrisburg, PA 17105-2649

DATE OF ISSUE: 08/19/2011
NABP NO.: [redacted]
OFFICIAL APPLICATION NO: NABP064457-36350

STATE(S) OF EXAMINATION Virginia
LICENSE BEING USED AS THE BASIS OF TRANSFER: Virginia
LICENSE No.: 0202012911
DATE OF ISSUE: 07/14/1998

NAME: Mr. Derek A Sapone
MAILING ADDRESS:
MAIDEN OR OTHER NAMES:
MOTHER'S MAIDEN NAME: Gava
PLACE OF BIRTH: Bethlehem, VA, United States
CITIZENSHIP: US

TELEPHONE NUMBER:
E-Mail: [redacted]phan
DATE OF BIRTH: [redacted]
GENDER: Male
SSN:

Pharmacy Education and PreLicense Experience

NAME AND LOCATION OF
PHARMACY COLLEGE ATTENDED: Duquesne University, PA
DEGREE RECEIVED: Bachelor of Science in Pharmacy
DATE DEGREE CONFERRED: 05/05/1998
OTHER PROFESSIONAL DEGREE RECEIVED:
SCHOOL ATTENDED:
DATE CONFERRED:

FPGEC CERTIFIED: No FPGEC NUMBER:
1,500 PRELICENSURE HOURS FILED WITH THE PENNSYLVANIA STATE BOARD OF PHARMACY

Score Record(s) for Original Examination

State	NAPLEX	Integrated NABPLEX	Chemistry	Mathematics	Pharmacology	Pharmacy	Practice of Pharmacy
VA	96						

Remarks:-

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No part of this form may be reproduced in any manner without the written permission of the Executive Director of the National Association of Boards of Pharmacy. The term "NABP" is a registered trademark of the National Association of Boards of Pharmacy. Violation of the copyright will lead to prosecution under federal copyright laws.
NABP reg. no. 1,162,334

EXHIBIT
D

Applicant's License

State	Exam Name	Obtained By	Issued On	License Number	Status
VA	NAPLEX	Exam	07/14/1998	0202012911	Active/Good Standing

Practice as Pharmacist and Employment After License

Name of Employer	Period Of Service
Rite Aid	09/1998 - 09/2010
IPS Pharmacy	09/2010 - Present

Job Title	Address
Pharmacist in Charge	2293 Upton Dr., Virginia Beach, VA 23454
Director of Pharmacy	6363 Center Dr. Bldg. 6 Suite 102, Norfolk, VA 23502

The National Association of Boards of Pharmacy (NABP) hereby certifies that information submitted in this application has been verified under verification procedures established by NABP through the Disciplinary Clearinghouse maintained by NABP, including license and disciplinary information, which is verified through the appropriate state Board of Pharmacy or regulatory agency.

Mr. Carmen A. Catizone, Executive Director/Secretary

AUG 31 2011

Professional History

1. Have you ever voluntarily surrendered your pharmacist license or any pharmacist registration issued by a federal or state controlled substance authority?

   Answer: No

2. Has your pharmacist license in any jurisdiction ever been revoked, suspended, restricted, terminated, or otherwise been subject to disciplinary action (public or private) by any board of pharmacy or other state authority?

   Answer: No

3. Are you presently under investigation or is there any disciplinary action pending against you by any licensing jurisdiction, the federal Food and Drug Administration, the federal Drug Enforcement Administration, or any state drug enforcement authority for violation of any state or federal pharmacy, liquor, or drug laws?

   Answer: No

4. Have you ever been charged or convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than minor traffic offenses) whether or not sentence was imposed, suspended, expunged, or whether you were pardoned from any such offense?

   Answer: No

5. Are you presently or have you within the past five years ever participated in a chemical substance rehabilitation program ?

   Answer: No

6. Have you ever had any application for initial licensure, renewal licensure, or licensure by transfer denied by any licensing authority whether in pharmacy or any other profession?

   Answer: No

Affidavit (Must be completed)

To prove any of the information presented in this application, including but not limited to character, education, and practical experience claimed, I will submit a certified copy of the required documents and recent identical photographs, properly identified.

I, Mr. Derek A Sapone, under oath, hereby swear or affirm that I have read the foregoing paragraphs, and the information therein is complete, true, and correct. I understand that any false statements made by me in this Application may be punishable by law.

Signature of Applicant

Sworn to and subscribed before me this 24 day of August, 2011

My commission expires 8/31/14. Notary Public Stephanie Scott
(Notarization not required in states where prohibited by law.)

STEPHANIE SCOTT
NOTARY PUBLIC
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES AUG. 31, 2014
COMMISSION # 168714

AUG 31 2011

Voucher as to moral character. NOTE : A licensed pharmacist in good standing in a state where you are licensed by examination, license transfer, or practiced under legal conditions, must complete and sign this voucher and affix his or her signature to the form on the back of your photographs for identification.

DATE: 5/26/11

To The Pennsylvania State Board of Pharmacy

I hereby certify that I am a licensed pharmacist in good standing in the State of Virginia, my license number being 0202207476. I further certify that I am personally acquainted with Mr. Derek A Sapone for 7y months/years and that to the best of my knowledge and belief he or she is of good moral character and has not been involved in any activities that would violate state practice laws or regulations, so as to render him/her unfit to practice pharmacy. I hereby recommend him/her worthy to practice in the state of Pennsylvania.

Remarks: _____

Name: Kristen Schultz

Address: 3325 Santa Fe Dr · Virginia Beach State: VA

AUG 31 2011

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF PHARMACY
P. O. Box 2649
Harrisburg, PA 17105-2649
717-783-7156

October 5, 2011

DEREK A SAPONE 9854
[redacted]

Dear DEREK A SAPONE,

Your application has been reviewed and the following items are for your information:

_X_ Your application will have been processed by the National Association of Boards of Pharmacy more than six months ago on 02/19/2012. If you have not been issued a license by this date, you will be required to update the information on your application by completing an informational page and arranging for a letter of good standing (i.e. license verification) to be submitted directly to the Pennsylvania State Board of Pharmacy from other state boards of pharmacy for all pharmacist licenses that you hold or previously held.

_X_ Your application will have been processed by the National Association of Boards of Pharmacy one year ago on the following date: 8/19/2012. You will be required to submit an entirely new reciprocal licensure application and application fee if you have not been issued a license by this date.

Your application has been reviewed and the following items are required for further processing:

_X_ You must take and pass the Pennsylvania MPJE. You may obtain information on this exam and register to take the exam at the National Association of Boards of Pharmacy's web site – www.nabp.net.

Sincerely,

Jacqui Fodor
Clerical Supervisor 2
Health Licensing Division
717-346-1187

Pennsylvania State Board of Pharmacy
P.O. Box 2649
Harrisburg, PA 17105-2649

Telephone: (717) 783-7156
Fax: (717) 787-7769
E-Mail Address: st-pharmacy@pa.gov
Website: www.dos.state.pa.us/pharm

Courier Address:
2601 North Third Street
Harrisburg, PA 17110

January 12, 2012

DEREK A SAPONE
[redacted]

Exam Date: 01/05/2012

Dear Candidate:

The Pennsylvania State Board of Pharmacy is pleased to congratulate you on the successful completion of the NAPLEX and/or PA MPJE.

	NAPLEX	PA MPJE
Your Score		85
Passing Score	75	75

Please note that this letter is documentation of only your test results. If you have met all requirements for a pharmacist license, a wall certificate and license registration will be mailed to you separately. If additional items are required in order to complete the pharmacist licensure process, a discrepancy letter will be mailed to you instead. Verification of licenses is available online at www.licensepa.state.pa.us.

Sincerely,

Pennsylvania State Board of Pharmacy

EXHIBIT E

Person Info
Name:DEREK A SAPONE
Address Info
Email:
Street Address
Phone
Fax
City Virginia Beach
State VA
Zipcode 23456
Country 82
County Virginia Beach City

Survey Response Summary
Question Response Summary

Are you submitting a name change with this renewal?	N
Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction?	Y
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict, or accelerated rehabilitative disposition(ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any other state or jurisdiction?	N
Have you met your current CE requirements?	Y

Education Information

Edit

Profession:	Pharmacy School:	Duquesne Credit Hours:	Education Type:
From:	To:	5/5/1998	

Employment Information

No employment records

remarks
Remarks:
Continuing Education Information

No CE Course records

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY

Commonwealth of Pennsylvania, Bureau of Professional and Occupational Affairs	:	
	:	**Docket No. 0747-54-13**
vs.	:	**File No. 13-54-04141**
Derek A. Sapone, R.Ph., Respondent	:	

ORDER

AND NOW, this 15th day of October, 2013, the State Board of Pharmacy adopts and approves the foregoing Consent Agreement and incorporates the terms of paragraph 5, which shall constitute the Board's Order and is now issued in resolution of this matter.

This Order shall take effect immediately.

BY ORDER:

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

Kathy J. Barley
Acting Commissioner

STATE BOARD OF PHARMACY

Edward J. Bechtel, R.Ph.
Chairman

Date of mailing: 10/17/13

For the Commonwealth:

Keith E. Bashore, Prosecuting Attorney
P. O. Box 2649
Harrisburg, PA 17105-2649

For Respondent:

Russell D. Giancola, Esq.
Grogan Graffam, P.C.
Four Gateway Center, 12th Floor
Pittsburgh, PA 15222-1224

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 Janus Rx

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PH03832

Physical Address 2697 International Pkwy, Bldg 3 Ste 103

City Virginia Beach State VA Zip 23452

Mailing Address (if different from physical address) 3480 Eastern Blvd

City Montgomery State AL Zip 36116

Telephone 757-351-1951 Website http://www.januspharmacy.com/

Licensing Company Email kmims@mimsmanagementgroup.com

Section 2: Personal Information

First Krystal Middle Lynn Last Mims

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 AL 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)	
Auburn University at Montgomery		8/1991-5/1995	
Address	City	State	Zip
7400 East Dr	Montgomery	AL	36117
Diploma/Degree obtained, if any			
Bachelor of Science, Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Jefferson Davis High School		08/1987-05/1990	
Address	City	State	Zip
3420 Carter Hill Rd	Montgomery	AL	36111
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2005-present	[redacted]	[redacted]	AL	[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)
Janus Rx, LLC			
Business Address	**City**	**State**	**Zip**
3480 Eastern Blvd	Montgomery	AL	36116
Phone	**Title**		
334-819-4500	Chief Administrative Officer		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Janus Rx, LLC			09/16-10/25
Business Address	**City**	**State**	**Zip**
3480 Eastern Blvd	Montgomery	AL	36116
Phone	**Title**		
334-819-4500	Owner		
Description of Duties			

Define the overall vision and strategy of the business, including short-term goals and long-term objectives. • Make key decisions regarding operations, finances, and policies • Manage budgets, cash flow, and profitability to ensure financial stability. • Operations Management: Oversee daily operations and ensure they align with the company's goals and standards. • Team Leadership: Hire, mentor, and manage employees while fostering a positive workplace culture. • Compliance and Risk Management. Ensure the business complies with legal and regulatory requirements and address potential risks.

Business Name			From - To (MM/YY – MM/YY)
Mims Management Group			05/08-present
Business Address	**City**	**State**	**Zip**
3480 Eastern Blvd	Montgomery	AL	36116
Phone	**Title**		
334-819-4500	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			

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 # 9 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
12/06/2024	n/a	MO	Springfield	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
n/a	Missouri Board of Pharmacy

Reason/Charge
Pharmacy Closed due to lack of busines

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
n/a	n/a

Name of Business/Industry/Entity
Janus Rx LLC

Provide explanation below:

Pharmacy closed due to lack of business and the pharmacy license was surrendered.

Krystal Mims
Original Signature (electronic, copies or stamps not accepted)

12/22/25
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.

Krystal Mims
Print Name (First, Last)

Krystal Mims — 12/22/25
Original Signature (electronic, copies or stamps not accepted) — Date

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Please have this section completed in the presence of a Notary Public.

State of Alabama, ss. County of Montgomery

I, Krystal Mims, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Krystal Mims — 12/22/25
Original Signature — **Date**

Subscribed and Sworn to before me this 22 day of December 2025

January M. Green
Notary Public Signature

STATE OF NOTARY PUBLIC ALABAMA
JANUARY M. GREEN
My Commission Expires
July 11, 2028

(Seal)

Virginia Board of Pharmacy
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
Office: 804-367-4456
Fax: 804-527-4472
Email: pharmbd@dhp.virginia.gov

INSPECTION SUMMARY

Facility Name: Janus Rx LLC dba Janus Rx
Permit Number: 0201004781
Address: 2697 International Pkwy, Bldg 3,Suite 103, Virginia Beach, VA 23452
Inspection Date: September 8, 2025
Amended Date: N/A
Inspector: Emily Buss
Board of Pharmacy Guidance Document 110-9 Effective Date: 8/28/2025
Compounding: Does Not Compound
Sterile Compounding Categories: Not Applicable
Inspection Result: No Deficiencies Identified

☐ **Remodel Application Required**

DEFICIENCIES

No.	LAW/REGULATION	DEFICIENCY

DEFICIENCIES

No.	LAW/REGULATION	DEFICIENCY

COMMENTS

No.	LAW/REGULATION	COMMENT
1		The facility has not submitted any staffing requests or concerns forms.

Virginia Department of Health Professions
Board of Pharmacy

Virginia Board of Pharmacy
Pharmacy Inspection Report

9960 Mayland Drive, Suite 300
Henrico, VA 23233

www.dhp.virginia.gov/pharmacy
Email: pharmbd@dhp.virginia.gov

Main: 804.367.4456
Fax: 804.527.4472

Pharmacy Permit Number:	0201004781	**Inspection Type:**	Routine
Legal Business Name:	Janus Rx LLC dba Janus Rx	**Inspection Results:**	No Deficiencies Identified
Address:	2697 International Pkwy, Bldg 3,Suite 103	**Inspection Date:**	9/8/2025
		Inspector Name:	Emily Buss
City:	Virginia Beach	**Pharmacist-in-Charge:**	Oluwatoyin Adekunbi Lambo-Akomolafe
State:	VA	**Pharmacist-in-Charge License Number:**	0202207387
Zip Code:	23452	**Pharmacist-in-Charge Email:**	olambo@ipspharmacy.com
Telephone number:	757-351-1951	**Pharmacist on Duty:**	Syed Absar
Toll free number:		**Pharmacist on Duty License Number:**	0202013102
Fax number:	757-351-1953	**Inspection Emailed To (person):**	Oluwatoyin Adekunbi Lambo-Akomolafe,
FEIN:	813774031	**Inspection Emailed To (email address):**	dsapone@januspharmacy.com, olambo@ipspharmacy.com
Pharmacy Email:			
Does the pharmacy have a PMP waiver?	Yes	**If yes, does pharmacy dispense a covered substance?**	

§ 54.1-2519 "Covered substance" means all controlled substances included in Schedules II, III, and IV; controlled substances included in Schedule V for which a prescription is required; naloxone; and all drugs of concern that are required to be reported to the Prescription Monitoring Program, pursuant to this chapter. "Covered substance" also includes cannabis products dispensed by a pharmaceutical processor in Virginia.

Pharmacy Hours of Operation	Is pharmacy open 24/7	Yes		
	Open			Closed
	Start Time: (24-hour format hh:mm)		End Time: (24-hour format hh:mm)	
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Pharmacy Personnel			
Total Pharmacists:	1	**Total Registered Pharmacy Technicians:**	
Total Registered Pharmacy Interns:	0	**Number of Pharmacy Technician Trainees:**	
Ratio Tech:Pharmacist present at time of inspection:	N/A	**Number of Compounding Technicians**	

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/Registration Type/Number	Expiration Date
N/A			

TYPES OF PRACTICE - TYPE "X" FOR ALL THAT APPLY							
Chain-Community		Investigational Drugs, Clinical Trials/Research		Central Fill/ Shared Services		Central or Remote Processing	X
Independent-Community		Hospital/Institutional		Specialty Pharmacy		Outsourcing Facility	
FQHC-Health Dept/Free Clinic/ CSB		Long-Term Care		Pilot Program		Nonsterile Compounding	
Home Health/Infusion		Narcotic Treatment Program (NTP)		Nuclear Pharmacy		Nonsterile Hazardous Drug Compounding	
Mail Order (only) - closed door		Internet Pharmacy (New Rx)		Manufacturer		Sterile Compounding	
Mail/Deliver (out-of-state list below)		Internet Pharmacy (Refill Rx)		Wholesale Distributor		Sterile Hazardous Drug Compounding	
Veterinary Pharmacy		Telepharmacy		Free Standing ED		Pharmacists initiating treatment	

Number of PECs	Check if pharmacy has no PECs	X	
Nonsterile Compounding powder hoods number:		Nonsterile HD Compounding BSC/CACI hoods number:	
Sterile Compounding Number LAFW hoods/areas:		Sterile HD Compounding Number of BSC hoods:	
Sterile Compounding Number BSC hoods:		Sterile HD Compounding Number of CACI hoods:	
Sterile Compounding Number CAI/CACI hoods:			

States to which the pharmacy mails/delivers compounded sterile drug products:

Comments

Virginia Board of Pharmacy
Pharmacy Routine Inspection Form

General Pharmacy Inspection			
Deficiency Number			
	General Pharmacy & Staffing	**Result**	**Notes**
4	Pharmacist, Pharmacy Technician, or Pharmacy Intern license or registration current active. **[18VAC110-21-60] [18VAC110-21-110] [18VAC110-21-141] [18VAC110-21-170]**	Compliant	
1	The pharmacist-in-charge (PIC) is in full and actual charge and fully engaged in the practice of pharmacy at this location. **[§54.1-3434]**	Compliant	
1	PIC or the pharmacist on duty shall control all aspects of the practice of pharmacy. **[18VAC110-20-110]**	Compliant	
5	Acts restricted to a pharmacist are performed only by a pharmacist or a directly monitored pharmacy intern. **[§54.1-3320]**	Compliant	
102	Pharmacy exceeds scope of special or limited-use pharmacy permit. **[18VAC110-20-120]**	Not Applicable	
2	An application for a permit designating the new PIC shall be filed with the required fee within 14 days of the original date of resignation or termination of the PIC on a form provided by the board. It shall be unlawful for a pharmacy to operate without a new permit past the 14-day deadline unless the board receives a request for an extension prior to the deadline. The executive director for the board may grant an extension for up to an additional 14 days for good cause shown. **[§54.1-3434] [18VAC110-20-110]**	Not Applicable	
6	A pharmacist shall determine the number of pharmacy interns, pharmacy technicians, and pharmacy technician trainees he can safely and competently supervise at one time; however, no pharmacist shall supervise more than four persons performing the duties of a pharmacy technician at one time except as provided in 18VAC110-20-276 and 18VAC110-20-277. **[18VAC110-20-112]**	Compliant	
3	No person shall perform the duties of a pharmacy technician without first being registered as a pharmacy technician or pharmacy technician trainee with the Board. **[§54.1-3321] [18VAC110-20-111]**	Not Applicable	
	Drug Receipt & Storage	**Result**	**Notes**
12a	Dispersion of Schedule II drugs. Schedule II drugs shall either be dispersed with other schedules of drugs or shall be maintained within a securely locked cabinet, drawer, or safe or maintained in a manner that combines the two methods for storage. The cabinet, drawer, or safe may remain unlocked during hours that the prescription department is open and a pharmacist is on duty. **[18VAC110-20-200]**	Not Applicable	
35	Except for an emergency purchase from another pharmacy, a pharmacist may only purchase Schedule II through VI drugs from a wholesale distributor or warehouser licensed or registered by the board. **[18VAC110-20-395]**	Not Applicable	
109	Any drug which has exceeded the expiration date, or is otherwise adulterated or misbranded, shall not be dispensed or sold; it shall be separated from the stock used for dispensing. **[18VAC110-20-200] [§54.1-3457]**	Not Applicable	

Deficiency Number			
109	A pharmacy may return a dispensed drug to stock for redispensing that has never left the pharmacy premises or the control of the pharmacy delivery agent pursuant to § 54.1-3411.1 A 3 of the Code of Virginia under the following conditions: **[18VAC110-20-355]**	Not Applicable	
	1. An expiration date shall be placed on the label prior to returning the drug to stock. In the absence of stability data to the contrary, the date on the label may not exceed the expiration date on the manufacturer's container or one year from the date the drug was originally dispensed and placed in the prescription vial, whichever date is earlier.		
	2. The restocked drug shall be used to fill the next prescription received for that product. In the event that the drug is not dispensed prior to the new assigned expiration date, it shall be removed from working stock as expired, and disposed of in accordance with 18VAC110-20-210.		
	3. If there is no lot number on the label of a drug returned to stock or on the prescription records that can be cross-referenced from the prescription label, the drug shall be removed from stock upon any recall of that drug product and returned to the manufacturer or otherwise disposed of in accordance with 18VAC110-20-210.		
111	Prescriptions awaiting delivery. Prescriptions prepared for delivery to the patient may be placed in a secured area outside of the prescription department, not accessible to the public, where access to the prescriptions is restricted to individuals designated by the pharmacist. With the permission of the pharmacist, the prepared prescriptions may be transferred to the patient at a time when the pharmacist is not on duty **18VAC110-20-200**	Not Applicable	
	1. If a prescription is delivered at a time when the pharmacist is not on duty, written procedures shall be established and followed by the pharmacy that detail security of the dispensed prescriptions and a method of compliance with counseling requirements of § 54.1-3319 of the Code of Virginia.		
	2. Additionally, a log shall be made and maintained of all prescriptions delivered to a patient when a pharmacist is not present to include the patient's name, prescription number, date of delivery, and signature of the person receiving the prescription.		
	3. Such log shall be maintained for a period of one year.		
111	Notwithstanding this subsection, prescriptions prepared for delivery to the patient may also be secured in an area outside the prescription department in a remote dispensing system as defined in 54.1-3401 and pursuant to subsection A of 18VAC110-20-490 **[18VAC110-20-200]**	Not Applicable	
	Unless prohibited under federal law, a remote dispensing system that solely stores drug labeled and verified by the provider pharmacist for patients to obtain their medication may be placed within close proximity of a permitted pharmacy or at a location issued a controlled substance registration pursuant to 18VAC110-20-275, in a secure area under constant surveillance. **[18VAC110-20-490A]**		
110	Controlled paraphernalia and Schedule VI medical devices shall not be placed in an area completely removed from the prescription department whereby patrons will have free access to such items or where the pharmacist cannot exercise reasonable supervision and control. **[18VAC110-20-200]**	Not Applicable	

Deficiency Number			
	Enclosure & Access	**Result**	**Notes**
12	All drugs are stored in the prescription department approved by the Board. **[18VAC110-20-190]**	Compliant	No drugs stocked- processing activities only
7	Drugs shall not be stocked in a remodeled location or moved to a new location until approval is granted by the inspector or board staff. **[18VAC110-20-140]**	Compliant	
11	The enclosure shall be constructed in such a manner that it protects the prescription drugs from unauthorized entry and from pilferage at all times whether or not a pharmacist is on duty. **[18VAC110-20-190]**	Compliant	
9	The enclosure shall be locked and alarmed at all times when a pharmacist is not on duty. **[18VAC110-20-190]**	Compliant	
11	The enclosure shall be capable of being locked in a secure manner at any time the pharmacist on duty is not present in the prescription department. **[18VAC110-20-190]**	Compliant	
10	The keys or other means of entry into a locked prescription department and the alarm access code shall be restricted to pharmacists practicing at the pharmacy and authorized by the PIC. **[18VAC110-20-180] [18VAC110-20-190]**	Compliant	
108	For emergency access, may place a key or other means of unlocking the prescription department and the alarm access code in a sealed envelope or other container with pharmacist's signature across the seal in a safe or vault or other secured place. **[18VAC110-20-190]**	Compliant	
	Physical Standards, Sanitary Conditions, Equipment & Resources	**Result**	**Notes**
104	A sink with hot and cold running water shall be within the prescription department. A pharmacy issued a limited-use permit that does not stock prescription drugs as part of its operation is exempt from this requirement.**[18VAC110-20-150]**	Compliant	
106	The entire area of any place bearing the name of a pharmacy shall be maintained in a clean and sanitary manner and in good repair and order. Adequate trash disposal facilities and receptacles shall be available. **[18VAC110-20-160]**	Compliant	
8, 105	Adequate refrigeration facilities equipped with a monitoring thermometer for the storage of drugs requiring cold storage temperature shall be maintained within the prescription department, if the pharmacy stocks such drugs. A refrigerator is a cold place in which temperature is maintained thermostatically between 2° and 8°C (36° and 46°F). A freezer is a cold place in which the temperature is controlled between -25° and -10°C (-13° and 14°F). In those instances in which articles may have a recommended storage condition below -20°C (-4°F), the temperature of the storage location should be controlled to plus or minus 10 degrees. **[18VAC110-20-150]** *Enter temps of refrigerators and/or freezers*	Not Applicable	
105	A pharmacy stocking drugs requiring cold storage temperature shall record the temperature daily and adjust the thermostat as necessary to ensure an appropriate temperature range. The record shall be maintained manually or electronically for a period of two years.	Not Applicable	
107	A current dispensing information reference source consistent with the scope of pharmacy practice at the location of the permitted pharmacy. **[18VAC110-20-170]**	Compliant	
	Security	**Result**	**Notes**

Deficiency Number			
	18VAC110-20-180 (B) ***Exceptions to provisions in this section:*** ***1. Alarm systems approved prior to November 4, 1993, will be deemed to meet the requirements of subdivisions A 1, A 2, and A 3 of this section, provided that no structural changes are made in the prescription department, that no changes are made in the security system, that the prescription department is not closed while the rest of the business remains open, and that a breaking and loss of drugs does not occur. If a breaking with a loss of drugs occurs, the pharmacy shall upgrade the alarm to meet the current standards and shall file an application with the board in accordance with 18VAC110-20-140 A within 14 days of the breaking.*** ***2. If the prescription department was located in a business with extended hours prior to November 4, 1993, and had met the special security requirements by having a floor to ceiling enclosure, a separately activated alarm system shall not be required.*** ***3. This section shall not apply to pharmacies which that are open and staffed by pharmacists 24 hours a day. If the pharmacy changes its hours or if it must be closed for any reason, the PIC or owner must immediately notify the board, file an application in accordance with 18VAC110-20-140 A, and have installed prior to closing, a security system that meets the requirements of subdivisions A 1 through A 4 of this section.***		
9, 9a	A device for the detection of breaking shall be installed in each prescription department of each pharmacy. The installation and the device shall be based on accepted alarm industry standards, and shall be subject to the following conditions: **[18VAC110-20-180]**	Compliant	
	1. Device shall be a sound, microwave, photoelectric, ultrasonic, or any other generally accepted and suitable device.		
	2. Device shall have at least one hard-wired communication method.		
	3. Monitored in accordance with accepted industry standards, maintained in operating order, have an auxiliary source of power.		
	4. Capable of sending an alarm signal to the monitoring entity when breached if the communication line is not operational.		
	5. Fully protect the prescription department and shall be capable of detecting breaking by any means when activated.		
9	The alarm system shall be activated whenever the prescription department is closed for business or a pharmacist is not on duty. **[18VAC110-20-180] 18VAC110-20-190]**	Compliant	
10	Access to the alarm system for the prescription department area of the pharmacy shall be restricted to the pharmacists working at the pharmacy. **[18VAC110-20-180] [18VAC110-20-190]**	Compliant	
9a	The alarm system shall include a feature by which any breach in the alarm shall be communicated by the monitoring entity to the PIC or a pharmacist working at the pharmacy. **[18VAC110-20-180]**	Compliant	
	Counseling & Prospective Review	**Result**	**Notes**
121	A pharmacist shall conduct a prospective drug review before each new prescription is dispensed or delivered to a patient or a person acting on behalf of the patient. Such review shall include: **[§54.1-3319]**	Compliant	
	1. Screening for potential drug therapy problems due to therapeutic duplication		
	2. Drug-disease contraindications		
	3. Drug-drug interactions, including serious interactions with nonprescription or over-the-counter drugs		
	4. Incorrect drug dosage or duration of drug treatment		
	5. Drug-allergy interactions		
	6. Clinical use or abuse		

Deficiency Number			
120	A pharmacist shall offer to counsel any person who presents a new prescription for filling. The offer to counsel may be made in any manner the pharmacist deems appropriate in his professional judgment. **[§54.1-3319]**	Not Applicable	
	Special Packaging	**Result**	**Notes**
126	Each drug dispensed to a person in a household shall be dispensed in special packaging except when otherwise directed in a prescription by a practitioner, when otherwise requested by the purchaser, or when such drug is exempted. **[18VAC110-20-350]**	Not Applicable	
	If nonspecial packaging is requested, a notation shall be made on the dispensing record or other retrievable record. **[18VAC110-20-350]**	Not Applicable	
	Inventories		
	18VAC110-20-240: Inventories of drugs in Schedules I and II shall be performed by physically counting the drugs. Inventories of drugs in Schedules III, IV, and V may be performed by estimating the count of drugs in Schedules III, IV, and V unless the container contains greater than 1,000 tablets or capsules or there has been a theft or any other unusual loss of drug and the exact kind and quantity of the drug loss is unknown.		
	18VAC110-20-140 (C): Although a closing inventory is not required, a complete and accurate inventory shall be taken of all Schedules II through V controlled substances on hand in accordance with § 54.1-3404 of the Code of Virginia on the date the pharmacist first engages in business under the new ownership. Inventories associated with any change in PIC shall also be performed in accordance with 18VAC110-20-110.		
	Biennial Inventory	**Result**	**Notes**
13, 112	Biennial inventory taken at least every two years of all stocks on hand of Schedules I through V drugs. The biennial inventory shall be taken on any date which is within two years of the previous biennial inventory. **[§54.1-3404]** *Enter date of last inventory*	Not Applicable	
13	No biennial inventory or inventory taken over 30 days late or substantially incomplete.	Not Applicable	
112	Inventory available but taken late within 30 days of date due	Not Applicable	
113	Inventories and records of all drugs listed in Schedules I and II shall be maintained separately from all other records of the pharmacy. **[18VAC110-20-240]**	Not Applicable	
	Biennial inventory shall include the following information:	Not Applicable	
	1. Drugs listed in Schedules I and II shall be maintained separately from all other records **[18VAC110-20-240]**		
	2. Indicate whether the inventory was taken prior to the opening of business or after close of business **[§54.1-3404]**		
	3. A 24-hour pharmacy with no opening or closing of business shall clearly document whether the receipt or distribution of drugs on the inventory date occurred before or after the inventory was taken. **[18VAC110-20-240]**		
	4. Signed and dated by the person taking the inventory **[18VAC110-20-240]**		
	Maintained completely and accurately for two years from the date of the transaction recorded **[§54.1-3404]**		
	Change of Pharmacist-in-Charge	**Result**	**Notes**
14	PIC CHANGE: The succeeding pharmacist-in-charge shall cause an inventory to be made of all Schedule I, II, III, IV and V drugs on hand. Inventory shall be completed as of the date he becomes pharmacist-in-charge and prior to opening for business on that date. **[§54.1-3434]** *Enter date of last inventory*	Not Applicable	
113	Inventories and records of all drugs listed in Schedules I and II shall be maintained separately from all other records of the pharmacy. **[18VAC110-20-240]**	Not Applicable	

Deficiency Number			
	Inventory shall include the following information:	Not Applicable	
	1. Drugs listed in Schedules I and II shall be maintained separately from all other records **[18VAC110-20-240]**		
	2. Maintained completely and accurately for two years from the date of the transaction recorded **[18VAC110-20-240]**		
	3. A 24-hour pharmacy with no opening or closing of business shall clearly document whether the receipt or distribution of drugs on the inventory date occurred before or after the inventory was taken. **[18VAC110-20-240]**		
14	All records required by this section shall be filed chronologically and maintained for a period of not less than two years from the date of transaction. **[18VAC110-20-240]**	Not Applicable	
	Prescription Order & Dispensing Standards	**Result**	**Notes**
	18VAC110-20-270: In addition to the requirements in § 54.1-3408.01 of the Code of Virginia for an oral prescription or written prescription, including those transmitted via facsimile or electronically, a prescription shall include a quantity or duration of the order by which the pharmacist can calculate the authorized quantity using directions for use. Except for prescriptions transmitted electronically in compliance with 18VAC110-20-285, written prescriptions shall also include the prescriber's manual signature. In cases of failed electronic prescriptions, Schedule VI prescriptions transmitted electronically may be routed to the pharmacy's facsimile machine and may bear an electronic signature.		
19	After the prescription has been prepared and prior to the delivery of the order, a pharmacist shall inspect the prescription product to verify its accuracy in all respects and place his initials on the record of dispensing as a certification of the accuracy of and the responsibility for the entire transaction. **[18VAC110-20-270]**	Compliant	
	If more than one pharmacist is involved in verifying the accuracy of the prescription product, a record shall be maintained identifying the date of dispensing, each pharmacist involved in the process, and the individual task for which each pharmacist is responsible for verifying the accuracy. **[18VAC110-20-270]**	Compliant	
19	Such record showing verification of accuracy shall be maintained on a pharmacy record and, if necessary, an alternate record consistent with 18VAC110-20-255 for the required time period of two years unless otherwise specified in regulation. If the dispensing involves central or remote processing, records of pharmacist verification shall be maintained in a manner consistent with 18VAC110-20-276 and 18VAC110-20-515. **[18VAC110-20-270]**	Compliant	
	Perpetual Inventory	**Result**	**Notes**
15	Each pharmacy shall maintain a perpetual inventory of all Schedule II drugs received and dispensed that accurately indicates the physical count of each Schedule II drug "on-hand" at the time of performing the inventory. The perpetual inventory shall include a reconciliation of each Schedule II drug at least monthly with a written explanation for any difference between the physical count and the theoretical count. Electronic monitoring at the pharmacy or by another entity that provides alerts for discrepancies between drugs received and drugs dispensed is acceptable provided such alerts are reviewed at least monthly. **[18VAC110-20-240]**	Not Applicable	
	All records required by this section shall be filed chronologically and maintained for a period of not less than two years from the date of transaction. **[18VAC110-20-240]**	Not Applicable	
	Drug Loss or Theft	**Result**	**Notes**
16	Whenever any registrant or licensee discovers a theft or any other unusual loss of any Schedule II, III, IV or V controlled substance, he shall immediately report such theft or loss to the Board. **[§54.1-3404]**	Not Applicable	

Deficiency Number			
16	Within 30 days after the discovery of a loss of any Schedule II, III, IV or V drugs, the registrant or licensee shall furnish the Board with a listing of the kind, quantity and strength of such drugs lost. **[§54.1-3404]**	Not Applicable	
148	All records required pursuant to this section shall be maintained completely and accurately for two years from the date of the transaction recorded. **[§54.1-3404]**	Not Applicable	
	Prescriptions	**Result**	**Notes**
17	A hard copy prescription shall be placed on file for every initial prescription dispensed and be maintained for two years from the date of last refill. NOTE: See 18VAC110-20-250 Electronic Image **[18VAC110-20-240]**	Not Inspected	
17	All prescriptions shall be filed chronologically by date of initial dispensing or by date of initial entry into the automated data processing system in compliance with 18VAC110-20-250 if such a system is employed by the pharmacy. **[18VAC110-20-240]**	Not Inspected	
17	Prescriptions for Schedule II drugs shall be maintained in a separate prescription file. **[18VAC110-20-240]**	Not Inspected	
17	Prescriptions for Schedules III, IV, and V drugs shall be maintained either in a separate prescription file for drugs listed in Schedules III, IV, and V only or in such form that they are readily retrievable from the other prescriptions of the pharmacy. **[18VAC110-20-240]**	Not Inspected	
17	**NOTE: . A chart order may serve as the hard-copy prescription for those patients in a hospital or long-term care facility, a patient receiving home infusion services, or a hospice patient pursuant to §54.1-3408.01 A of the Code of Virginia. When a chart order is intended for out-patient dispensing, it shall comply with requirements for a prescription in 18VAC110-20-286. [18VAC110-20-240]**		
	A chart order written for a patient in a hospital or long-term care facility, a patient receiving home infusion services, or a hospice patient pursuant to §54.1-3408.01 A of the Code of Virginia shall be exempt from having to contain all required information of a written prescription provided:	Not Inspected	
	a. This information is contained in other readily retrievable records of the pharmacy; and		
	b. The pharmacy maintains and complies with a current policy and procedure manual that sets out where this information is maintained and how to retrieve it and the minimum requirements for chart orders consistent with state and federal law and accepted standard of care.		
	Requirements for filing of chart orders.	Not Inspected	
	a. Chart orders shall be filed chronologically by date of initial dispensing with the following exception: If dispensing data can be produced showing a complete audit trail for any requested drug for a specified time period and each chart order is readily retrievable upon request, chart orders may be filed using another method. Such alternate method shall be clearly documented in a current policy and procedure manual.		
	b. If a single chart order contains both an order for a Schedule II drug and one or more orders for a drug in another schedule, where the Schedule II drug is not floor stocked, but is dispensed from the pharmacy pursuant to this order for the specific patient, the original order must be filed with records of dispensing of Schedule II drugs and a copy of the order placed in the file for other schedules.		
	Automated Data Processing System	**Result**	**Notes**
18	An automated data processing system may be used for the storage and retrieval of original and refill dispensing information for prescriptions instead of manual record keeping requirements, subject to the following conditions: **[18VAC110-20-250]**	Compliant	

Deficiency Number			
	A prescription shall be placed on file as set forth in 18VAC110-20-240 B with the following provisions:	Compliant	
	a. In lieu of a hard copy file for Schedule VI prescriptions, an electronic image of a prescription may be maintained in an electronic database provided it preserves and provides an exact image of the prescription that is clearly legible and made available within 48 hours of a request by a person authorized by law to have access to prescription information. Storing electronic images of prescriptions for Schedule II through V controlled substances instead of the hard copy shall only be authorized if such storage is allowed by federal law.		
	b. If the pharmacy system's automated data processing system fields are automatically populated by an electronic prescription, the automated record shall constitute the prescription and a hard copy or electronic image is not required.		
	c. For Schedule II through V controlled substances, electronic prescriptions shall be maintained in accordance with federal law and regulation.		
	Any computerized system shall provide retrieval (via computer monitor display or printout) of original prescription information for those prescriptions which are currently authorized for dispensing.	Compliant	
	Any computerized system shall also provide retrieval via computer monitor display or printout of the dispensing history for prescriptions dispensed during the past two years.	Compliant	
	Printout of dispensing data requirements. Any computerized system shall have the capability of producing a printout of any dispensing data which the user pharmacy is responsible for maintaining under the Drug Control Act § 54.1-3400 et seq. of the Code of Virginia) and any data entry of on-hold prescriptions. Such printout shall be provided within 48 hours of a request of an authorized agent.	Compliant	
	Records of Receipt & Invoices	**Result**	**Notes**
114	Inventories and records of all drugs listed in Schedules I and II shall be maintained separately from all other records of the pharmacy. **[18VAC110-20-240]**	Not Applicable	
	Inventories and records of drugs listed in Schedules III, IV, and V may be maintained separately or with records of Schedule VI drugs but shall not be maintained with other records of the pharmacy.	Not Applicable	
	All executed order forms, prescriptions, and inventories of Schedules II through V drugs shall be maintained at the same address as the stock of drugs to which the records pertain. If authorized by DEA, other records pertaining to Schedules II through V drugs, such as invoices, may be maintained in an off-site database or in secured storage. All records in off-site storage shall be retrieved and made available for inspection or audit within 48 hours of a request by the board or an authorized agent.	Not Applicable	
114	Invoices or other records showing receipts of Schedule VI drugs shall be maintained but may be stored in an electronic database or record as an electronic image that provides an exact, clearly legible image of the document or in secured storage either on site or off site. All records in off-site storage or database shall be retrieved and made available for inspection or audit within 48 hours of a request by the board or an authorized agent.	Not Applicable	
	All records shall be filed chronologically and maintained for a period of not less than two years from the date of transaction.	Not Applicable	
	Records - Partial Dispensing	**Result**	**Notes**

Deficiency Number			
119	The pharmacist dispensing any prescription shall record the date of dispensing and his initials on the prescription in (i) an automated data processing system used for the storage and retrieval of dispensing information for prescriptions or (ii) on another record that is accurate from which dispensing information is retrievable and in which the original prescription and any information maintained in such data processing system concerning such prescription can be found. **[§54.1-3412]**	Not Applicable	
119	The partial filling of a prescription for a drug listed in Schedule II is permissible if the pharmacist is unable to supply the full quantity called for in a written or emergency oral prescription, and he makes a notation of the quantity supplied on the face of the written prescription. The remaining portion of the prescription may be dispensed within 72 hours of the first partial dispensing; however, if the remaining portion is not or cannot be dispensed within the 72-hour period, the pharmacist shall so notify the prescribing practitioner. No further quantity may be supplied beyond 72 hours without a new prescription. **[18VAC110-20-310]**	Not Applicable	
119	Prescriptions for Schedule II drugs written for patients in long-term care facilities may be dispensed in partial quantities, to include individual dosage units. For each partial dispensing, the dispensing pharmacist shall record on the back of the prescription (or on another appropriate record, uniformly maintained and readily retrievable) the date of the partial dispensing, quantity dispensed, remaining quantity authorized to be dispensed, and the identification of the dispensing pharmacist. The total quantity of Schedule II drugs in all partial dispensing shall not exceed the total quantity prescribed. Schedule II prescriptions shall be valid for a period not to exceed 60 days from the issue date unless sooner terminated by the discontinuance of the drug. **[18VAC110-20-310]**	Not Applicable	
119	Information pertaining to current Schedule II prescriptions for patients in a long-term care facility may be maintained in a computerized system if this system has the capability to permit: **[18VCA110-20-310]**	Not Applicable	
	1. Output (display or printout) of the original prescription number, date of issue, identification of prescribing practitioner, identification of patient, identification of the long-term care facility, identification of drug authorized (to include dosage form, strength, and quantity), listing of partial dispensing under each prescription, and the information required in subsection B of this section.		
	2. Immediate (real time) updating of the prescription record each time a partial dispensing of the prescription is conducted.		
119	A prescription for a Schedule II drug may be filled in partial quantities to include individual dosage units for a patient with a medical diagnosis documenting a terminal illness under the following conditions: **[18VAC110-20-310]**	Not Applicable	
	1. The practitioner shall classify the patient as terminally ill, and the pharmacist shall verify and record such notation on the prescription.		
	2. On each partial filling, the pharmacist shall record the date, quantity dispensed, remaining quantity authorized to be dispensed, and the identity of the dispensing pharmacist.		
	3. Prior to the subsequent partial filling, the pharmacist shall determine that it is necessary. The total quantity of Schedule II drugs dispensed in all partial fillings shall not exceed the total quantity prescribed.		

Deficiency Number			
	4. Schedule II prescriptions for terminally ill patients may be partially filled for a period not to exceed 60 days from the issue date unless terminated sooner.		
	5. Information pertaining to partial filling may be maintained in a computerized system under the conditions set forth in 18VAC110-20-320 subsection C.		
	A prescription for a Schedule II drug may be filled in partial quantities if the partial fill is requested by the patient or by the practitioner who wrote the prescription provided:	Not Applicable	
	1. The total quantity dispensed in all partial fillings does not exceed the total quantity prescribed;		
	2. The prescription is written and filled in accordance with state and federal law; and		
	3. The remaining portions are filled not later than 30 days after the date on which the prescription is written.		
119	A prescription for a drug listed in Schedule III, IV, or V shall not be dispensed or refilled more than six months after the date on which such prescription was issued, and no such prescription authorized to be filled may be refilled more than five times. **[18VAC110-20-320]**	Not Applicable	
	1. Each refilling of a prescription shall be entered on the back of the prescription or on another record in accordance with §54.1-3414 of the code of Virginia, and 18VAC110-20-255, initialed, and dated by the pharmacist as of the date of dispensing. If the pharmacist merely initials and dates the prescription, it shall be presumed that the entire quantity ordered was dispensed.	Not Applicable	
	2. The partial dispensing of a prescription for a drug listed in Schedule III, IV, or V is permissible, provided that:	Not Applicable	
	a. Each partial dispensing is recorded in the same manner as a refilling;		
	b. The total quantity of drug dispensed in all partial dispensing does not exceed the total quantity prescribed; and		
	c. No dispensing occurs after six months after the date on which the prescription order was issued.		
119	Any other record used to record the date of dispensing or the identity of the pharmacist dispensing shall be maintained for a period of two years on premises. **[18VAC11-20-255]**	Not Applicable	
119	A pharmacy using such an alternative record shall maintain a current policy and procedure manual documenting **[18VAC110-20-255]**	Not Applicable	
119	1. Procedures for using the record		
	2. How the record is integrated into the total dispensing record system		
	3. How the data included in the record shall be interpreted		
	Prescription Labeling	**Result**	**Notes**
124	Whenever a pharmacist dispenses any drug listed within Schedule II through VI on a prescription issued by a prescriber, he shall affix to the container in which such drug is dispensed, a label showing **[§54.1-3410]**	Not Applicable	
	1. Prescription serial number or name of the drug		
	2. Date of initial filling		
	3. His name and address, or the name and address of the pharmacy		

Deficiency Number			
	4. Name of the patient or, if the patient is an animal, the name of the owner of the animal and the species of the animal		
	5. Name of the prescriber by whom the prescription was written, except for those drugs dispensed to a patient in a hospital pursuant to a char order		
	6. Directions as may be stated on the prescription		
	7. Drug name and strength, when strength is applicable		
	8. Number of dosage units or, if liquid, the number of milliliters dispensed		
	For any drug product possessing a single active ingredient, the generic name of the drug shall be included on the label. **[18VAC110-20-330]**	Not Applicable	
124	**NOTE: Does not apply to drugs dispensed to patients of a hospital or long term care facility where all drugs are administered by persons licensed to administer.**		
	If a generic drug is dispensed when a prescription is written for a brand name drug, the label shall contain the generic name followed by the words "generic for" followed by the brand name of the drug prescribed, and the label shall also contain the generic's brand name or the manufacturer or distributor of the drug dispensed. **[18VAC110-20-330]**	Not Applicable	
124	**NOTE: Does not apply to drugs dispensed to patients of a hospital or long term care facility where all drugs are administered by persons licensed to administer.**		
	Prescription Order	**Result**	**Notes**
116	A drug listed in Schedule II shall be dispensed only upon receipt of a written prescription. NOTE: See 18VAC110-20-285 for faxing of prescription orders for Schedule II drugs. **[§54.1-3410]**	Not Inspected	
116	A drug controlled by Schedules III through VI or a device controlled by Schedule VI shall be dispensed upon receipt of a written or oral prescription. **[§54.1-3410]**	Not Inspected	
116	The agent of the prescriber on his behalf may orally transmit a prescription. The written record of the prescription specifies the full name of the agent of the prescriber. **[§54.1-3410]**	Not Inspected	
116	A written prescription shall be written with ink or individually typed or printed and shall contain: **[§54.1-3408.01]**	Not Inspected	
	1. Name, address, and telephone number of the prescriber. 2. First and last name of the patient for whom the drug is prescribed. 3. Address of the patient shall either be placed upon the written prescription by the prescriber or his agent, or by the dispenser of the prescription. NOTE: If not otherwise prohibited by law, the dispenser may record the address of the patient in an electronic prescription dispensing record for that patient in lieu of recording it on the prescription. 4. Dated and signed by the prescriber on, the day when issued 5. A prescription for a controlled substance other than one controlled in Schedule VI shall also contain the federal controlled substances registration number assigned to the prescriber		
	Electronic Transmitted Prescription	**Result**	**Notes**
	Effective July 1, 2020 - Consistent with federal law and in accordance with regulations promulgated by the Board, prescriptions may be transmitted to a pharmacy as an electronic prescription or by facsimile machine and shall be treated as valid original prescriptions. Any prescription for a controlled substance that contains an opiate shall be issued as an electronic prescription. §54.1-3408.02		

Deficiency Number			
116	Unless otherwise prohibited by law, an electronic prescription may be transmitted from the prescriber or an authorized agent as defined in § 54.1-3408.01 C of the Code of Virginia directly to the dispensing pharmacy. Electronic prescriptions of Schedule II-V controlled substances shall comply with any security or other requirements of federal law. All electronic prescriptions shall also comply with all security requirements of state law related to privacy of protected health information. **[18VAC110-20-285]**	Not Inspected	
	A pharmacy receiving an electronic prescription shall maintain such prescription record in accordance with 18VAC110-20-250 A.	Not Inspected	
	Faxed Prescription	**Result**	**Notes**
116	Unless otherwise prohibited by federal law, prescription orders for Schedules III through VI drugs may be transmitted to pharmacies by facsimile (fax) device upon the following conditions: **[18VAC110-20-280]**	Not Inspected	
	1. The prescription shall be faxed only to the pharmacy of the patient's choice		
	2. A valid faxed prescription shall contain all required information for a prescription. A written prescription shall include the prescriber's signature.		
	3. An authorized agent may transmit an oral prescription by facsimile and shall record on the faxed prescription the agent's full name and wording that clearly indicates that the prescription being transmitted is an oral prescription		
116	A faxed prescription shall be valid only if faxed from the prescriber's practice location, except in the following situations: **[18VAC110-20-280]**	Not Inspected	
	1. Forwarding a faxed chart order from a long-term care facility or from a hospice, including a home hospice		
	2. Faxing an oral prescription by authorized agent under the conditions set forth in subdivision 3 of this subsection; or		
	3. Forwarding a written prescription by an authorized agent from a long-term care facility, provided		
	a. The provider pharmacy maintains written procedures for such transactions		
	b. The original prescription is obtained by the provider pharmacy within seven days of dispensing		
	c. The original prescription shall be attached to the faxed copy		
116	The following additional information shall be recorded on the faxed prescription: **[18VAC110-20-280]**	Not Inspected	
	1. Date that the prescription was faxed		
	2. Printed name, address, phone number, and fax number of the authorized prescriber		
	3. The institution, if applicable, from which the prescription was faxed, including address, phone number and fax number		
116	Prescription orders for Schedule II drugs may only be faxed for information purposes and may not serve as the original written prescription authorizing dispensing, except for: **[18VAC110-20-280]**	Not Inspected	
	1. Orders to be administered to long-term care facility and home infusion patients		

Deficiency Number			
	2. Prescriptions written for a Schedule II narcotic substance for patients residing in a hospice certified by Medicare under Title XVIII or licensed by the state which may include home hospice		
	3. The prescriber shall note on the prescription if the patient is a hospice patient, and the prescription shall meet all requirements for a written prescription, including the prescriber's manual signature		
116	If the faxed prescription is of such quality that the print will fade and not remain legible for the required retention period the receiving pharmacist shall copy or transcribe the faxed prescription on paper of permanent quality. **[18VAC110-20-280]**	Not Inspected	
116	Authorizations for refills may be faxed by the prescriber to the pharmacy provided the authorization includes: **[18VAC110-20-280]**	Not Inspected	
	1. Patient's name & address		
	2. Drug name and strength, quantity		
	3. Directions for use,		
	4. Prescriber's name, prescriber's manual signature or agent's name		
	5. Date of authorization		
	Emergency Prescription	**Result**	**Notes**
118	In case of an emergency situation, a pharmacist may dispense a drug listed in Schedule II upon receiving oral authorization of a prescribing practitioner, provided that: **[§54.1-3410] [18VAC110-20-290]**	Not Inspected	
	1. The quantity prescribed and dispensed is limited to the amount adequate to treat the patient during the emergency period.		
	2. The prescription shall be immediately reduced to writing by the pharmacist and shall contain all information required in §54.1-3410 of the Drug Control Act, except for the signature of the prescribing practitioner.		
	3. If the pharmacist does not know the practitioner, he the pharmacist shall make a reasonable effort to determine that the oral authorization came from a practitioner using his the practitioner's phone number as listed in the telephone directory or other good-faith efforts to ensure his the practitioner's identity		
	4. Within seven days after authorizing an emergency oral prescription, the prescribing practitioner shall cause a written prescription for the emergency quantity prescribed to be delivered to the dispensing pharmacist.		
	5. The prescription shall have written on its face "Authorization for Emergency Dispensing" and the date of the oral order.		
118	6. The dispensing pharmacist shall attach this prescription to the oral emergency prescription which had earlier been reduced to writing.		
	7. The pharmacist shall notify the nearest office of the Drug Enforcement Administration and the board if the prescribing practitioner fails to deliver a written prescription to the pharmacist.		
	Repackaging	**Result**	**Notes**
127	Control records of reconstitution of injectable, bulk compounding or the repackaging or prepackaging of drugs maintained for a period of one year or until the expiration, whichever is greater. **[18VAC110-20-355]**	Not Inspected	
127	Control record includes the following information: **[18VAC110-20-355]**	Not Inspected	

Deficiency Number			
	1. Date repackaged		
	2. Name of the drug(s) used & strength of drug, if any		
	3. Quantity prepared		
	4. Assigned lot or control number		
	5. Manufacturer's or distributor's name and lot or control number		
	6. Expiration date		
20	7. Initials of the pharmacist verifying the process **[18VAC110-20-355]**	Not Inspected	
	The following information shall appear on any subsequently repackaged or reconstituted units: **[18VAC110-20-355]**	Not Inspected	
	1. Drug name & strength of drug, if any		
127	2. Assigned lot or control number or the manufacturer's or distributor's name and lot or control number		
	3. Appropriate expiration determined by the pharmacist in accordance with USP guidelines		
	Repackaging of drugs shall be performed in compliance with USP-NF standards.		
127	Pharmacies using automated counting devices or dispensers in which drugs are removed from manufacturer's original packaging and placed in bulk bins shall comply with the following requirements:	Not Inspected	
	A bin filling record shall be maintained, manually or in a computerized record for a period of one year from the date of filling from which information can be readily retrieved, for each bin including: **[18VAC110-20-355]**	Not Inspected	
	1. Drug name and strength, if any		
	2. Name of the manufacturer or distributor		
	3. Manufacturer's control or lot numbers and expiration date for all lots placed into the bin at the time of filling		
	4. Any assigned lot number		
	5. An expiration date determined according to USP guidelines for repackaging		
	6. Date of filling		
20	7. Pharmacist's initials verifying the accuracy of the process **[18VAC110-20-355]**	Not Inspected	
127	If more than one lot is added to a bin at the same time, the lot that expires first shall be used to determine the expiration date if shorter than a calculated date based on USP guidelines. **[18VAC110-20-355]**	Not Inspected	
	Each bin shall be labeled in such a manner as to cross-reference the information on the filling record with the correct expiration date.	Not Inspected	
	If only one lot is added to a bin at one time, but a subsequent lot may be added before the first has cleared, the automated device shall be constructed to reasonably dispense the first lot before the second lot is dispensed and the expiration date on the bin's label shall reflect the expiration date assigned to the earlier lot.	Not Inspected	
	In the event of a drug recall involving one of multiple lots placed in a bin of an automated counting device in the last three months or if a recalled drug is known to remain in the bin, all drugs shall be removed from the bin and not used for patient care. The removal of drugs from the bin is not required if:	Not Inspected	

Deficiency Number			
	a. The technology of the automated counting device can ensure drugs in a particular lot have been cleared; or		
	b. The bin has been "run dry," with a record made of the "run dry" date, since the addition of the recalled lot number in which all drugs were completely removed prior to filling with a subsequent lot number.		
	An automated counting device shall be cleaned and maintained in accordance with recommended manufacturer guidelines and specifications.	Not Inspected	
	Continuous Quality Improvement	**Result**	**Notes**
	§ 54.1-3434.03. Continuous quality improvement program - Each pharmacy shall implement a program for continuous quality improvement, according to regulations of the Board. Such program shall provide for a systematic, ongoing process of analysis of dispensing errors that uses findings to formulate an appropriate response and to develop or improve pharmacy systems and workflow processes designed to prevent or reduce future errors. Any pharmacy that actively reports to a patient safety organization that has as its primary mission continuous quality improvement under the Patient Safety and Quality Improvement Act of 2005 (P.L. 109-41), shall be deemed in compliance with this section.		
142	Pharmacy Actively Reports to Patient Safety Organization **[18VAC110-20-418]**	Not Inspected	
	A record indicating the date a report was submitted to a patient safety organization shall be maintained for 12 months from the date of reporting.		
	Pharmacies not actively reporting to patient safety organizations, consistent with §54.1-3434.03 and 18VAC110-20-10, shall implement a program for continuous quality improvement.		
142	Pharmacy does not actively report to a patient safety organization **[18VAC110-20-418]**	Compliant	
	A separate record shall be maintained and available for inspection to ensure compliance with this section for 12 months from the date of the analysis of dispensing errors and shall include the following information:		
	(1) Dates the analysis was initiated and completed;		
	(2) Names of the participants in the analysis;		
	(3) General description of remedial action taken to prevent or reduce future errors; and		
	(4) A zero report with date shall be recorded on the record if no dispensing errors have occurred within the past 30 days.		

Hazardous Drug Compounding Inspection for USP <800>			
Deficiency Number			
	General Requirements 54.1-3410.2	**Result**	**Notes**
	Pharmacy has identified if it stocks any hazardous drugs (HDs) on the NIOSH list.	Not Applicable	
	Assessment of risk has been performed.	Not Applicable	
	Pharmacy has identified a 'designated person' who is responsible for continuing to evaluate the fundamental practices and precautions for handling HDs.	Not Applicable	
	If the pharmacy performs non-sterile HD compounding, the engineering controls comply with USP Chapter <800>.		
24, 133	1. Containment Primary Engineering Control (C-PEC)	Not Applicable	
	a. Externally vented (preferred) or redundant–HEPA filtered in series Examples: CVE, Class I or II BSC, CACI	Not Applicable	
	2. Containment Secondary Engineering Control (C-SEC)	Not Applicable	
	a. Externally vented	Not Applicable	
	b. 12 air changes per hour (ACPH)	Not Applicable	
	c. Negative pressure between 0.01 and 0.03 inches of water column relative to adjacent areas	Not Applicable	
	d. Fixed walls	Not Applicable	
	If the pharmacy performs sterile HD compounding, the engineering controls comply with USP Chapter <800>.		
	ISO Class 7 buffer room with an ISO Class 7 ante-room		
22, 24	1. Containment Primary Engineering Control (C-PEC)	Not Applicable	
	a. Externally vented. • Examples: Class II BSC or CACI	Not Applicable	
23, 24	2. Containment Secondary Engineering Control (C-SEC)	Not Applicable	
	a. Externally vented	Not Applicable	
	b. 30 Air Changes Per Hour (ACPH)	Not Applicable	
	c. Negative pressure between 0.01 and 0.03 inches of water column relative to adjacent areas.	Not Applicable	
33, 33a	3. Maximum BUD as described in USP<797>	Not Applicable	
	Unclassified C-SCA		
22, 24	1. Containment Primary Engineering Control (C-PEC)	Not Applicable	
	a. Externally vented. • Examples: Class II BSC or CACI	Not Applicable	
23, 24	2. Containment Secondary Engineering Control (C-SEC)	Not Applicable	
	a. Externally vented	Not Applicable	
	b. 12 Air Changes Per Hour (ACPH)	Not Applicable	
	c. Negative pressure between 0.01 and 0.03 inches of water column relative to adjacent areas.	Not Applicable	
33, 33a	3. Maximum BUD as described in USP<797> for CSPs prepared in a segregated compounding area.	Not Applicable	

Central or Remote Processing - Community, Retail & Mail Order			
Deficiency Number			
	Central or Remote Processing	**Result**	**Notes**
123	Centralized or remote processing of a prescription does not include the dispensing of a drug, but does include any of the following activities related to the dispensing process: **[18VAC110-20-276]**	Compliant	
	1. Receiving, interpreting, analyzing, or clarifying prescriptions.	Compliant	
	2. Entering prescription and patient data into a data processing system	Compliant	
	3. Transferring prescription information.	Compliant	
	4. Performing a prospective drug review as set forth in § 54.1-3319 of the Code of Virginia	Compliant	
	5. Obtaining refill or substitution authorizations, or otherwise communicating with the prescriber concerning a patient's prescription	Compliant	
	6. Interpreting clinical data for prior authorization for dispensing;	Compliant	
	7. Performing therapeutic interventions	Compliant	
	8. Providing drug information or counseling concerning a patient's prescription to the patient or patient's agent.	Compliant	
	A pharmacy may outsource certain prescription processing functions as described in subsection A to another pharmacy in Virginia or a registered non-resident pharmacy under the following conditions:	Compliant	
	1. The pharmacies shall either have the same owner or have a written contract describing the scope of services to be provided and the responsibilities and accountabilities of each pharmacy in compliance with all federal and state laws and regulations related to the practice of pharmacy;	Compliant	
	2. Any central or remote pharmacy shall comply with Virginia law and regulation with respect to requirements for supervision of pharmacy technicians and the duties which are restricted to pharmacists and pharmacy technicians. Pharmacy technicians at the remote pharmacy shall either be registered in Virginia or possess credentials substantially equivalent to those required for a technician registered in Virginia;	Compliant	
123	3. A pharmacist licensed in Virginia, whether at the remote pharmacy or the dispensing pharmacy, shall perform a check for accuracy on all processing done by the remote processor; and	Compliant	
	4. The pharmacies shall share a common electronic file or have technology which allows sufficient information necessary to process a non-dispensing function.	Compliant	
123	Any pharmacy that outsources prescription processing to another pharmacy shall provide notification of such to patients. A one-time written notification or a sign posted in the pharmacy in a location that is readily visible to the public will satisfy this notification requirement. The notice shall state the name of any contract pharmacy providing central or remote prescription processing. If the pharmacy uses a network of pharmacies under common ownership, this fact shall be disclosed in the notice.	Not Applicable	

Deficiency Number			
	A policy and procedure manual that relates to remote processing shall be maintained at each pharmacy involved in the processing of a prescription and available for inspections. The manual shall include at a minimum:	Compliant	
	1. The responsibilities of each pharmacy;	Compliant	
	2. A list of the name, address, telephone numbers, and permit/registration numbers of all pharmacies involved in central or remote processing;	Compliant	
	3. Procedures for protecting the confidentiality and integrity of patient information;	Compliant	
	4. Procedures for ensuring that pharmacists performing prospective drug reviews have access to appropriate drug information resources;	Compliant	
	5. Procedures for maintaining required records;	Compliant	
	6. Procedures for complying with all applicable laws and regulations to include counseling;	Compliant	
	7. Procedures for objectively and systematically monitoring and evaluating the quality of the program to resolve problems and improve services; and	Compliant	
	8. Procedures for annually reviewing the written policies and procedures for needed modifications and documenting such review.	Compliant	
	In addition to any other required records, pharmacies engaged in central or remote processing shall maintain retrievable records which show, for each prescription processed, each individual processing function and identity of the pharmacist or pharmacy technician who performs a processing function and the pharmacist who checked the processing function, if applicable.	Compliant	
	1. The records may be maintained separately by each pharmacy, or in a common electronic file shared by both pharmacies provided the system can produce a record showing each processing task, the identity of the person performing each task, and the location where each task was performed.	Compliant	
	2. The record shall be readily retrievable for at least the past two years through the primary dispensing pharmacy, and shall be available for inspection by the board.	Compliant	
6	A pharmacist may only supervise a maximum of six pharmacy technicians and pharmacy interns performing the duties of pharmacy technicians accessing the employer pharmacy's database from a remote location, with a maximum of four of the six on site at the employer pharmacy. The supervising pharmacist shall be readily available to the pharmacy technicians and pharmacy interns and technology shall be available for adequate supervision of pharmacy technicians and pharmacy interns performing the duties of pharmacy technicians. **[18VAC110-20-112] and [18VAC110-20-276]**	Compliant	

LISTING OF SECURITY FEATURES ON REVERSE SIDE

COMMONWEALTH OF VIRGINIA

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9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
www.dhp.virginia.gov/pharmacy

BOARD OF PHARMACY

Pharmacy Permit

Janus Rx

2697 International Pkwy, Bldg 3,Suite 103
Virginia Beach VA 23452

Number
0201004781

Pharmacist in Charge
Oluwatoyin Adekunbi Lambo-Akomolafe
0202207387

To verify the status of this permit, visit our website www.dhp.virginia.gov, which is a primary source verification of the credential issued by the Commonwealth of Virginia. To File a Complaint About a Licensee, Call: 1-800-533-1560

no exp date refer to print out

Virginia Department of Health Professions
License Lookup

Current as of 11/04/2025 07:40

License Information

License Number	0201004781
Occupation	Pharmacy
Name	JANUS RX LLC dba JANUS RX
Address	2697 International Pkwy, Bldg 3,Suite 103 Virginia Beach, VA 23452
Initial License Date	06/01/2017
Expire Date	04/30/2026
License Status	Current Active
Pharmacist-in-Charge	Oluwatoyin Adekunbi Lambo-Akomolafe 0202207387 Date Associated: 08/16/2022
Additional Public Information*	No

Back to License Lookup Result

This serves as primary source verification of the credential issued by the Commonwealth of Virginia and meets the requirements of the Joint Commission.

** "Yes" means that there is information the Department must make available to the public pursuant to §54.1-2400.2.H of the Code of Virginia; please note that this may also include proceedings in which a finding of "no violation" was made. For additional information click on the "Yes" link above. "No" means no documents are available.*

Back to License Lookup

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: BioWound Solutions INC

Physical Address: 6823 W Post Road Suite 102

City: Las Vegas State: NV Zip: 89118

Mailing Address (if different from physical address): [redacted]

City: Las Vegas State: NV Zip: [redacted]

Telephone: 661-312-4018 Website: www.biowoundsolutions.com

Name of Designated Representative (DR): John Mark Rogers

Licensing Company Email: service@biowound.com DR Email: mark@biowound.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: Terminally Sterilized, Human Amniotic Tissue for Chronic Wound Care	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Wound Care Clinics		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

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:
Not Applicable, Answered NO to ALL

NA 17OCT2025

Mark Rogers
Original Signature (electronic, copies or stamps not accepted)

17OCT2025
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: Biolab Sciences
Address: 13825 N Northsight Blvd Ste 101 City: Scottsdale State: AZ Zip: 85260
Name: Acesso Biologics
Address: 1980 Festival Plaza Drive Suite 850 City: Las Vegas State: NV Zip: 89135
Name: Royal Biologics
Address: 401 Hackensack Ave Suite 604 City: Hackensack State: NJ Zip: 07601
Name: Sequence Life Sciences
Address: 4590 Lockhill Selma Road City: San Antonio State: TX Zip: 78249

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada
Parent Company (if any):
Corporation/Organization Name: BioWound Solutions INC
Mailing Address: [redacted]
City: Las Vegas State: NV Zip: [redacted]
Telephone: 661-312-4018 Email: mark@biowound.com
Contact Person Name: John Mark Rogers

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.

BioWound Solutions INC

Facility Name

John Mark Rogers

Print Name of Authorized Person Submitting Application

John Mark Rogers

Original signature of Authorized Person (copies or stamps not accepted)

17 OCT 2025

Date

Board Use Only	Date Received: 11/25/25	Amount: $1000 ck 1037

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
BIOWOUND SOLUTIONS
6823 W Post Rd Ste 102
Las Vegas, NV 89118
Registration Number: [redacted]
FEI Number*: [redacted]
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:
BioWound Solutions[6]
6823 W Post Road
Suite 102
Las Vegas, NV US 89118
Owner/Operator Number: 10093220[7]

Official Correspondent:
Olivia Taylor
6823 W Post Rd
Suite 102
Las Vegas, NV 89118
Phone: 725-3245380

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10093220&OwnerOperatc
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10093220&OwnerOperatc

Page Last Updated: 12/01/2025

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Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies / Privacy

FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive Vulnerability Disclosure Policy

U.S. Department of **Health & Human Services**

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5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10093220&OwnerOperatc

List of Officers and Directors

BioWound Solutions, Inc

1. Nicholas Andolino
   Chief Executive Officer

2. Will Lenz
   Chief Operating Officer

3. Aaron Rosenberger
   Chief Strategy Officer

4. Eric Gilliland
   Chief Human Resource Officer

John

5. Mark Rogers
   Chief of Quality and Regulatory

JMR
17OCT 2025

6. Sam Ball
   Chief Revenue Officer

7. Brad Elliott
   Controller, Finance

Page 1 of 1

JMR 17OCT2025

Biowound Solutions Inc Detailed Cap Table

Name	Common (CS)	Outstanding Shares	Outstanding Ownership
Benevolent Ventures LLC	1,650,000	1,650,000	29.925%
Bradley Elliott	13,750	13,750	0.249%
BY 77 inc	55,000	55,000	0.998%
CW Family Investments, LLC	1,081,665	1,081,665	19.618%
Incunabula	1,081,665	1,081,665	19.618%
K6 Medical Consultants LLC	165,000	165,000	2.993%
Minerva LLC	55,000	55,000	0.998%
NR3 Group	1,081,665	1,081,665	19.618%
ROCASU	137,500	137,500	2.494%
Ropey's Futures LLC	55,000	55,000	0.998%
William Lenz	137,500	137,500	2.494%
Options and RSU's issued and outstanding			
Shares available for issuance under the plan			
Fully diluted shares	**5,513,745**		
Total Shares outstanding	**5,513,745**	**5,513,745**	**100.000%**
Percentage outstanding	**100.000%**	**100.000%**	
Share Class Original Issue Price			

Pg. 1 of 1

JmR 17OCT2025

DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH

December 15, 2025

John Mark Rogers, CTBS
BioWound Solutions
6823 W Post Road Suite 102; Las Vegas, NV 89118

Dear John Mark Rogers, CTBS,

This letter confirms that **BioWound Solutions** is registered with the Delaware Tissue Bank until April 30, 2026.

Thank you for notifying the Bureau of Communicable Diseases office in a timely manner of any changes to the information contained in the registration form. Please continue to keep contact information current to ensure timely delivery of updates and notifications.

If you have any questions, please contact me at the number below or via my e-mail.

Best regards,

Malia Wise

Malia Wise
Delaware Division of Public Health
Bureau of Infectious Disease Prevention & Control
Ph. 302-744-1015 Fax 302-739-2550
DHSS_DPH_tissuebank@delaware.gov

STATE OF NEVADA

FRANCISCO V. AGUILAR
Secretary of State

RUBEN J. RODRIGUEZ
Deputy Secretary for Southern Nevada

2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2452

OFFICE OF THE
SECRETARY OF STATE

GABRIEL DI CHIARA
Chief Deputy Secretary of State

DEANNA L. REYNOLDS
Deputy Secretary for Commercial Recordings

401 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7141

MaKayla Owens
1 Alhambra Plaza Suite 1410
Coral Gables, FL 33134, USA

Work Order #: W2025042400720
April 24, 2025
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 750106

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Amended List	Fees	20254845204	4/24/2025 10:39:35 AM	Approved	1	$200.00	$200.00
Total							$200.00

Payments

Type	Description	Payment Status	Amount
Credit Card	[redacted]	Success	$200.00
Credit Card	Service Fee	Success	$5.00
Total			$205.00

Credit Balance: $0.00

MaKayla Owens
1 Alhambra Plaza Suite 1410
Coral Gables, FL 33134, USA

STATE OF NEVADA

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401 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7141

Business Entity - Filing Acknowledgement

04/24/2025

Work Order Item Number:	W2025042400720 - 4406531
Filing Number:	20254845204
Filing Type:	Amended List
Filing Date/Time:	04/24/2025 10:39:35 AM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E40345962024-0 **Entity Name:** Biowound Solutions, Inc.

Entity Status: Active **Expiration Date:** None

Commercial Registered Agent
CORPORATE CREATIONS NETWORK INC.
8275 SOUTH EASTERN AVENUE #200, Las Vegas, NV 89123, 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,

FVAguilar

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:

Biowound Solutions, Inc.
NAME OF ENTITY

NV20243110329
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
F V Aguilar	E40345962024-0
Secretary of State	Filing Number
State Of Nevada	20254845204
	Filed On
	04/24/2025 10:39:35 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 President:

Name	Country
Nicholas Andolino	USA

Address	City	State	Zip/Postal Code
[redacted]	Las Vegas	NV	[redacted]

CORPORATION, INDICATE THE Secretary:

Name	Country
Nicholas Andolino	USA

Address	City	State	Zip/Postal Code
[redacted]	Las Vegas	NV	[redacted]

CORPORATION, INDICATE THE Treasurer:

Name	Country
Nicholas Andolino	USA

Address	City	State	Zip/Postal Code
[redacted]	Las Vegas	NV	[redacted]

CORPORATION, INDICATE THE Director:

Name	Country
Nicholas Andolino	USA

Address	City	State	Zip/Postal Code
[redacted]	Las Vegas	NV	[redacted]

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 Evan Gray
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*

Authorized Signer
Title

04/24/2025
Date

STATE OF NEVADA

FRANCISCO V. AGUILAR
Secretary of State

RUBEN J. RODRIGUEZ
Deputy Secretary for Southern Nevada

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Telephone (775) 684-5708
Fax (775) 684-7141

MaKayla Owens
1 Alhambra Plaza Suite 1410
Coral Gables, FL 33134, USA

Work Order #: W2025042400720
April 24, 2025
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 750106

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Amended List	Fees	20254845204	4/24/2025 10:39:35 AM	Approved	1	$200.00	$200.00
Total							$200.00

Payments

Type	Description	Payment Status	Amount
Credit Card	[redacted]	Success	$200.00
Credit Card	Service Fee	Success	$5.00
Total			$205.00

Credit Balance: $0.00

MaKayla Owens
1 Alhambra Plaza Suite 1410
Coral Gables, FL 33134, USA

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Biowound Solutions, Inc.

Nevada Business Identification # NV20243110329
Expiration Date: 05/31/2027

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 03/02/2026.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202603026526649
You may verify this certificate online at https://www.nvsilverflume.gov/home

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 President:

Name	Country
Nicholas Andolino	USA

Address	City	State	Zip/Postal Code
[redacted]	Las Vegas	NV	[redacted]

CORPORATION, INDICATE THE Secretary:

Name	Country
Nicholas Andolino	USA

Address	City	State	Zip/Postal Code
[redacted]	Las Vegas	NV	[redacted]

CORPORATION, INDICATE THE Treasurer:

Name	Country
Nicholas Andolino	USA

Address	City	State	Zip/Postal Code
[redacted]	Las Vegas	NV	[redacted]

CORPORATION, INDICATE THE Director:

Name	Country
Nicholas Andolino	USA

Address	City	State	Zip/Postal Code
[redacted]	Las Vegas	NV	[redacted]

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 Bradley Elliott
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*

Authorized Signer
Title

03/02/2026
Date

SECRETARY OF STATE

STATE OF NEVADA

DOMESTIC CORPORATION (78) CHARTER

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Biowound Solutions, Inc.** did, on 05/02/2024, file in this office the original ARTICLES OF INCORPORATION-FOR-PROFIT that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/02/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate
Number: B202405024616302
You may verify this certificate online at http://www.nvsos.gov

Page 1 of 1 JMR 17 OCT 2025

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

MaKayla Owens
1 Alhambra Plaza Suite 1410
Coral Gables, FL 33134, USA

Work Order #: W2024121700218
December 17, 2024
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 750106

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Certificate Pursuant to NRS 78.209	Fees	20244536159	12/17/2024 7:35:52 AM	InternalReview	1	$175.00	$175.00
Total							$175.00

Payments

Type	Description	Payment Status	Amount
Credit Card	[redacted]	Success	$175.00
Credit Card	Service Fee	Success	$4.38
Total			$179.38

Credit Balance: $0.00

Page 1 of 1

JMR

17 OCT 2025

MaKayla Owens
1 Alhambra Plaza Suite 1410
Coral Gables, FL 33134, 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

12/17/2024

Work Order Item Number:	W2024121700218 - 4121893
Filing Number:	20244536159
Filing Type:	Certificate Pursuant to NRS 78.209
Filing Date/Time:	12/17/2024 07:35:52 AM
Filing Page(s):	1

Indexed Entity Information:

Entity ID: E40345962024-0

Entity Name: Biowound Solutions, Inc.

Entity Status: Active

Expiration Date: None

Commercial Registered Agent
CORPORATE CREATIONS NETWORK INC.
8275 SOUTH EASTERN AVENUE #200, Las Vegas, NV 89123, 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,

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Page 1 of 1
JMB 17OCT2025

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Filed in the Office of	Business Number
FVAguilar	E40345962024-0
Secretary of State	Filing Number
State Of Nevada	20244536159
	Filed On
	12/17/2024 07:35:52 AM
	Number of Pages
	1

Certificate of Change Pursuant to NRS 78.209

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

INSTRUCTIONS:

1. Enter the current name as on file with the Nevada Secretary of State and enter the Entity or Nevada Business Identification Number (NVID).

2. Indicate the current number of authorized shares and par value, if any, and each class or series before the change.

3. Indicate the number of authorized shares and par value, if any of each class or series after the change.

4. Indicate the change of the affected class or series of issued, if any, shares after the change in exchange for each issued share of the same class or series.

5. Indicate provisions, if any, regarding fractional shares that are affected by the change.

6. NRS required statement.

7. This section is optional. If an effective date and time is indicated the date must not be more than 90 days after the date on which the certificate is filed.

8. Must be signed by an Officer. Form will be returned if unsigned.

1. Entity Information:	Name of entity as on file with the Nevada Secretary of State: **Biowound Solutions, Inc.** Entity or Nevada Business Identification Number (NVID): **NV20243110329**
2. Current Authorized Shares:	The current number of authorized shares and the par value, if any, of each class or series, if any, of shares before the change: **2,000,000 common shares, par value $0.01 per share.**
3. Authorized Shares After Change:	The number of authorized shares and the par value, if any, of each class or series, if any, of shares after the change: **12,000,000 common shares, par value $0.01 per share.**
4. Issuance:	The number of shares of each affected class or series, if any, to be issued after the change in exchange for each issued share of the same class or series: **5 common shares to be issued in exchange for each issued and outstanding share of common stock.**
5. Provisions:	The provisions, if any, for the issuance of fractional shares, or for the payment of money or the issuance of scrip to stockholders otherwise entitled to a fraction of a share and the percentage of outstanding shares affected thereby:
6. Provisions:	The required approval of the stockholders has been obtained.
7. Effective Date and time: (Optional)	Date: **12/17/2024** Time: (must not be later than 90 days after the certificate is filed)
8. Signature: (Required)	X **Nicholas Andolino** — Signature of Officer **Officer** — Title **12/17/2024** — Date

This form must be accompanied by appropriate fees.
If necessary, additional pages may be attached to this form.

Page 1 of 1
Revised: 1/1/2019

Page 1 of 1
JMR 17 OCT 2025

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

Filed in the Office of	Business Number
FVAguilar	E40345962024-0
	Filing Number
	20244034595
Secretary of State	Filed On
State Of Nevada	5/2/2024 8:00:00 AM
	Number of Pages
	2

ABOVE SPACE IS FOR OFFICE USE ONLY

Formation - Profit Corporation

☒ NRS 78 - Articles of Incorporation Domestic Corporation ☐ NRS 80 - Foreign Corporation ☐ NRS 89 - Articles of Incorporation Professional Corporation

☐ 78A Formation - Close Corporation

(Name of Close Corporation MUST appear in the below heading)

Articles of Formation of _____ **a close corporation (NRS 78A)**

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Name of Entity: (If foreign, name in home jurisdiction)

BioWound Solutions, Inc.

2. Registered Agent for Service of Process: (Check only one box)

☒ Commercial Registered Agent:(name only below) ☐ Noncommercial Registered Agent (name and address below) ☐ Office or Position with Entity (title and address below)

Corporate Creations Network Inc.
Name of Registered Agent **OR** Title of Office or Position with Entity

8275 South Eastern Avenue #200 | Las Vegas | Nevada | 89123
Street Address | City | Zip Code

Mailing Address (if different from street address) | City | Nevada | Zip Code

2a. Certificate of Acceptance of Appointment of Registered Agent:

I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.

x Tim Pratts-Special Secretary, Corporate Creations Network — 04/30/2024
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity — Date

3. Governing Board: (NRS 78A, close corporation only, check one box; if yes, complete article 4 below)

This corporation is a close corporation operating with a board of directors ☐ Yes **OR** ☐ No

4. Names and Addresses of the Board of Directors/ Trustees or Stockholders

(NRS 78: Board of Directors/ Trustees is required.

NRS 78a: Required if the Close Corporation is governed by a board of directors.

NRS 89: Required to have the Original stockholders and directors. A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing. See instructions)

1) Nicholas Andolino — United States
Name — Country

5475 S Decatur Blvd | Suite 100 | NV | 89118
Street Address | City | State | Zip/Postal Code

2)
Name — Country

Street Address | City | State | Zip/Postal Code

3)
Name — Country

Street Address | City | State | Zip/Postal Code

5. Jurisdiction of Incorporation: (NRS 80 only)

5a. Jurisdiction of incorporation:

5b. I declare this entity is in good standing in the jurisdiction of its incorporation. ☐

This form must be accompanied by appropriate fees.

pg 1 of 2 JMP
17 OCT 2025

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

Formation - Profit Corporation

Continued, Page 2

6. Benefit Corporation:
(For NRS 78, NRS 78A, and NRS 89, optional. See instructions.)

By selecting "Yes" you are indicating that the corporation is organized as a benefit corporation pursuant to NRS Chapter 78B with a purpose of creating a general or specific public benefit. The purpose for which the benefit corporation is created must be disclosed in the below purpose field.

Yes ☐

7. Purpose/Profession to be practiced:
(Required for NRS 80, NRS 89 and any entity selecting Benefit Corporation. See instructions.)

retail, e-commerce, and other lawful business

8. Authorized Shares:
(Number of shares corporation is authorized to issue

NRS 80: Must include copy of the most recently filed in home jurisdiction setting forth the authorized stock of the corporation.)

Please indicate the break down of all corporate shares and the par value.

Number of Authorized shares with Par value: 2,000,000 Par value: $ 0.0100000000

Number of Common shares with Par value: **2,000,000** Par value: $ **0.0100000000**

Number of Preferred shares with Par value: 0 Par value: $ 0.0000000000

Number of shares with no par value: 0

Foreign Corporations, NRS 80 only:

☐ This is a corporation is a unlimited stock corporation

☐ This is a corporation is a non-stock corporation.

If more than one class or series of stock is authorized, please attach the information on an additional sheet of paper.

9. Name and Signature of: Officer making the statement or Authorized Signer for NRS 80.

Name, Address and Signature of the Incorporator for NRS 78, 78A, and 89. NRS 89 - Each Organizer/ Incorporator must be a licensed professional.

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.

Evan Gray — Name

United States — Country

1 Alhambra Plaza Suite 1410 — Address

Coral Gables — City

FL — State

33134 — Zip/Postal Code

X _____

(attach additional page if necessary)

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:
(attach additional page(s) if necessary)

This form must be accompanied by appropriate fees.

Pg 2 of 2 JMR
ITOCT 2025

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

Initial List and State Business License Application

Initial List of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

BioWound Solutions, Inc.

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☒ Corporation

☐ This corporation is publicly traded, the Central Index Key number is:

Filed in the Office of	Business Number
FVAguilar	E40345962024-0
Secretary of State	Filing Number
State Of Nevada	20244034613
	Filed On
	5/2/2024 8:00:00 AM
	Number of Pages
	2

☐ Nonprofit Corporation (see nonprofit sections below)

☐ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership (If formed at the same time as the Limited Partnership)

☐ Business Trust

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.****

Pg 1 of 2
JmR 17OCT2025

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

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE PRESIDENT, OR EQUIVALENT OF: Title: President

Nicholas Andolino — Name
United States — Country
5475 S Decatur Blvd, Suite 100 — Address
Las Vegas — City
NV — State
89118 — Zip/Postal Code

CORPORATION, INDICATE THE SECRETARY, OR EQUIVALENT OF: Title: Secretary

Nicholas Andolino — Name
United States — Country
5475 S Decatur Blvd, Suite 100 — Address
Las Vegas — City
NV — State
89118 — Zip/Postal Code

CORPORATION, INDICATE THE TREASURER, OR EQUIVALENT OF: Title: Treasurer

Nicholas Andolino — Name
United States — Country
5475 S Decatur Blvd, Suite 100 — Address
Las Vegas — City
NV — State
89118 — Zip/Postal Code

CORPORATION, INDICATE THE DIRECTOR:

Nicholas Andolino — Name
United States — Country
5475 S Decatur Blvd, Suite 100 — Address
Las Vegas — City
NV — State
89118 — Zip/Postal Code

None of the officers or 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 _____

Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED.*

Attorney/Authorized Signer — **Title**

04/30/2024 — **Date**

Pg 2 of 2
JMR 17OCT2025

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Filed in the Office of	Business Number
F V Aguilar	**E40345962024-0**
	Filing Number
	20244536159
Secretary of State	Filed On
State Of Nevada	**12/17/2024 07:35:52 AM**
	Number of Pages
	1

Certificate of Change Pursuant to NRS 78.209

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

INSTRUCTIONS:

1. Enter the current name as on file with the Nevada Secretary of State and enter the Entity or Nevada Business Identification Number (NVID).

2. Indicate the current number of authorized shares and par value, if any, and each class or series before the change.

3. Indicate the number of authorized shares and par value, if any of each class or series after the change.

4. Indicate the change of the affected class or series of issued, if any, shares after the change in exchange for each issued share of the same class or series.

5. Indicate provisions, if any, regarding fractional shares that are affected by the change.

6. NRS required statement.

7. This section is optional. If an effective date and time is indicated the date must not be more than 90 days after the date on which the certificate is filed.

8. Must be signed by an Officer. Form will be returned if unsigned.

1. Entity Information:	Name of entity as on file with the Nevada Secretary of State: **Biowound Solutions, Inc.** Entity or Nevada Business Identification Number (NVID): **NV20243110329**
2. Current Authorized Shares:	The current number of authorized shares and the par value, if any, of each class or series, if any, of shares before the change: **2,000,000 common shares, par value $0.01 per share.**
3. Authorized Shares After Change:	The number of authorized shares and the par value, if any, of each class or series, if any, of shares after the change: **12,000,000 common shares, par value $0.01 per share.**
4. Issuance:	The number of shares of each affected class or series, if any, to be issued after the change in exchange for each issued share of the same class or series: **5 common shares to be issued in exchange for each issued and outstanding share of common stock.**
5. Provisions:	The provisions, if any, for the issuance of fractional shares, or for the payment of money or the issuance of scrip to stockholders otherwise entitled to a fraction of a share and the percentage of outstanding shares affected thereby:
6. Provisions:	The required approval of the stockholders has been obtained.
7. Effective Date and time: (Optional)	Date: **12/17/2024** Time: (must not be later than 90 days after the certificate is filed)
8. Signature: (Required)	**X** **Nicholas Andolino** — Signature of Officer **Officer** — Title **12/17/2024** — Date

This form must be accompanied by appropriate fees.
If necessary, additional pages may be attached to this form.

pg. 1 of 1
JMR 17OCT2025

FDA U.S. FOOD & DRUG ADMINISTRATION

HUMAN CELL AND TISSUE ESTABLISHMENT REGISTRATION - Public Query
Establishment Details

Establishment Name and Location

Current Status:	Registered
Last Annual Registration Year:	2025
FDA Establishment Identifier (FEI):	3034456223
Establishment Name:	BioWound Solutions Inc.
Address:	6823 W Post Road
	Suite 102
City:	Las Vegas
State:	Nevada
Zip:	89118
Country:	UNITED STATES
Phone:	661-312-4018

Establishment Functions

Types of HCT/Ps	Recover	Screen	Donor Testing	Package	Process	Store	Label	Distribute
Amniotic Membrane						☑		☑
Blood Vessel								
Bone								
Cardiac Tissue - non-valved								
Cartilage								
Cornea								
Dura Mater								
Embryo								
Fascia								
Heart Valve								
HPC Apheresis								
HPC Cord Blood								
Ligament								
Nerve Tissue								
Oocyte								
Ovarian Tissue								
Pancreatic Islet Cells - autologous								
Parathyroid								
Pericardium								
Peripheral Blood Mononuclear Cells								
Peritoneal Membrane								
Sclera								
Semen								
Skin						☑		☑

Tendon								
Testicular Tissue								
Tooth Pulp								
Umbilical Cord Tissue								

Establishment HCT/P Listing

Types of HCT/Ps	HCT/Ps Described in 21 CFR 1271.10	Proprietary Names
Amniotic Membrane	X	Mantle DL, Overlay SL, Renew FT, Amnio-Maxx, NeoStim SL, NeoStim DL, NeoStim TL, Acesso TL, Acesso AC, Membrane Wrap, Membrane Wrap Restore, Membrane Wrap Hydro, Membrane Wrap Lite, Tri-Membrane Wrap, Theramend, BioVair, Abiomend, Abiomend Xplus, PalinGen Xplus
Blood Vessel		
Bone	D	
Cardiac Tissue - non-valved		
Cartilage		
Cornea		
Dura Mater		
Embryo		
Fascia		
Heart Valve		
HPC Apheresis		
HPC Cord Blood		
Ligament		
Nerve Tissue		
Oocyte		
Ovarian Tissue		
Pancreatic Islet Cells - autologous		
Parathyroid		
Pericardium		
Peripheral Blood Mononuclear Cells		
Peritoneal Membrane		
Sclera		
Semen		
Skin	X	Derm-Maxx, Matrix HD
Tendon		
Testicular Tissue		
Tooth Pulp		
Umbilical Cord Tissue		

HCT/P Listing - Donor Information

Types of HCT/Ps	SIP	Directed	Anonymous	Autologous	Family Related
Embryo					
HPC Apheresis					
HPC Cord Blood					

Oocyte					
Peripheral Blood Mononuclear Cells					
Semen					

Print Date: 11/18/2025

Print This Page | Back To Query Criteria Screen | Back To Query Results Screen

Exit

eHCTERS v02.13.04
Updated 07/29/2024

Contact eHCTERS Technical Support | Online Help | Release Notes

Contact CBER | Contact FDA | Privacy

FDA Home Page | Accessibility | HHS Home Page | Vulnerability Disclosure Policy

FDA / Center for Biologics Evaluation and Research

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/27/2026

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
Connor & Gallagher Insurance Services, Inc.
750 Warrenville Rd.
Suite 400
Lisle IL 60532
License#: 100300162

CONTACT NAME: CGO Certificate Team
PHONE (A/C, No, Ext): 630-810-9100 **FAX (A/C, No):** 630-810-0100
E-MAIL ADDRESS: certs@gocgo.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Hartford Insurance Company	22357
INSURER B : Phoenix Insurance Company	25623
INSURER C : Travelers Property Casualty Insurance Company of A	25674
INSURER D : Farmington Casualty Company	41483
INSURER E :	
INSURER F :	

INSURED
Biowound Solutions, Inc.
6823 W Post Road
Las Vegas NV 89118
BIOWSOL-01

COVERAGES **CERTIFICATE NUMBER:** 1585190340 **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: POLICY [X] PRO-JECT [ ] LOC OTHER:		Y	630A2024013	11/15/2025	11/15/2026	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 $ Excluded $
D	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY [ ] SCHEDULED AUTOS X HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			BAA2025175	11/15/2025	11/15/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
C	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [X] RETENTION $ 10,000		Y	CUPA2025255	11/15/2025	11/15/2026	EACH OCCURRENCE AGGREGATE $	$ 5,000,000 $ 5,000,000 $
A	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		Y	83WECBN3B8E	1/1/2026	1/1/2027	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
C	MED-Product		Y	DCSB6468575-TIL-25	11/15/2025	11/15/2026	Per Occurrence Aggregate Deductible	15,000,000 15,000,000 50,000/250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Employment Practices Liability, PML0003763 00, 3/24/2025-9/3/2026: $2,000,000 Aggregate Limit
Directors & Officers Liability, PML0003763 00, 3/24/2025-9/3/2026: $2,000,000 Aggregate Limit
Crime, PML0003763 00, 3/24/2025-9/3/2026:: $500,000 Aggregate Limit
Professional Liability, ZPL31N84989, 11/15/2025-11/15/2026: $5,000,000 Aggregate Limit
Cyber, 817112026, 11/15/2025-11/15/2026: $2,000,000 Aggregate Limit

RE: 6823 W Post Road, Las Vegas, NV 89118

See Attached...

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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AGENCY CUSTOMER ID: BIOWSOL-01

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY Connor & Gallagher Insurance Services, Inc.	NAMED INSURED Biowound Solutions, Inc. 6823 W Post Road Las Vegas NV 89118
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Waiver of Subrogation applies to Additional Insureds with respects to General Liability, MedProduct Libility and Workers Compensation Policies when required in written contract. Umbrella Follows Form.

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Liberty Mutual.
SURETY

BOND RIDER

To be attached to and form a part of :

Bond No.: **999446438**

Cross Ref Bond No.: _____

Type of Bond: Pharmaceutical Wholesaler

Dated effective: October 15, 2025

Executed by: BioWound Solutions Inc.

_____ , as Principal,

And by: The Ohio Casualty Insurance Company , as Surety,

In favor of: Nevada State Board of Pharmacy

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to:

Changing: Principal Name and/or Address

From: BioWound Solutions Inc.

[redacted] Las Vegas, NV [redacted]

To: BioWound Solutions Inc.

6923 W Post Rd, Ste 102, Las Vegas, NV 89118

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

The Principal as changed by this Rider is the Principal as if it had been initially named the Principal when the bond was issued. The former Principal is hereby released and has no obligations with respect to the bond.

This rider is effective: December 4, 2025

Signed and Sealed on: December 9, 2025

Principal Name: BioWound Solutions Inc.

By: _____

Surety Name: The Ohio Casualty Insurance Company

By: Timothy A. Nicholajewski

THE OHIO CASUALTY INSURANCE COMPANY INCORPORATED 1919 NEW HAMPSHIRE

Agency Name: Connor & Gallagher Insurance Services, Inc.

Agency Address: 750 Warrenville Rd Ste 400, Lisle, IL 60532

Liberty Mutual. SURETY

POWER OF ATTORNEY

The Ohio Casualty Insurance Company

Principal: BioWound Solutions Inc.
Agency Name: Connor & Gallagher Insurance Services, Inc. Bond Number: 999446438
Obligee: Nevada State Board of Pharmacy
Bond Amount: ($100,000.00) One Hundred Thousand Dollars And Zero Cents

KNOW ALL PERSONS BY THESE PRESENTS: that The Ohio Casualty Insurance Company, a corporation duly organized under the laws of the State of New Hampshire (herein collectively called the "Company"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint **Timothy A. Mikolajewski** in the city and state of **Seattle, WA**, 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 Company in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of the Company has been affixed thereto this 9th day of December, 2025.

The Ohio Casualty Insurance Company

By: _____
Nathan J. Zangerle, Assistant Secretary

STATE OF PENNSYLVANIA
COUNTY OF MONTGOMERY ss

On this 9th day of December, 2025, before me personally appeared Nathan J. Zangerle, who acknowledged himself to be the Assistant Secretary of The Ohio Casualty 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 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-law and Authorizations of The Ohio Casualty Insurance Company, which is 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 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.

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 or electronic signatures of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, wherever appearing upon a certified copy of any power of attorney or bond issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of The Ohio Casualty Insurance Company do hereby certify that this power of attorney executed by said Company 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 Company this 9th day of December, 2025.

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.

eBonding_POA

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. **999446438**

Application/License No. _____

BioWound Solutions Inc.

Applicant/Principal

doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is [redacted] Las Vegas, NV [redacted]

Address of Applicant/Principal

as PRINCIPAL, and The Ohio Casualty Insurance Company, a

Surety Company

corporation organized under the laws of the state of New Hampshire

State of Incorporation

and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is

175 Berkeley Street, Boston, Massachusetts 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 October 15, 2025.

Effective Date

WHEREAS, the provisions of Nevada Revised Statue (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 17th day of November, 2025.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY COMPANY

Susan Vanek
Surety Company's Representative

Susan Vanek, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Kate Homerding
Witness

Daynah DeArcangelis
Witness

Countersigned by:

Nevada Resident Agent

LMS-21913 11/20

Posted February 20, 2020

Liberty Mutual SURETY

POWER OF ATTORNEY

The Ohio Casualty Insurance Company

Principal: BioWound Solutions Inc.
Agency Name: Connor & Gallagher Insurance Services, Inc. Bond Number: 999446438
Obligee: Nevada State Board of Pharmacy
Bond Amount: ($100,000.00) One Hundred Thousand Dollars And Zero Cents

KNOW ALL PERSONS BY THESE PRESENTS: that The Ohio Casualty Insurance Company, a corporation duly organized under the laws of the State of New Hampshire (herein collectively called the "Company") pursuant to and by authority herein set forth, does hereby name, constitute and appoint **Susan Vanek** in the city and state of **Lisle, 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 Company in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of the Company has been affixed thereto this 17th day of November, 2025.

The Ohio Casualty Insurance Company

By: _____
Nathan J. Zangerle, Assistant Secretary

STATE OF PENNSYLVANIA
COUNTY OF MONTGOMERY ss

On this 17th day of November, 2025, before me personally appeared Nathan J. Zangerle, who acknowledged himself to be the Assistant Secretary of The Ohio Casualty 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 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-law and Authorizations of The Ohio Casualty Insurance Company, which is 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 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.

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 or electronic signatures of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, wherever appearing upon a certified copy of any power of attorney or bond issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of The Ohio Casualty Insurance Company do hereby certify that this power of attorney executed by said Company 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 Company this 17th day of November, 2025.

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.

eBonding: POA

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 BioWound Solutions INC MDEG License # (if applicable) _____

Physical Address 6823 W Post Road, Suite 102

City Las Vegas State NV Zip 89118

Mailing Address (if different from physical address) [redacted]

City Las Vegas State NV Zip [redacted]

Telephone 661-312-4018 Website www.biowoundsolutions.com

Licensing Company Email information@biowound.com

Section 2: Personal Information

First John Middle Mark Last Rogers

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Las Vegas State NV Zip [redacted]

Telephone [redacted] Email mark@biowound.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: Brevard Senior High School			From - To (MM/YY – MM/YY): 08/1981 to 05/1985
Address: 609 N Country Club Road	City: Brevard	State: NC	Zip: 28712
Diploma/Degree obtained, if any: Diploma Recieved			
School Name: North Carolina State University			From - To (MM/YY – MM/YY): 08/1985 to 12/1989
Address: 1010 Main Campus Drive Ste 300	City: Raleigh	State: NC	Zip: 27606
Diploma/Degree obtained, if any:			
School Name: Furman University			From - To (MM/YY – MM/YY): 01/1990 -12/1991
Address: 3300 Pointsett Highway	City: Greenville	State: SC	Zip: 29613
Diploma/Degree obtained, if any: Pe-MBA Preparation Classes			
School Name: University of North Carolina Chapel Hill			From - To (MM/YY – MM/YY): 01/2000-09/2001
Address: 250 E Franklin Street	City: Chapel Hill	State: NC	Zip: 27514
Diploma/Degree obtained, if any: MBA			
School Name:			From - To (MM/YY – MM/YY
Address:	City:	State:	Zip:
Diploma/Degree obtained, if any:			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY): 05/2025-Present	Address: [redacted]	City: Henderson	State: NV	Zip: [redacted]
From - To (MM/YY – MM/YY): 08/2023-05/2025		City: Durham	State: NC	
From - To (MM/YY – MM/YY): 08/2022-08/2023		City: Scottsdale	State: AZ	
From - To (MM/YY – MM/YY): 08/2021-08/2022		City: Philadelphia	State: PA	
From - To (MM/YY – MM/YY): 04/2017-08/2021		City: Marietta	State: GA	
From - To (MM/YY – MM/YY): 04/2014-04/2017		City: Marietta	State: GA	
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:

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: BioWound Solutions				From - To (MM/YY – MM/YY): 05/2025 - Present
Business Address: 6823 W Post Road Suite 102		City: Las Vegas	State: NV	Zip: 89118
Phone: 661-312-4018	Title: Chief, Quality and Regulatory Officer			Number of Employed Hours: 2040
Description of Duties: Primary person responsible related to the dispensing and distribution of, and record keeping related to, all Doctor guided applications for Human Amniotic Tissue products in the treatment of Chronic Wounds. Was responsible for Medical Device				

Business Name: Merakris Therapeutics				From - To (MM/YY – MM/YY): 08/2023 - 05/2025
Business Address: 400 Park Office Drive		City: Research Tirangle Park	State: NC	Zip: 27709
Phone: 919-921-8105	Title: Vice President, Quality and Regulatory			Number of Employed Hours: 3,500
Description of Duties: Primary person responsible related to the dispensing and distribution of, and record keeping related to, all Doctor guided applications for Human Amniotic Tissue products in the treatment of Chronic Wounds. Was responsible for Medical Device				

Business Name: MiMedx				From - To (MM/YY – MM/YY): 01/2014 - 08/2021
Business Address: 1775 West Oak Commons Ct. NE		City: Marietta	State: GA	Zip: 30062
Phone: 888-543-1917	Title: Vice President, Global Quality and Regulatory Compliance			Number of Employed Hours: 14,280
Description of Duties: Primary person responsible related to the dispensing and distribution of, and record keeping related to, all Doctor guided applications for Human Amniotic Tissue products in the treatment of Chronic Wounds. Was responsible for Medical Device				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description 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.

N/A JMR

17 OCT 2025

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:

N/A JMP
17OCT2025

[signature] 17OCT 2025

Original Signature (electronic, copies or stamps not accepted) Date

I, John Mark Rogers, **certify that as the MDEG Administrator for** BioWound Solutions INC,

that I (initial that you have read and meet the following requirements):

1. JMR Have a high school diploma or its equivalent;
2. JMR 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. JMR 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. JMR 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 Mark Rogers

Print Name (First, Last)

John Mark Rogers

Original Signature (electronic, copies or stamps not accepted)

17OCT2025

Date

Board Use Only	Date Received: 11/25/25

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler BioWound Solutions

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 6823 W Post Road Suite 102

City Las Vegas State NV Zip 89118

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 661-312-4018 Website info@biowound.com

Licensing Company Email mark@biowound.com

Section 2: Personal Information

First John Middle Mark Last Rogers

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Las Vegas State NV Zip [redacted]

Telephone [redacted] Email mark@biowound.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)	
Brevard Senior High School		08/1981 to 05/1985	
Address	**City**	**State**	**Zip**
609 N Country Club Road	Brevard	NC	28712
Diploma/Degree obtained, if any			
Diploma Recieved			

School Name		From - To (MM/YY – MM/YY)	
North Carolina State University		08/1985 to 12/1989	
Address	**City**	**State**	**Zip**
1010 Main Campus Drive Ste 300	Raleigh	NC	27606
Diploma/Degree obtained, if any			
BS Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Furman University		01/1990-12/1991	
Address	**City**	**State**	**Zip**
3300 Pointsett Highway	Greenville	SC	29613
Diploma/Degree obtained, if any			
Pre-MBA preparation classes			

School Name		From - To (MM/YY – MM/YY)	
University of North Carolina Chapel Hill		01/2000 - 09/2001	
Address	**City**	**State**	**Zip**
250 E Franklin Street	Chapel Hill	NC	27514
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2025 - Present	[redacted]	Henderson	NV	[redacted]
08/2023 - 05/2025		Durham	NC	
08/2022 - 08/2023		Scottsdale	AZ	
08/2021- 08/2022		Philadelphia	PA	
04/2017 - 08/2021		Marietta	GA	
04/2014 - 04/2017		Marietta	GA	
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

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)	
BioWound Solutions			05/2025 - Present	
Business Address		**City**	**State**	**Zip**
6823 W Post Road Suite 102		Las Vegas	NV	89118
Phone	**Title**		**Number of Employed Hours**	
702-983-6658	Chief Quality and Regulatory Officer		2,040	
Description of Duties				
Primary person responsible related to the dispensing and distribution of, and record keeping related to, all Doctor guided applications for Human Amniotic Tissue products in the treatment of Chronic Wounds. Was responsible for Medical Device				

Business Name			From - To (MM/YY – MM/YY)	
Merakris Therapeutics			08/2023 - 05/2025	
Business Address		**City**	**State**	**Zip**
400 Park Office Drive		Research Triangle Park	NC	27709
Phone	**Title**		**Number of Employed Hours**	
919-921-8105	Vice President, Quality and Regulatory		3,500	
Description of Duties				
Primary person responsible related to the dispensing and distribution of, and record keeping related to, all Doctor guided applications for Human Amniotic Tissue products in the treatment of Chronic Wounds. Was responsible for Medical Device				

Business Name			From - To (MM/YY – MM/YY)	
MiMedx			01/2014 - 08/2021	
Business Address		**City**	**State**	**Zip**
1775 West Oak Commons Ct. NE		Marietta	GA	30062
Phone	**Title**		**Number of Employed Hours**	
888-543-1917	Vice President, Global Quality and Regulatory Compliance		14,280	
Description of Duties				
Primary person responsible related to the dispensing and distribution of, and record keeping related to, all Doctor guided applications for Human Amniotic Tissue products in the treatment of Chronic Wounds. Was responsible for Medical Device				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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.

NA JmR
17OCT2025

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to 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
JmR 17OCT2025

John Mark Rogers
Original Signature (electronic, copies or stamps not accepted)

17OCT2025
Date

I, John Mark Rogers, **certify that as the designated representative for** BioWound Solutions INC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JMR I am at least 21 years of age;
3. JMR 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. JMR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JMR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JMR 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. JMR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

John Mark Rogers

Print Name (First, Last)

John Mark Rogers

Original Signature (electronic, copies or stamps not accepted)

17 OCT 2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Mark Rogers
Print Name (First, Last)

John Mark Rogers
Original Signature (electronic, copies or stamps not accepted)

20 Nov 2025
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, John Mark Rogers, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

John Mark Rogers
Original Signature

20 Nov 2025
Date

Subscribed and Sworn to before me this 20 day of November 2025

Notary Public Signature

HANNAH ANDERSON
Notary Public, State of Nevada
Appointment No. 22-3791-01
My Appt. Expires May 26, 2026

(Seal)

Employee Id	First Name	Last Name
1	Brian	Backlund
2	Garrett	Andolino
3	Joseph	Andolino
4	David	Nix
5	Samuel	Ball
6	William	Lenz
8	James	Ball
9	Nicholas	Andolino
10	Louis	Roselli
11	Heather	Seals
12	Emily	Medina - Benitez
13	Aaron	Rosenberger
14	Bradley	Elliott
15	Jordyn	Derflinger
17	Olivia	Taylor
18	Shawn	DeFord
19	Jace	Lundgreen
20	Robert	Foulkes
21	Simone	Zavala
22	Lizbeth	Lucero
23	Davis	Lenz
24	Patrick	Atchity
26	Donald	Cowan
27	Audrey	McLeod
28	Marilu	Sanchez
29	Cornelia	Fanter
30	Terrence	Mabry
35	Josh	Davis
36	Colin	Nelson
37	Holly	Foulkes
39	Alan	Sanchez Gonzalez
40	Jonathan	Ledergerber
41	Nicholas	Andolino

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JMR
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42	Glenn	Falkenberg
43	Brandon	Stillman
44	Rose	Blalark
45	Richard	Palmer
46	Christopher	Monahan
47	Michael	Payne
48	Veronica	Lau
49	Jayme	Stewart
50	Bettina Rose	Aquino
51	Blake	Ruiz
52	Autumn	Stillman
53	Eric	Gilliland
54	Michael	Hullinger
55	Josh	Hartzell
56	Michael	Won
57	Phillip	Foshee
58	Joe	Muich
59	William	Roll
60	Maria	Namiatov
61	Mark	Hill
62	Allison	Shelor
63	Jeffrey	Woodrum
64	Vimoel	Parlero
66	Sarah	Harty
67	Elyce	Pincus-Frabotta
68	Allison	Boone
69	Beth	Brett
70	Demeterious	Joy
71	John	Call
72	Ari	Virtanen
73	Ginelle	Camara
74	William	Brown
75	Danny	Choi
76	Nimisha	Sabu

JME 7 OCT 2025

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77	Eric	Burcham
78	Kathleen	Blankenship
79	Jacob	Sisk
80	Taylor	Leonard
81	Jerica	Winfree-Ruiz
82	Sierra	Phillips
83	Adetokunbo	Douglas
84	Nazim	Wahab
85	John	Jackson
87	Maura	Berggren
88	Jason	Rogers
89	Adam	Lum
90	John	Rogers
91	Brigitte	Ledergerber
92	Cassandra	Carlo
93	Carla	Moreno
94	Nathan	Hullinger
95	Chris	Sweet
96	Alex	Kubal
97	BenefitsKE	Admin
98	Daryl	Reed
99	Brian	Kelly
100	Jennifer	Carollo
101	Gabriela	Suggs
102	Jason	Bagwill
103	Nicholas	Fultz
105	William	Taylor
106	Devin	Faktor
107	Brian	Warriner
108	Dominic	Denty
109	David	Scott
110	Jack	Riccardi
111	Lev	Karp
112	Jordan	Daniels

JMR 17OCT2025
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13

13A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE TO PRESCRIBE

Rev (01/05/2023)

What types of drug(s) will you be prescribing?

- ☒ Dangerous Drugs ONLY (Non-Refundable $80 Fee) (PR)
- ☐ Dangerous Drugs AND Controlled Substances (CS) I, II, III, IV and/or V (Non-Refundable $200 Fee) (CS)

  Select the Controlled Substance Schedules you are applying to prescribe

  ☐ Schedule I ☐ Schedule II ☐ Schedule III ☐ Schedule IV ☐ Schedule V

Section 1: Personal Information (NAC 639.850)

First: Ben Middle: _____ Last: Boyer

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted]

City: [redacted] State: [redacted] Zip Code: [redacted]

Telephone: [redacted] Email: [redacted]

APRN License #: APRN-CNP-6944764 Specialty: Family Medicine

(A **current license and active-PRESCRIBING status** with the Nevada State Board of Nursing is required to apply for and maintain a Prescribe or a CS Registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name: Telehealth-Intermountain Health-Connect Care

Practice Address: 5373 S Green St Suite #: _____

City: Murray State: UT Zip: 84123

Telephone: 801-408-5060 Fax: _____ Email: [redacted]

Section 3: NRS 632.237 (Complete this section if you are applying to also prescribe SCHEDULED II CS).

An advanced practice registered nurse may apply to prescribe CS listed in schedule II if they meet one of the following qualifications (please mark that apply):

☐ I have at least 2 years or 2,000 hours of clinical experience; OR

☐ The CS will be prescribed pursuant to a protocol approved by a collaborating physician. (If you marked this answer, provide the information as requested below per NAC 639.850.)

Collaborating Physician Name: _____

Collaborating Physician Practice Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 6: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ben Boyer

Applicant Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/17/2025

Date

COLLABORATING PHYSICIAN's name and signature per Section 3 of the application (if applicable):

Collaborating Physician's Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

Board Use Only: Date Processed: 11/17/25 Amount: $80 CC

March 14, 2026

Re: Ben Boyer, Disciplinary Action Report

To whom it may concern:

On February 2nd of 2012, [redacted] were the subject of an investigational audit by the Utah Division of Occupational and Professional Licensing (DOPL).

[redacted] serve a rural, generally underserved population. The disciplinary action was recommended by DOPL after their review of the organization's after-hours policy. Under the direction of the Medical and Pharmacy Directors, small (1 day supply), sample packets of pain medication and antibiotics were stored in a lock-box at the clinics for dispensing to patients seen after hours on an urgent basis. The lock-box was only accessible by providers and pharmacists at each clinic. The dispensing of these medications rarely occurred under my direction, but I did participate in the practice as a part of the clinic's policy. The practice was stopped the day of the audit.

Subsequently, I received a disciplinary Stipulation and Order from DOPL regarding the management of controlled substances at the clinic. The Stipulation and Order was a non-criminal, but unprofessional disciplinary action and reprimand against my license. No fine was issued nor restrictions placed on my license by DOPL. No suspension or probation of my license was ever issued and I have continued practicing without further incident. I left that practice in July 2023 and have been with my current practice since then, also without any incident. To my knowledge, I am also currently credentialed with all required insurances for my current practice.

The Stipulation and Order (Case No. DOPL 2013-443) was adopted and signed by John Swallow, Attorney General, on October 15, 2013 and Mark Steinagel, Director of DOPL, on October 16, 2013.

Sincerely,

Ben Boyer, FNP-BC

[redacted]

L. MITCHELL JONES (U.S.B. 5979)
Assistant Attorney General
JOHN E. SWALLOW (U.S.B. 5802)
Attorney General
Commercial Enforcement Division
Heber M. Wells Building
Box 146741
Salt Lake City, UT 84114-6741
TEL: (801) 366-0310

BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

OF THE DEPARTMENT OF COMMERCE

OF THE STATE OF UTAH

IN THE MATTER OF THE LICENSES OF **BEN PETER BOYER** TO PRACTICE AS AN ADVANCED PRACTICE REGISTERED NURSE AND TO ADMINISTER AND PRESCRIBE CONTROLLED SUBSTANCES IN THE STATE OF UTAH	))))))))	**STIPULATION AND ORDER** CASE NO. DOPL 2013-443

BEN PETER BOYER ("Respondent") and the **DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING** of the Department of Commerce of the State of Utah ("Division") stipulate and agree as follows:

1. Respondent admits the jurisdiction of the Division over Respondent and over the subject matter of this action.

2. Respondent acknowledges that Respondent enters into this Stipulation knowingly and voluntarily.

3. Respondent understands that Respondent has the right to be represented by counsel in this matter and Respondent's signature below signifies that Respondent has either consulted with an attorney or Respondent waives Respondent's right to counsel in this matter.

4. Respondent understands that Respondent is entitled to a hearing before the State of Utah's Board of Nursing ("the Board"), or other Division Presiding Officer, at which time Respondent may present evidence on Respondent's own behalf, call witnesses, and confront adverse witnesses. Respondent understands that by signing this document Respondent hereby waives the right to a hearing, the right to present evidence on Respondent's own behalf, the right to call witnesses, the right to confront adverse witnesses, and any other rights to which Respondent may be entitled in connection with said hearing. Respondent understands that by signing this document Respondent hereby knowingly and intelligently waives the right to all administrative and judicial review as set forth in §§ 63G-4-301 through 63G-4-405, and Utah Administrative Code R151-46b-12 through R151-46b-15. Respondent and the Division hereby express their intent that this matter be resolved expeditiously through stipulation as contemplated in Utah Code Ann. § 63G-4-102(4).

5. Respondent waives the right to the issuance of a Petition and a Notice of Agency Action in this matter.

6. Respondent acknowledges that this Stipulation and Order, if adopted by the Director of the Division, will be classified as a public document. The Division may release this Stipulation and Order, and will release other information about this disciplinary action against Respondent's license, to other persons and entities.

7. Respondent admits the following facts are true:

a. Respondent was first licensed to practice as an advanced practice registered nurse and to administer and prescribe controlled substances in the State of Utah on or about September 18, 2008.

b. Between on or about February 2, 2009 and on or about February 2, 2012, Respondent was an employee at [redacted] On multiple occasions, Respondent wrote prescriptions for controlled substances and legend drugs, with [redacted] listed on the prescriptions as the recipient of the drugs. The prescriptions were filled at Cache Valley Center Pharmacy, a pharmacy associated with Respondent's employer.

c. The drugs obtained via the prescriptions described above were stored by Respondent at Cache Valley Community Health Center for subsequent dispensing by Respondent to Respondent's patients.

d. Respondent is not licensed to dispense controlled substances or legend drugs in the State of Utah.

8. Respondent admits that Respondent's conduct described above is unprofessional conduct as defined in Utah Code Ann. § 58-1-501(2)(a) and (h), and unlawful conduct as defined in Utah Code Ann. § 58-1-501(1)(a) §§ 58-17b-101 through 701, § 58-37-6(2)(a)(i), and § 58-37-7(c). Further Respondent agrees by engaging in such conduct the Division is justified in taking disciplinary action against Respondent's license pursuant to Utah Code Ann. § 58-1-401(2)(a) and (b). Respondent agrees that an Order, which constitutes disciplinary action against Respondent's license by the Division pursuant to Utah Administrative Code R156-1-102(6) and Utah Code Ann. § 58-1-401(2), may be issued in this matter providing for the following action against Respondent's license:

a. Respondent licenses shall be publicly reprimanded for the conduct described above.

b. Respondent shall ceased and desist from the conduct described in paragraph 7 above. Respondent understands that failure to comply with this Order may subject Respondent to a civil penalty of up to $2,000 (two-thousand dollars) for each day the order is violated pursuant to Utah Code Ann. § 58-1-503(1).

9. This Stipulation and Order, upon approval by the Director of the Division, shall be the final compromise and settlement of this non-criminal administrative matter. Respondent acknowledges that the Director is not required to accept the terms of this Stipulation and Order and that if the Director does not do so, this Stipulation and the representations contained therein shall be null and void, except that the Division and the Respondent waive any claim of bias or prejudgment they might otherwise have with regard to the Director by virtue of the Director having reviewed this Stipulation, and this waiver shall survive such nullification.

10. Respondent agrees to abide by and comply with all applicable federal and state laws, regulations, rules and orders related to the Respondent's licensed practice.

11. This document constitutes the entire agreement between the parties and supersedes and cancels any and all prior negotiations, representations, understandings or agreements between the parties regarding the subject of this Stipulation and Order. There are no verbal agreements that modify, interpret, construe or affect this Stipulation. Respondent agrees not to take any action or make any public statement, that creates, or tends to create, the impression that any of the matters set forth in this Stipulation and Order are without factual basis. A public statement includes statements to one or more Board members during a meeting of the Board. Any such action or statement shall be considered a violation of this Stipulation and Order.

12. The accompanying Order becomes effective immediately upon the approval of this Stipulation and signing of the Order by the Division Director. Respondent must comply with all

the terms and conditions of this Stipulation immediately following the Division Director's signing of the Order page of this Stipulation and Order. Respondent shall complete all the terms and conditions contained in the Stipulation and Order in a timely manner. If a time period for completion of a term or condition is not specifically set forth in the Stipulation and Order, Respondent agrees that the time period for completion of that term or condition shall be set by the Board. Failure to complete a term or condition in a timely manner shall constitute a violation of the Stipulation and Order and may subject Respondent to revocation or other sanctions.

13. If Respondent violates any term or condition of this Stipulation and Order, the Division may take action against Respondent, including imposing appropriate sanction, in the manner provided by law. Such sanction may include revocation or suspension of Respondent's license, or other appropriate sanction.

14. Respondent understands that the disciplinary action taken by the Division in this Stipulation and Order may adversely affect any license that Respondent may possess in another state or any application for licensure Respondent may submit in another state.

15. Respondent has read each and every paragraph contained in this Stipulation and Order. Respondent understands each and every paragraph contained in this Stipulation and Order. Respondent has no questions about any paragraph or provision contained in this Stipulation and Order.

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

BY: _____
DEBRA F. HOBBINS, DNP, APRN, LSUDC
Bureau Manager

DATE: 10/15/13

RESPONDENT

BY: _____
BEN PETER BOYER
Respondent

DATE: 10/11/13

JOHN E. SWALLOW
ATTORNEY GENERAL

BY: _____
L. MITCHELL JONES
Counsel for the Division

DATE: 15 Oct 2013

ORDER

THE ABOVE STIPULATION, in the matter of **BEN PETER BOYER,** is hereby approved by the Division of Occupational and Professional Licensing, and constitutes my Findings of Fact and Conclusions of Law in this matter. The issuance of this Order is disciplinary action pursuant to Utah Administrative Code R156-1-102(6) and Utah Code Ann. § 58-1-401(2). The terms and conditions of the Stipulation are incorporated herein and constitute my final Order in this case.

DATED this 16th day of October, 2013.

DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

MARK B. STEINAGEL
Director

Investigator. Brittany Butsch

ViewReportHeaderTitle

Primary Source Board of Nursing Report Summary for

BEN P BOYER [NCSBN ID: 11550613]

Wednesday, March 11 2026 11:07:37 AM

The legend below provides details related to the statuses for advanced practice registered nurses (APRNs) only

Active– *ascribed to APRNs who meet the requirements for licensure, but do not meet the requirements, or have not applied for, prescribing privileges.*

Active Prescribing– *ascribed to all APRNs who have been granted authority to prescribe all legend drugs and may include Schedule CIII-V*

Active Prescribing – CII – *ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and is not required to protocol with a collaborative physician.*

Active Prescribing-CII-COLL – *ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and have provided his/her current protocol with a collaborative physician.*

Active Prescribing -D– *ascribed to all APRNs who have been granted authority to prescribe and dispense all legend drugs and may include Schedule CIII-V*

Active Prescribing – CII – D *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, and is to obtain a protocol with a collaborative physician.*

Active Prescribing-CII-COLL –D *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, an provided a copy of his/her current protocol with a collaborative physician.*

APRNs must also apply with the Nevada State Board of Pharmacy and/or DEA before they can prescribe in Nevada.

If an APRN wishes to remove the protocol requirement they must submit a letter on letterhead from their employer to the Nevada State Board of Nursing ve they have worked a minimum of 2 years or 2,000 hours as an APRN.

Details related to License / Certificate Status can be found at the bottom of this page.

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
BOYER, BEN P	RN	894764	Inactive	10/09/2025	03/02/2026	NO

Primary Source Board of Nursing Messages & Notifications

- This temporary license is issued until the applicant meets all of the licensure requirements for a permanent license. A temporary license may not be extended or renewed.

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
BOYER, BEN P	APRN-CNP	894764	Inactive	10/20/2025	03/02/2026	NO

Primary Source Board of Nursing Messages & Notifications

- This temporary license is issued until the applicant meets all of the licensure requirements for a permanent license. A temporary license may not be extended or renewed.

Advanced Practice license/recognition information

- **Population Focus / Specialty:**
  - Focus/Specialty: Family Across the Lifespan
  - Has discipline: NO
  - Expiration Date: 03/02/2026
  - Original Issuance Date: 10/20/2025
  - Current Issue Date: 10/20/2025
  - Certification expiration date: 09/15/2028

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
BOYER, BEN P	RN	894764	Active	03/02/2026	03/30/2028	NO

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
BOYER, BEN P	APRN-CNP	894764	Active - Prescribing	03/02/2026	03/30/2028	NO

Advanced Practice license/recognition information

- **Population Focus / Specialty:**
  - Focus/Specialty: Family Across the Lifespan
  - Has discipline: NO
  - Expiration Date: 03/30/2028
  - Original Issuance Date: 03/02/2026
  - Current Issue Date: 03/02/2026
  - Certification expiration date: 09/15/2028

License type information

- RN: Registered Nurse
- PN: Practical Nurse (also known as LPN, VN, LVN)
- CNP: Certified Nurse Practitioner
- CNS: Clinical Nurse Specialist
- CNM: Certified Nurse Midwife
- CRNA: Certified Registered Nurse Anesthetist
- EMS RN: Emergency Medical Services Registered Nurse
- ICNA: Certified Nurse Assistant – Instructor
- IMAC: Medication Aide Certified – Instructor
- MAC: Medication Aide Certified

13B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE TO PRESCRIBE

Rev (01/05/2023)

[redacted]

What types of drug(s) will you be prescribing?

☐ Dangerous Drugs ONLY **(Non-Refundable $80 Fee) (PR)**

☒ Dangerous Drugs AND Controlled Substances (CS) I, II, III, IV and/or V **(Non-Refundable $200 Fee) (CS)**

Select the Controlled Substance Schedules you are applying to prescribe

☐ Schedule I ☐ Schedule II ☐ Schedule III ☐ Schedule IV ☐ Schedule V

Section 1: Personal Information (NAC 639.850)

First: kate Middle: _____ Last: Cordisco

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Home Address: [redacted]

City: [redacted] State: [redacted] Zip Code: [redacted]

Telephone: [redacted] Email: [redacted]

APRN License #: 833090 Specialty: Family

(A current license and active-PRESCRIBING status with the Nevada State Board of Nursing is required to apply for and maintain a Prescribe or a CS Registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name: Open Loop

Practice Address: 317 6th Ave Suite #: 400

City: Des Moines State: IA Zip: 50309

Telephone: 855 597 1248 Fax: _____ Email: [redacted]

Section 3: NRS 632.237 (Complete this section if you are applying to also prescribe SCHEDULED II CS).

An advanced practice registered nurse may apply to prescribe CS listed in schedule II if they meet one of the following qualifications (please mark that apply):

☒ I have at least 2 years or 2,000 hours of clinical experience; OR

☐ The CS will be prescribed pursuant to a protocol approved by a collaborating physician. (If you marked this answer, provide the information as requested below per NAC 639.850.)

Collaborating Physician Name: _____

Collaborating Physician Practice Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 6: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 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:

I have never been subject to disciplinary action by any Board of Nursing or licensing authority. There is currently an ongoing Delaware Board of Nursing investigation related to RNs mixing IV formulations within a clinic setting. In my role as a Nurse Practitioner employed by Restore Hyper Wellness, the protocols I followed did not permit or involve mixing IV formulations. At this time, no findings or disciplinary actions have been issued against my license.

Post & Schell P.C.
ATTORNEYS AT LAW

[redacted]

Evan Sampson
[redacted]

April 10, 2026

Nevada State Board of Nursing
5820 S. Eastern Ave.
Suite 200
Las Vegas, NV 89119

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Re: Kate Cordisco (the "Licensee")
Registered Nurse License No. 833090
Nurse Practitioner License No. 833090

Dear Sir/Madam,

This firm represents the Licensee with regard to the subject matter described below.

At this time, the Licensee is subject to an investigation conducted by Delaware Division of Professional Regulation concerning compounding and dispensing practices at a practice location of her employer in Delaware (the "Investigation"). It is unclear why the Licensee was named as a subject of the Investigation. The Licensee treated patients at the Delaware practice via telehealth only, and did not physically engage in mixing, altering, or combining preparations for administration to patients, nor did she physically dispense any medications. To date, there have been no allegations of adverse patient outcomes at the Delaware practice concerning the Licensee.

It should be noted that no final adverse disciplinary decision has been rendered against the Licensee as the Investigation is still pending. Our firm intends to vigorously defend the Licensee from any allegations related to the Investigation – as described above, the allegations have no merit.

Please contact the undersigned at [redacted] with any questions. Thank you.

Very truly yours,

Evan Sampson

EMS/ms

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved, I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kate Cordisco

Applicant Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/14/2026

Date

COLLABORATING PHYSICIAN's name and signature per Section 3 of the application (if applicable):

Collaborating Physician's Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

Board Use Only: Date Processed: Amount:

ViewReportHeaderTitle

Primary Source Board of Nursing Report Summary for

KATE CORDISCO [NCSBN ID: 5613827]

Wednesday, April 22 2026 01:17:47 PM

The legend below provides details related to the statuses for advanced practice registered nurses (APRNs) only

Active– *ascribed to APRNs who meet the requirements for licensure, but do not meet the requirements, or have not applied for, prescribing privileges.*

Active Prescribing– *ascribed to all APRNs who have been granted authority to prescribe all legend drugs and may include Schedule CIII-V*

Active Prescribing – CII – *ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and is not required to c protocol with a collaborative physician.*

Active Prescribing-CII-COLL – *ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and have providec his/her current protocol with a collaborative physician.*

Active Prescribing -D– *ascribed to all APRNs who have been granted authority to prescribe and dispense all legend drugs and may include Schedule CIII-V*

Active Prescribing – CII – D *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, and is to obtain a protocol with a collaborative physician.*

Active Prescribing-CII-COLL –D *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, an provided a copy of his/her current protocol with a collaborative physician.*

APRNs must also apply with the Nevada State Board of Pharmacy and/or DEA before they can prescribe in Nevada.

If an APRN wishes to remove the protocol requirement they must submit a letter on letterhead from their employer to the Nevada State Board of Nursing ve they have worked a minimum of 2 years or 2,000 hours as an APRN.

Details related to License / Certificate Status can be found at the bottom of this page.

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
CORDISCO, KATE	RN	833090	Inactive	07/31/2020	12/22/2020	NO

Primary Source Board of Nursing Messages & Notifications

- This temporary license is issued until the applicant meets all of the licensure requirements for a permanent license. A temporary license may not be extended or renewed.

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
CORDISCO, KATE	RN	833090	Active	12/22/2020	12/01/2026	NO

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
CORDISCO, KATE	APRN-CNP	833090	Active Prescribing - CII	01/25/2021	12/01/2026	NO

Advanced Practice license/recognition information

- **Population Focus / Specialty:**
  - Focus/Specialty: Family Across the Lifespan
  - Has discipline: NO
  - Expiration Date: 06/01/2026
  - Original Issuance Date: 01/25/2021
  - Current Issue Date: 06/03/2024
  - Certification expiration date: 09/18/2023

License type information

- RN: Registered Nurse
- PN: Practical Nurse (also known as LPN, VN, LVN)
- CNP: Certified Nurse Practitioner
- CNS: Clinical Nurse Specialist
- CNM: Certified Nurse Midwife
- CRNA: Certified Registered Nurse Anesthetist
- EMS RN: Emergency Medical Services Registered Nurse
- iCNA: Certified Nurse Assistant – Instructor
- iMAC: Medication Aide Certified – Instructor
- MAC: Medication Aide Certified

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

[redacted]

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE TO PRESCRIBE

Rev (01/05/2023)

What types of drug(s) will you be prescribing?

☒ Dangerous Drugs ONLY (Non-Refundable $80 Fee) (PR)

☐ Dangerous Drugs AND Controlled Substances (CS) I, II, III, IV and/or V (Non-Refundable $200 Fee) (CS)
Select the Controlled Substance Schedules you are applying to prescribe

☐ Schedule I ☐ Schedule II ☐ Schedule III ☐ Schedule IV ☐ Schedule V

Section 1: Personal Information (NAC 639.850)

First: KATE Middle: Michelle Last: Cordisco

Date of Birth: [redacted] SSN or ITIN: 160 66 2101 Sex: ☐ M ☒ F ☐ X

Home Address: [redacted]

City: [redacted] State: [redacted] Zip Code: [redacted]

Telephone: [redacted] Email: [redacted]

APRN License #: 833090 Specialty: Family

(A current license and active-PRESCRIBING status with the Nevada State Board of Nursing is required to apply for and maintain a Prescribe or a CS Registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name: OPEN LOOP

Practice Address: 317 6th Ave Suite #: 400

City: Des Moines State: IA Zip: 50309

Telephone: (515) 864-0259 Fax: _____ Email: [redacted]

Section 3: NRS 632.237 (Complete this section if you are applying to also prescribe SCHEDULED II CS). N/A

An advanced practice registered nurse may apply to prescribe CS listed in schedule II if they meet one of the following qualifications (please mark that apply):

☐ I have at least 2 years or 2,000 hours of clinical experience; OR

☐ The CS will be prescribed pursuant to a protocol approved by a collaborating physician. (If you marked this answer, provide the information as requested below per NAC 639.850.)

Collaborating Physician Name: _____

Collaborating Physician Practice Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 6: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	X	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

I have included the response from my attorney, Evan Sampson. As the letter states we are unsure why I was named in the investigation

Thank you,
Kate Cordisco, NP

Original Signature (electronic, copies or stamps not accepted)

Date 4/14/26

Post & Schell P.C.
ATTORNEYS AT LAW

[redacted]

April 10, 2026

Nevada State Board of Nursing
5820 S. Eastern Ave.
Suite 200
Las Vegas, NV 89119

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Re: Kate Cordisco (the "Licensee")
Registered Nurse License No. 833090
Nurse Practitioner License No. 833090

Dear Sir/Madam,

This firm represents the Licensee with regard to the subject matter described below.

At this time, the Licensee is subject to an investigation conducted by Delaware Division of Professional Regulation concerning compounding and dispensing practices at a practice location of her employer in Delaware (the "Investigation"). It is unclear why the Licensee was named as a subject of the Investigation. The Licensee treated patients at the Delaware practice via telehealth only, and did not physically engage in mixing, altering, or combining preparations for administration to patients, nor did she physically dispense any medications. To date, there have been no allegations of adverse patient outcomes at the Delaware practice concerning the Licensee.

It should be noted that no final adverse disciplinary decision has been rendered against the Licensee as the Investigation is still pending. Our firm intends to vigorously defend the Licensee from any allegations related to the Investigation – as described above, the allegations have no merit.

Please contact the undersigned at [redacted] with any questions. Thank you.

Very truly yours,

Evan Sampson

EMS/ms

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kate Cordisco

Applicant Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/16/26

Date

COLLABORATING PHYSICIAN's name and signature per Section 3 of the application (if applicable):

Collaborating Physician's Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

Board Use Only: Date Processed: 4/20/26 Amount: $80cc ✓

13C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE TO PRESCRIBE

Rev (01/05/2023)

[redacted]

What types of drug(s) will you be prescribing?

☒ Dangerous Drugs ONLY (**Non-Refundable $80 Fee**) (PR)

☐ Dangerous Drugs AND Controlled Substances (CS) I, II, III, IV and/or V (**Non-Refundable $200 Fee**) (CS)

Select the Controlled Substance Schedules you are applying to prescribe

☐ Schedule I ☐ Schedule II ☐ Schedule III ☐ Schedule IV ☐ Schedule V

Section 1: Personal Information (NAC 639.850)

First: Samantha Middle: R. Last: Turcotte

Date of Birth: [redacted] SSN or ITIN [redacted] Sex: ☐ M ☒ F ☐ X

Home Address: [redacted]

City: [redacted] State: [redacted] Zip Code: [redacted]

Telephone: [redacted] Email: [redacted]

APRN License #: 892864 Specialty: _____

(A current license and active-PRESCRIBING status with the Nevada State Board of Nursing is required to apply for and maintain a Prescribe or a CS Registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name: Aesthetic Haven Health & Beauty

Practice Address: 300 Industrial Way, Floor 3 Suite #: 4, Room 4

City: Tiverton State: RI Zip: 02878

Telephone: 401-535-6104 Fax: 401-340-1885 Email: [redacted]

Section 3: NRS 632.237 (Complete this section if you are applying to also prescribe SCHEDULED II CS).

An advanced practice registered nurse may apply to prescribe CS listed in schedule II if they meet one of the following qualifications (please mark that apply):

☐ I have at least 2 years or 2,000 hours of clinical experience; OR

☐ The CS will be prescribed pursuant to a protocol approved by a collaborating physician. (If you marked this answer, provide the information as requested below per NAC 639.850.)

Collaborating Physician Name: _____

Collaborating Physician Practice Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 6: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Samantha Turcotte

Applicant Print Name (First, Last)

Samantha Turcotte

Original Signature (electronic, copies or stamps not accepted)

2/14/26

Date

COLLABORATING PHYSICIAN's name and signature per Section 3 of the application (if applicable):

Collaborating Physician's Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

Board Use Only: Date Processed: 3/12/26 Amount: $80 CK 119

Department of Health
Three Capitol Hill
Providence, RI 02908-5097

TTY: 711
www.health.ri.gov

November 19, 2024

V. Edward Formisano, Esq.
Formisano and Company
100 Midway Place
Suite 1
Cranston, RI 02920

Email: edf@formisanoandcompany.com

RE: BOARD OF NURSE REGULATION AND NURSING EDUCATION §5-34-4
Samantha Turcotte; C24-0042A

Dear Attorney Formisano:

The Rhode Island Department of Health (Department) Investigation Unit and the Board of Nurse Registration and Nursing Education (Board) has concluded their investigation regarding the complaint filed against your client's advanced practice registered nurse license.

After careful review and evaluation, the Board has decided to Administratively Close the complaint without prejudice, as the investigation did not reveal reasonable ground upon which to establish activity that is in violation of §5-34-4 et seq., of the Rhode Island General Laws and the Rules and Regulations promulgated thereunder.

This matter is now considered closed.

Sincerely,

Lynda D'Alessio

Lynda D'Alessio, MSN, RN
Director
Rhode Island Board of Nurse Registration and Nursing Education

June 26, 2024

VIA EMAIL [redacted]
[redacted] Director of HR – Employee Experience and Engagement
[redacted]

RE: Samantha Turcotte

Dear Ms. [redacted]

Please be advised that I represent Ms. Turcotte regarding issues that transpired following her termination from Thundermist Health Center ("Thundermist"). At this juncture, Ms. Turcotte requests that you withdraw Thundermist's complaint with (need name of agency. The request for withdrawal is appropriate because paragraphs 4 through 7 are not applicable to (name of agency) and because Ms. Turcotte rebuts all other allegations listed in the complaint.

Ms. Turcotte's concerns about the allegations in the complaint are amplified by the timeline provided. In the complaint, the incidents cited go months back and Ms. Turcotte was not given any notice of these incidents before her termination on November 15, 2023. Ms. Turcotte rebuts the following paragraphs:

1. Standards of Care Issues: A Vivitrol patient was not started on oral medication before Vivitrol. RN asked three times for the provider to go in and see the patient, but the provider refused stating "patient stinks."

Ms. Turcotte denies this allegation and asserts that this is a falsified report from the management team. She denies commenting on a patient's personal hygiene, and clarifies that oral Naltrexone is not required before using Vivitrol. The patient was hesitant to start Vivitrol and collectively the discussion was made not to administer the Vivitrol on the referenced day because of patient concerns.

2. Documentation: Falsifying documentation: The provider stated they saw and examined a patient in person but did not. Reviewed 4 patients charts where noted provider either did not come into visit and the provider documented the visits were in-person visits/physically examined patients, but visits were either changed to phone or the provider just called the patient later.

Ms. Turcotte denies this allegation and asserts that there was no instance where a patient chart was altered "maliciously" or "purposely" by the providers team. Virtual scribes were implemented at Thundermist during the summer of 2023. However, due to the noisy work environment errors have occurred when using the scribes. Scribes are unable to tell whether patients are on the phone or in-person because of the noise level, which contributes to the discrepancies for appointments being put in person. Throughout Ms. Turcotte's time at Thundermist, scribes, the front desk, and MAs/RNs have edited Ms. Turcotte's schedule and documents without her knowledge.

3. Falsifying credentials: MA reported, and Nurse Leadership corroborated provider changed the visit type of a 9:40 appointment, through the M's electronic medical record profile. The provider admitted to using another employee's computer and ECW credentials to change visit information. Provider reports, "This happens all the time."

Ms. Turcotte denies stating that, "this happens all the time," however, she did explain that it is common for people to mix up the laptops because they are identical models. Ms. Turcotte asserts that she did not falsify credentials but made an honest mistake that occurred because both computers were open to the same page and the computers are identical. The medical assistant and Ms. Turcotte ensured the visit was changed back properly. After Ms. Turcotte changing the visit back with the MA, she ensured under her credentials that it was corrected to an in person visit as it should be.

4. Moonlighting: The provider did not disclose two other businesses/places the provider practices including a spa and telehealth service. This is a violation of company policy.

Ms. Turcotte denies this allegation and asserts that she did disclose her work with her own business, Aesthetic Haven, LLC ("Haven"). Her work at Haven was approved by Jeanne LaChance, CEO of Thundermist. In the one and half years that Ms. Turcotte worked at Thundermist, her work at Haven had no effect on her work. While Ms., Turcotte rebuts these allegations, they are not applicable to (need name of agency), therefore, should not be used in any complaint to them.

5. Conflicts of Interest: Personal businesses interfering with Thundermist time and on Thundermist property. Sesame online provider telehealth service, availability on the site is at the same time the provider is expected to be working at Thundermist. Witness statements from pod mates disclosing the provider talks to outside patients while at Thundermist.

Ms. Turcotte denies all of these allegations and asserts that she never performed Haven work while on Thundermist time. Ms. Turcotte asserts the phone conversation about weight loss is inaccurate. Ms. Turcotte has discussed weight loss injectables with patients at Thundermist, and all phone calls that she took in her pod were related to Thundermist. As for the November 10th visit that was alleged, Ms. Turcotte never had anyone come to Thundermist for Haven as she was scheduled to work that day and did not have any lunch breaks. All of her patients are aware that she has a full-time job, so they would not come into Thundermist requesting to speak to her. Regardless if someone did ask for Ms. Turcotte, this paragraph should not be included in (need name of agency) complaint because it is not applicable.

6. Workplace Intimidation: Pod mates reported that the provider approached employees when they have brought forth concerns to management about the provider.

Ms. Turcotte denies this allegation and asserts that it is a mischaracterization of the interaction that she had with her co-worker. Ms. Turcotte brought a complaint to nurse managers [redacted] (need last name) and [redacted] regarding a pod co-worker. Ms. Turcotte found it difficult to work because of her co-worker's tone and how disrespectful he was when he spoke to patients. To address this concern, she messaged Ms. Cruz and Ms. (need last name) on Tiger (Thundermist's instant messaging platform) about her issues and they told her, "Please speak to him yourself before management gets involved." While these allegations are false, it is not applicable to (need name of agency) and should not be included in a complaint.

7. Violation of Suspension: The reported provider reached out to employees following their suspension - knowing the letter stated not to reach out. Provider admitted to reaching out to MA before suspension and another RN on a personal note. Upon investigation, the provider reached out to other employees. The provider was trying to get further information regarding the employee guidebook.

Ms. Tucotte denies this allegation and asserts that this allegation is not applicable to the Department of Health; therefore, it should not be included in the complaint.

Ms. Turcotte was targeted working at Thundermist and is blindsided by her termination and the complaint filed against her. She was not made aware of any of these issues or incidents before her termination. Ms. Turcotte's concerns come from the fact that if there were genuine incidents or issues they should have been used as teaching opportunities. These concerns are further compounded due to the fact that Ms. Turcotte is held in high esteem with her patients and co-workers. The paragraphs listed in the termination letter and the complaint to (need name of agency) are honest mistakes or false and mischaracterize Ms. Turcotte and her work with Thundermist.

Based on the false statements, mischaracterizations, and the unapplicable nature of four of the paragraphs, Ms. Turcotte requests that the complaint be withdrawn from the Health Department. She requests an immediate withdrawal of the complaint because of the false allegations included that are harmful both to Ms. Turcotte's professional and personal reputation.

Please advise me within seven (7) days of the date of this letter if Thundermist is willing to withdraw its complaint with (name of agency) or whether it will be necessary to initiate formal legal action.

I appreciate your attention to this matter and look forward to speaking with you in the near future.

Very truly yours,

V. Edward Formisano

VEF/dml
cc: Samantha Turcotte [redacted]

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Primary Source Board of Nursing Report Summary for

SAMANTHA TURCOTTE [NCSBN ID: 23327816]

Friday, March 13 2026 10:39:53 AM

The legend below provides details related to the statuses for advanced practice registered nurses (APRNs) only

Active– *ascribed to APRNs who meet the requirements for licensure, but do not meet the requirements, or have not applied for, prescribing privileges.*

Active Prescribing– *ascribed to all APRNs who have been granted authority to prescribe all legend drugs and may include Schedule CIII-V*

Active Prescribing – CII – *ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and is not required to c protocol with a collaborative physician.*

Active Prescribing-CII-COLL – *ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and have provided his/her current protocol with a collaborative physician.*

Active Prescribing -D– *ascribed to all APRNs who have been granted authority to prescribe and dispense all legend drugs and may include Schedule CIII-V*

Active Prescribing – CII – D *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, and is to obtain a protocol with a collaborative physician.*

Active Prescribing-CII-COLL –D *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, an provided a copy of his/her current protocol with a collaborative physician.*

APRNs must also apply with the Nevada State Board of Pharmacy and/or DEA before they can prescribe in Nevada.

If an APRN wishes to remove the protocol requirement they must submit a letter on letterhead from their employer to the Nevada State Board of Nursing ve they have worked a minimum of 2 years or 2,000 hours as an APRN.

Details related to License / Certificate Status can be found at the bottom of this page.

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
TURCOTTE, SAMANTHA	RN	892864	Inactive	08/08/2025	11/12/2025	NO

Primary Source Board of Nursing Messages & Notifications

- This temporary license is issued until the applicant meets all of the licensure requirements for a permanent license. A temporary license may not be extended or renewed.

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
TURCOTTE, SAMANTHA	RN	892864	Active	11/12/2025	04/27/2027	NO

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
TURCOTTE, SAMANTHA	APRN-CNP	892864	Active - Prescribing	12/16/2025	04/27/2027	NO

Advanced Practice license/recognition information

- **Population Focus / Specialty:**
  - Focus/Specialty: Family Across the Lifespan
  - Has discipline: NO
  - Expiration Date: 04/27/2027
  - Original Issuance Date: 12/16/2025
  - Current Issue Date: 12/16/2025
  - Certification expiration date: 12/21/2026

License type information

- RN: Registered Nurse
- PN: Practical Nurse (also known as LPN, VN, LVN)
- CNP: Certified Nurse Practitioner
- CNS: Clinical Nurse Specialist
- CNM: Certified Nurse Midwife
- CRNA: Certified Registered Nurse Anesthetist
- EMS RN: Emergency Medical Services Registered Nurse
- ICNA: Certified Nurse Assistant – Instructor
- IMAC: Medication Aide Certified – Instructor
- MAC: Medication Aide Certified

14

14A

PROPOSED REGULATION OF THE STATE BOARD OF PHARMACY

Workshop – June 4, 2026

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[~~omitted material~~]** is material to be omitted. and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: § 1, NRS 639.070

A REGULATION relating to pharmacy; establishing record keeping requirements of controlled substances by a pharmacy; and providing other matters properly relating thereto.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

1. In addition to any other requirements for keeping records, a pharmacy shall maintain the following records on paper or in a computer system used by the pharmacy:

a. A copy of the order placed on an order form approved by the Drug Enforcement Administration (DEA) or a copy of the electronic order through the Controlled Substance Ordering System (CSOS), properly dated and initialed, copies of each unaccepted or defective order form, and any attached statements or other documents.

i. If the copy of the electronic order through CSOS is maintained in a computer system used by the pharmacy, then an electronic initial is acceptable.

b. A copy of the order submitted to the pharmacy's supplier for dangerous drugs and scheduled III through IV controlled substances, properly dated and initialed, copies of each unaccepted or defective order form, and any attached statements or other documents.

i. If the copy of the order is maintained in a computer system used by the pharmacy, then an electronic initial is acceptable.

c. Suppliers' invoices of controlled substances and dangerous drugs.

i. A pharmacist of the pharmacy shall clearly record on each invoice or make a paper or electronic record of the actual date on which the controlled substance or dangerous drug was received.

d. Suppliers' credit memos for controlled substances and dangerous drugs.

e. The biennial inventory of controlled substances required by the DEA.

a. Any reports of theft or significant loss of controlled substances submitted to the DEA and the Board pursuant to 21 CFR 1301.74(c) and NRS 453.568, respectively.

b. Reports of the surrender or destruction of controlled substances to an appropriate state or federal agency.

2. *In addition to the requirements pursuant to NRS 453.568, a pharmacy shall:*

a. Maintain an electronic or paper perpetual inventory of any controlled substance listed in schedules II through IV, which must be maintained and can only be modified or changed by a registered pharmacist;

b. Initiate an investigation within 72 hours to determine cause of discrepancy or loss or theft of any controlled substance and determine the cause within 30 days.

3. *A pharmacy shall maintain the records as required in subsection 1 and 2:*

a. In a readily retrievable manner; and

b. In a manner that establishes the receipt, distribution, destruction, loss, or theft of all controlled substances handled by the pharmacy.

4. *As used in this chapter, "perpetual inventory" means a system of accounting used to track and record stock levels, in which every purchase, dispensation, administration, loss, theft, return and sale of stock is logged immediately.*

14B

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop

June 4th, 2026

Explanation – Language in ***blue italics*** is new; language in ***red text*** [~~*omitted material*~~] is language to be omitted, and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: §1, NRS 639.070

A REGULATION Amendment to Nevada Administrative Code (NAC) 639. The proposed amendment requires packaging used to ship prescriptions to contain a device which monitors the temperature of the prescription and alerts the patient if the prescription is exposed to temperatures outside the temperature range listed in the manufacturer's package insert.

Section 1. NAC 639.

a. A pharmacy that ships a prescription to a patient must use packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity listed in the manufacturer's package insert and as described in the United States Pharmacopeia - National Formulary, as adopted by reference in paragraph (c) of subsection 1 of NAC 639.670.

b. At the request of the patient or legal guardian, the pharmacy must include a device in the shipping container which monitors the temperature of the prescription and alerts the patient if the prescription is exposed to temperatures outside the temperature range listed in the manufacturer's package insert.

Supporting Documentation:

NAC 639.426 Requirements for approval of application. (NRS 639.070, 639.0725, 639.23288)

1. A licensed pharmacy may practice as an Internet pharmacy only if the pharmacy is certified by the Board pursuant to this section. To be certified by the Board pursuant to this section, a pharmacy must apply to the Board for certification on an application provided by the Board.

2. The Board will grant an application for certification as an Internet pharmacy pursuant to this section if:

(a) The pharmacy is certified by the Verified Internet Pharmacy Practice Sites program of the National Association of Boards of Pharmacy; or

(b) The Board determines that the pharmacy satisfies the requirements of subsection 3.

3. The Board will grant an application for certification pursuant to paragraph (b) of subsection 2 if the Board determines that the pharmacy:

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(a) Is licensed to practice pharmacy in each state in which the pharmacy will practice pharmacy;

(b) Maintains and enforces policies and procedures which ensure that:

(1) The pharmacy is able to establish the authenticity of a prescription which the pharmacy receives;

(2) The pharmacy will not fill any prescription which has been previously filled by another pharmacy, and if the pharmacy fills any prescription, that prescription will not also be filled by another pharmacy;

(3) The identity of the patient and the prescribing practitioner is verified to be authentic;

(4) A prescription is filled in compliance with all applicable federal and state laws;

(5) A patient or the caregiver of the patient may make a complaint to the pharmacy regarding the prescription of the patient, and if such a complaint is made, the complaint will be investigated thoroughly, the results of the investigation will be communicated to the patient or caregiver and, if the investigation reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action will be taken by the pharmacy;

(6) The pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device; and

(7) The pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices;

(c) Obtains and maintains patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes;

(d) Provides review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides;

(e) Maintains controls of its computer system, information concerning patients and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents;

(f) Complies with applicable federal and state laws regarding:

(1) The dispensing of prescription drugs;

(2) Recordkeeping related to the patients served by the pharmacy, the purchase of prescription drugs, and the sale and dispensing of prescription drugs; and

(3) The sale of over-the-counter products, including, without limitation, any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs;

(g) Ships prescriptions to a patient using a secure and traceable means; and

(h) Ships prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the United States Pharmacopeia - National Formulary, as adopted by reference in paragraph (c) of subsection 1 of NAC 639.670.

(Added to NAC by Bd. of Pharmacy by R165-01, eff. 12-17-2001; A by R035-06, 9-18-2008)

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⟨ 1079 ⟩ GOOD STORAGE AND SHIPPING PRACTICES

This general information chapter is intended to provide general guidance concerning storing, distributing, and shipping of Pharmacopeial preparations. It describes procedures to maintain proper storage environments for individual articles and to ensure a preparation's integrity, including its appearance, until it reaches the user. There is no change to any applicable requirements under Current Good Manufacturing Practices, approved labeling, state laws governing pharmacies, the USP *General Notices and Requirements,* or monographs. The section *Preservation, Packaging, Storage, and Labeling* under *General Notices and Requirements* provides definitions for storage conditions. All equipment used for recording, monitoring, and maintaining temperatures and humidity conditions should be calibrated on a regular basis. This calibration should be based on NIST or international standards (see *Monitoring Devices—Time, Temperature, and Humidity* ⟨ 1118 ⟩). A Pharmacopeial preparation may follow several potential routes from the original manufacturer to the patient. *Figure 1* documents present-day routes and the associated risks. These risks include exposure to temperature excursions, humidity, light, and oxygen. For a discussion of climates, stability, and mean kinetic temperature, see *Pharmaceutical Stability* ⟨ 1150 ⟩. Temperature- or humidity-sensitive articles are to be handled in accordance with *General Notices*.

PACKAGING AND STORAGE STATEMENT IN MONOGRAPHS

Most articles have storage conditions identified by their labeling. Otherwise, it is expected that the conditions for storing the article are specified in the monograph according to definitions provided by the *General Notices and Requirements* in the section *Storage Temperature, and Humidity* under *Preservation, Packaging, Storage, and Labeling*. In cases where additional information on packaging and storage is desired, a specific statement can be provided in the *Packaging and storage* or the *Labeling* section of the individual monograph.

STORAGE IN WAREHOUSES, PHARMACIES, TRUCKS, SHIPPING DOCKS, AND OTHER LOCATIONS

Pharmacopeial articles are to be stored in locations that adhere to conditions established by the manufacturer. Where the desired conditions are not established, use storage conditions described in the *General Notices and Requirements* or in the applicable monograph.

Warehouses

Observation of the temperature variations in a warehouse should be made over a period of time to establish a meaningful temperature profile, including the temperature variations and conditions in the different parts of the warehouse. Such observations provide data and information as to where various products should and should not be stored.

ESTABLISHING TEMPERATURE PROFILES

Temperature profiles can be compiled by using a suitable number of thermometers or other temperature recording instruments. They should be placed throughout the warehouse in divided sections and should record the maximum and minimum temperatures during a 24-hour period for a total of three consecutive 24-hour periods. The following factors, some of which may give rise to extreme temperatures, should be considered during the process of temperature profiling: the size of the space, location of space heaters, sun-facing walls, low ceilings or roofs, and geographic location of the warehouse.

for a period of not less than 3 hours when air temperatures are higher than 25° or less than 15°. Profiling should be conducted in both summer and winter. A mean kinetic temperature (MKT) should be obtained for any separate areas within the warehouse (see *Pharmaceutical Calculations in Prescription Compounding* ⟨1160⟩ for samples of MKT calculations). The temperature profile report should provide recommendations for the use of each area and identification of any areas that are found unsuitable for storage of Pharmacopeial articles.

CONTROLLED ROOM TEMPERATURE

The *General Notices* provide a definition for *Controlled Room Temperature.* A temperature profiling study should demonstrate suitability for storing Pharmacopeial articles in areas determined to be at room or controlled room temperature. A suitable number of temperature and humidity recording instruments should be installed to record temperatures and to provide temperature and humidity profiles. Temperature recording should be conducted to meet the recommendations for establishing mean kinetic temperature and to comply with the warehouse's written procedures. These written procedures should have a reporting mechanism in place whereby a management tree is informed in the event that predefined high or low temperatures or humidity limits have been exceeded. Records can be reviewed as determined by the management system in accordance with established guidelines. Suitable training should be provided to persons who record temperatures, and proper quality accountability and tracking systems should be maintained.

STORAGE AT “COOL,” “COLD,” “REFRIGERATOR,” AND “FREEZING” CONDITIONS

The *General Notices* provide definitions for cool, cold, refrigerator, and freezer temperatures. A temperature profiling study can be used to establish suitable areas for storing Pharmacopeial articles designated to be stored under these conditions. Equipment used for storing Pharmacopeial articles at these low temperatures should be qualified according to written procedures provided by the management system. Recording devices can be installed within the equipment and used to enable both air and product temperatures to be recorded at regular intervals. The number and location of monitoring devices should be determined based on the result of the temperature profile. Temperature records should be examined at least once every 24 hours or as provided in the equipment protocol. Cool or cold conditions are moisture-condensing conditions. Humidity-monitoring devices should be used in cases where the repackaged Pharmacopeial article is humidity-sensitive or labeled to avoid moisture. Additionally, there can be installed temperature-monitoring, and where necessary, humidity-monitoring alarm devices that have the capability of alerting personnel in the event that control is compromised. There should be protocols in place to address procedures for responding to failed temperature and humidity ranges both for normal working hours and outside normal working hours. Temperature and humidity should be reviewed at the times designated by the established protocol. The calibration and functioning of all temperature and humidity monitoring devices, including alarms and other associated equipment, should be checked on an annual or semiannual basis. Regular maintenance protocols should be in place for refrigeration equipment. There should be written agreements in place for all maintenance and evaluation procedures, and this may include an emergency situation protocol.

PERSONNEL TRAINING

Suitable training should be provided for personnel who handle Pharmacopeial articles with special storage temperature requirements. Personnel should know how to monitor temperatures and how to react to situations where adverse temperatures are identified. There should be written procedures in place such that the adverse temperatures are recorded and a report provided to the parties designated in the protocol.

Only climate control equipment for which a contractor has provided documentation to assure its suitability for temperature and humidity requirements should be considered for use in cold storage. Qualification procedures on a regular basis should be independently conducted on equipment in cold stores to guarantee suitability and proper functioning. The procedure should demonstrate the temperature profile for both air and product temperatures when empty as well as when loaded. The procedure should also demonstrate the time taken for temperatures to exceed the maximum temperature in the event of a power failure. Qualification should consider thermal fluctuations that occur during stock replenishment and order removal.

The results of the qualification should demonstrate the ability of the equipment to maintain the required temperature range in all areas, defining any zones which should not be used for storage such as those areas in close proximity to cooling coils, cold air streams from equipment ventilation, or doors. The variability of the system can be characterized by using the relative standard deviation. Thermal monitoring should establish that the system is rugged in that its temperature profile is consistent and reliable.

DISTRIBUTION AND SHIPMENT OF PHARMACOPEIAL ARTICLES

As indicated in *Figure 1*, a drug can take a variety of paths from the manufacturer to the patient. In the simplest form of the distribution system, the manufacturer ships directly to the customer, such as a doctor's office, clinic, or hospital. However, more often, the article leaves the manufacturer's chain of control and enters a complex system of handoffs that involve the distribution chain to the patient.

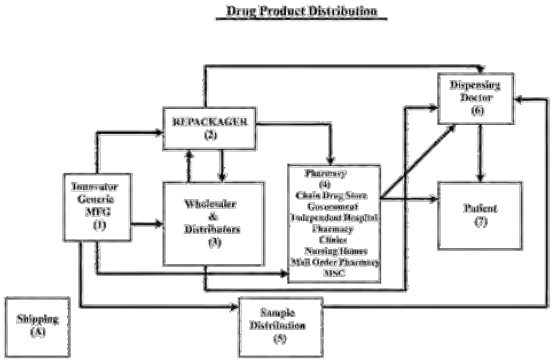

Figure 1. Drug product distribution.

Shippers and distributors are to follow the proper storage and shipping requirements as indicated by the manufacturer. For particular cases, such as shipment of vaccines or other special care products, manufacturers may require special shipping and storage conditions generally referred to as “cold-chain management”. For example, manufacturers may attach temperature-monitoring devices and/or ship under specified controlled conditions to ensure that the desired temperature is maintained during distribution (see *Monitoring Devices—Time, Temperature, and Humidity* ⟨1118⟩). Validated, available temperature- and/or humidity-monitoring technologies can be used to monitor the overall environmental effect on compendial articles during shipment and distribution. In these cases, the shipping conditions of the package are recorded. In general, extreme temperature conditions (i.e., excessive heat, freezing) should be avoided. Distribution systems chosen to deliver pharmaceutical products from the manufacturer to the consumer should take into account basic operational parameters, including timeliness and accountability. The manufacturer's FDA-approved storage conditions, printed in the labeling of the product, should be observed carefully at each destination of the distribution chain (see *Figure 1*), unless specifically instructed otherwise in the immediate label of a shipping container. This may be the case for certain pallet-sized shipping containers where the amount of refrigerant contained (e.g., dry ice, gel packs) is based on an anticipated exterior condition approximating controlled room temperature. In such cases, placing the shipping container in a refrigerator could lead to the product inside freezing, potentially affecting its quality. Items requiring special handling conditions will have those conditions clearly indicated in the labeling for the product. The Prescription Drug Marketing Act of 1987 and the ensuing regulations in 21 CFR Part 203, Prescription Drug Marketing, and Part 205, Guidelines for State Licensing of Wholesale Prescription Drug Distributors, provide the necessary regulations and guidance for several legs of the distribution chain for the prescription drug. The manufacturers and distributors should work together to establish proper distribution and product-handling

requirements for the purpose of ensuring appropriate product maintenance in transit. Pharmacists and physicians should educate patients regarding proper storage of products to ensure product integrity at the patient level. Information that may be considered in determining the ability of pharmaceutical articles to maintain their Pharmacopeial requirements of identity, strength, quality, and purity through the distribution channel may include, but is not limited to the following: ICH stability studies, temperature cycling studies, stability shipping studies, ongoing regulatory stability commitment studies, market experience portfolio (i.e., product complaint files, historical product performance data, product development data), and product labeling commitments.

Qualification Protocol

Operational and performance testing should be parts of a formal qualification protocol that may use controlled environments or actual field testing based on the projected transportation channel. These should reflect actual load configurations, conditions, and expected environmental extremes. Temperature and humidity monitors should be placed into the product or a representative thereof. Testing consists of consecutive replicate field transportation tests using typical loads, according to an established protocol.

Physical Challenges

Most products are sufficiently robust to withstand distribution with minimal protection from routine, well-understood physical and environmental hazards. Several standard test methods are available for evaluating package performance factors under well-documented shock, vibration, and other transit elements. The American Society for Testing and Materials document, “Standard Practice for Performance Testing of Shipping Containers and Systems” (ASTM D4169-98), and the International Safe Transit Association's (ISTA) specifications have similar methods for evaluation of shipping performance for various types of transit modes such as less-than-truckload (LTL), small package, rail car, air freight, etc. From the manufacturer's perspective, these tests are very useful in evaluating the product and package durability and fragility. The tests are usually performed on shipping carton quantities of a specific stock keeping unit (SKU) as an unbroken whole. Fragility problems can be corrected with package modifications, which could include placing cotton or rayon coilers in bottles or placing top and bottom pads in the shipping case to reduce package breakage. Not all protective packaging elements follow the SKU through the system.

Basic packaging principles are observed when separating the contents of the manufacturer's shipping container or pallet load into smaller quantities or when shipping mixed product loads. For example, glass containers are wrapped in a bubble wrap or other shock-absorbent material, and the void spaces are filled with dunnage (e.g., foam “peanuts,” shredded or tightly crumpled paper, bubble wrap) to protect the contents from shifting and drop impact. Large-volume liquid containers may be bagged in plastic and kept isolated to prevent leakage to, or damage of, adjacent packages. “Skin packaging,” a term describing a heat-shrink film that anchors the load to fiberboard and prevents load shift, can be an excellent method of protecting some products, but it may be inappropriate for heat-sensitive products. The shipping carton should have correct Edge Crush Test (ECT) characteristics for freight being shipped according to Item 222 of the National Motor Freight Classification and Rule 41 of the Uniform Freight Classification.

Temperature Challenges

Shipping of temperature-sensitive articles requiring thermally controlled packaging presents a special challenge. Unlike shock, vibration, and other physical hazards, thermal hazards tend to be unique to a given system. Except for temperature-controlled trucks, the distribution environment is widely variable and depends upon a range of factors, including points of origin and destination, article and container sensitivities to cold, accidental freezing or heat, transit mode (e.g., air, truck, combination), time, weather or season, and carrier type (e.g., small package carrier or integrator, freight forwarder, U.S. Postal Service). The shippers should know and understand the systems they use and should design the protective package accordingly. Storage temperature ranges may not be indicative of the allowable tolerances during shipping. Articles labeled for special storage conditions (between 2° and 8°) vary widely in their tolerance of short-term exposure to heat and cold. Some, such as soft gelatin capsules and suppositories, carry specific upper limits on both shipping containers and SKUs. A temperature cycling study intended to identify those articles affected by multiple, short-term excursions beyond the storage temperature limits should be performed. These data provide wholesalers and distributors with clearer identification of those drug products that may require special handling during particular climate conditions.

Materials

Two commonly used types of refrigerant are dry ice (frozen carbon dioxide gas) and wet ice (frozen water), which appears as crushed ice or in various refrigerant packs containing water mixtures with specific freezing points. Phase-change materials are also available for specialized needs. Refrigerant packs should have the correct freezing point and be cooled to the proper surface temperature prior to use. Articles harmed by accidental freezing may require a barrier between the refrigerant and the product or some other special packaging. Insulating materials commonly available include foil laminates, bubble pack, corrugated, fabricated, and molded expanded polystyrene (EPS) cartons, and fabricated or molded urethane foam cartons, with or without additional interior components. Recognized standard test methods for evaluating insulated containers are currently limited to ASTM D3103-92, Standard Test Method for Thermal Insulation Quality of Packages and a method under development by ISTA. Neither one fully addresses all of the issues involved, but both include useful information on testing procedures. The tests should be modified based on the specific system adopted by the shipper. The manufacturer may be able to supply helpful data on specific articles and their requirements.

SPECIAL HANDLING

Certain classes of Pharmacopeial articles may require special handling. Such articles include products classified as dangerous goods under the Department of Transportation (DOT), state, local, or carrier rules; or products classified as controlled substances by the Drug Enforcement Administration (DEA) or by individual states.

Receipt of Pharmacopeial Articles

Upon arrival of Pharmacopeial articles to warehouse loading docks, premises, and other arrival areas, the Pharmacopeial articles are to be transferred to their manufacturer-designated storage environment within 2 hours of receipt. Limitation of the time spent in the uncontrolled environments of the loading dock is important to ensure that the integrity of the preparation is maintained. This is particularly important for temperature-sensitive items. The delivery document should be reviewed at receiving sites to ensure that the Pharmacopeial articles have not been subjected to any delays during shipment that could result in exposure of the article to extremes of temperature, or to any other extreme or undesirable conditions. In addition, to the extent possible, the receiving personnel should ensure that the ruggedness requirements in shipment have been met. For Pharmacopeial articles requiring extreme caution, special handling, or refrigerator temperature storage conditions, those who supply the articles (e.g., wholesalers and manufacturers) and delivery contractors should provide documented evidence to show that the required temperature range has been maintained during transportation. In the event that a deviation from the required temperature range has been observed during shipment of an article requiring such a shipping condition, the supplier or delivery contractors should document the temperature and the length of time the compendial article was not within the designated storage temperature. The pharmaceutical manufacturer may be contacted to determine the significance of unusual variances.

Distribution or Shipping Vehicles

Vehicles used for shipping or distribution of Pharmacopeial articles designated for storage at controlled room temperature should be suitably equipped to ensure that the temperature excursions encountered are within those allowed under the definition of controlled room temperature. Steps should be taken so that extremes of temperature, whether above or below the specified temperatures, should not be encountered during delivery procedures.

Vehicle Qualification

Where practical, suitable monitoring devices, as determined by the manufacturer and vehicle supplier, should be placed in different areas of the truck to establish a temperature profile of the truck over a 24-hour period during a hot summer day, average high, and a cold winter day, average low, and during a normal or typical day. The derived temperature of the different parts of the truck may be used to determine the location on the truck where Pharmacopeial articles can be stored appropriately during shipping (see *Monitoring Devices—Time, Temperature, and Humidity* ⟨ 1118 ⟩).

Pharmaceutical Delivery Staff

As part of the contractual agreement between the delivery contractors and the manufacturers, the delivery staff should receive appropriate training to ensure that they are aware of the correct procedures to follow in maintaining products at the correct temperature. There may be written procedures that should be documented. In addition, the transportation personnel should have proper knowledge of the temperature profile of the vehicle to ensure proper placement of the Pharmacopeial articles in the vehicle. Pharmacopeial articles requiring special handling (e.g., refrigeration) or environmentally sensitive preparations should be transported in a suitably equipped vehicle to ensure that the articles are maintained at the correct temperature during distribution, shipping, and delivery and up to the point of receipt. Special arrangements should be made to inform receiving personnel, pharmacists, or other appropriate customers that the package includes articles with special storage and handling specifications and are to be transferred immediately to the appropriate storage location. The manufacturer, shipper, or delivery agency should provide appropriate evidence to show that the required temperature has been maintained throughout shipment and distribution.

SHIPMENT FROM MANUFACTURER TO WHOLESALER

Wholesaler

The wholesaler receiving the pharmaceutical articles should ensure that on arrival, the pharmaceutical articles are transferred to the correct environment without delay, as directed by the manufacturer, ideally within 2 hours of receipt. The wholesaler should examine the delivery documentation to ensure that the products have not been subjected to any delays during shipping and distribution that could result in products being exposed to extreme temperatures (see also the previous section, *Pharmaceutical Delivery Staff,* for staff expectations). The vehicles used for shipping of Pharmacopeial articles to the wholesaler, especially products requiring storage at low temperatures, should be suitably equipped to ensure that products are maintained at the correct temperature during shipping and distribution and up to the point of receipt. The receiving wholesaler staff should be informed that the articles are transferred to appropriate storage locations without delays. The vehicles used for shipping of Pharmacopeial articles requiring storage at room or controlled room temperatures should be suitably equipped to ensure that extremes of temperature, either above or below the specified temperature, do not occur during delivery procedures. Warehouse staff may receive appropriate training to ensure that the correct procedures are followed to maintain required temperature conditions (see *Pharmaceutical Delivery Staff*). Where necessary, a monitoring device for temperature and/or humidity should be used during shipping and distribution.

Compromised Temperature Conditions

A procedure should be in place in the warehouse to define the action that should be taken in the event of deviation from required storage conditions. Suitable records should be maintained to explain the reason for deviation and the resulting action that is taken. The product in question should then be placed in a quarantine status. Advice on the suitability of the product for use should be sought from the manufacturer or supplier of the product. The manufacturer's response should be documented prior to issuing the product to the customer, if that product is to be issued to the customer.

SHIPMENT FROM MANUFACTURER OR WHOLESALER TO PHARMACY

Pharmacy

The pharmacy receiving the pharmaceutical articles should ensure that on arrival, the pharmaceutical articles are transferred to the correct environment without delay, as directed by the manufacturer, ideally within 2 hours of receipt. The pharmacy personnel should examine the delivery documentation to ensure that the products have not been subjected to any delays during shipping and distribution, which could result in the products being exposed to extreme temperatures (see also the section, *Pharmaceutical Delivery Staff,* for staff expectations). The vehicles used for shipping of Pharmacopeial articles to the pharmacy, especially products requiring storage at low temperatures, should be suitably equipped to ensure that products are maintained at the correct temperature during shipping and distribution and up to the point of receipt. Receiving pharmacy staff should be informed that the articles are to be transferred to appropriate storage without delays. The vehicles used for shipping of Pharmacopeial articles requiring storage at room or controlled room temperatures should be suitably equipped to ensure that extremes of temperature, either above or below the specified temperature, do not occur during delivery

procedures. Pharmacy staff may receive appropriate training to ensure that the correct procedures are followed to maintain required temperature conditions (see *Pharmaceutical Delivery Staff*). Where necessary, a monitoring device for temperature and/or humidity may be used during shipping and distribution.

Compromised Temperature Conditions

The pharmacy should maintain appropriate procedures to define action that should be taken in the event of deviation from the required storage conditions. Suitable records should be maintained to explain the reason for deviation and the resulting action taken (including whether the product is issued to the patient or customer). Advice on the suitability of the product for use as an acceptable drug article should be sought from the manufacturer or supplier of the product.

SHIPMENT FROM PHARMACY TO PATIENT OR CUSTOMER

The pharmacy should provide an appropriate label on the package sent through air or surface routes so that the deliverer does not place the package in a mailbox exposed to extremes in temperature. In the event that no one is available to receive the package, the deliverer should return the package to the post office or service office, and store it in a cool or air-conditioned area until the patient can receive the medication. In the event that the package has not been delivered for more than 2 days, the package may be returned to the pharmacy. For temperature-sensitive articles, it is important that proper arrangements be made to protect the drug from exposure to high temperatures, or in some cases, from freezing conditions. Such arrangements may include the following: insulating the packaging, or packaging with coolant included; overnight shipping; and pre-arranged pick-up. In such cases, the pharmacy should provide on the external package a statement of an acceptable period of delay for delivery. The patient or customer should examine the delivery documentation to ensure that the package has not been subjected to any unacceptable delays during shipping and distribution. The patient or customer receiving the pharmaceutical articles, either by mail, delivery vehicle from the pharmacy, or directly from the physician or pharmacy, should be advised that upon receipt the articles are to be transferred to appropriate storage conditions without delay, as directed by the pharmacy, ideally within 2 hours of receipt. The vehicle used for air or surface shipping and distribution of pharmaceutical packages to the patient or customer, especially those requiring low temperatures, should contain the article suitably packaged in containers that maintain the desired storage conditions until the article reaches the patient or customer. The vehicles used for shipping and distribution of pharmaceutical articles to patient or customer, especially those requiring storage at room or controlled room temperatures, should be suitably equipped during extreme temperature conditions such that the packages are not exposed to extremes of temperature either in winter or summer months. In the event that the vehicle is not adequately equipped with air conditioning or heating to protect the product, the time that the article is exposed to ambient conditions should be strictly limited, ideally not more than 2 hours. Where appropriate, a monitoring device may be used to ensure that required temperatures are maintained until the package reaches the patient or customer. If stability studies for the Pharmacopeial preparation indicate that it is particularly sensitive to environmental insults or if appropriate shipping safeguards described in this section are not feasible, then the preparation should be shipped by a different method whereby environmental control can be maintained.

Compromised Temperature Conditions

There should be appropriate procedures in the pharmacy that ships the article to the patient or customer defining the action that should be taken in the event that a patient reports that there has been a deviation from required storage conditions for an article, including any environmentally sensitive preparations, prior to the point of receipt. Advice on the suitability of the product for use should be provided to the patient or customer after the manufacturer or supplier's advice has been sought by the pharmacy. If the patient is advised to use the article, such advice should be documented and noted appropriately by the pharmacy. Otherwise, appropriate arrangements should be made to promptly replace the suspect article. For mail order items, replacement from local pharmacies may be an option to ensure an uninterrupted supply of medication.

RETURNS OF PHARMACEUTICAL ARTICLES FROM PATIENTS OR CUSTOMERS

The wholesaler, manufacturer, and pharmacy personnel should evaluate the validity of the request for return, and maintain an auditable account of the return receipt. For products in unopened manufacturer's containers that have been at variance

during shipment, arrangement may be made to return the products to the manufacturer, wholesaler, or pharmacy preferably within 3 working days of receipt. The supplier may request records or written confirmation by the patient to show that the product was stored properly while in possession of the customer.

STORAGE OF PHYSICIAN SAMPLES HANDLED BY SALES REPRESENTATIVES IN AUTOMOBILES

Storage of physician samples by sales representatives is regulated under 21CFR 203.34(b)(4); each manufacturer or distributor is to have appropriate policies in place to ensure that proper storage is maintained. The following suggestions may be considered in response to this need and are of interest to practitioners who may observe actual practices. Automobile trunks or passenger cabins used for the storage and distribution of physician samples should be monitored to determine the temperature profile of the trunk or passenger cabin. Suitable monitoring devices as determined by the sales representative may be placed in different areas of the trunk or passenger cabin on a hot summer and a cold winter day. Measurements should also be made during typical 24-hour periods, and the derived temperature should be used for calculation of the mean kinetic temperature at which the sample is stored (see *Pharmaceutical Calculations in Prescription Compounding* ⟨1160⟩ for examples of MKT calculations). If the Pharmacopeial article designated for storage requires storage at controlled room temperature, then suitable measures should be taken to maintain the sample within the allowable limits of the storage parameters. Environmentally-sensitive preparations should not be stored in automobile trunks or passenger cabins. Medications stored in automobile trunks or passenger cabins should be removed at the end of 3 days. Sales representatives should consider parking automobiles in shaded areas to avoid extreme heat during the summer and in garages to avoid freezing temperatures during the winter. The use of vouchers from the manufacturer that patients could use to obtain medication samples from participating pharmacies is an alternative way of providing drug samples.

STABILITY, STORAGE, AND LABELING

The design of stability studies of Pharmacopeial articles is based on knowledge of the behavior, properties, and stability of the drug substance and experience gained from clinical formulation studies.[1] The length of the studies and the storage conditions for a Pharmacopeial article should be sufficient to cover storage, shipment, distribution, and subsequent use of a Pharmacopeial article. The data gathered from ICH accelerated testing or from testing at an ICH intermediate condition may be used to evaluate the effect of short-term excursions outside the label storage conditions such as those that might occur during shipping. See *Pharmaceutical Stability* ⟨1150⟩.

STATEMENTS/LABELING OF THE IMMEDIATE CONTAINERS OR PACKAGE INSERT

Storage statements should be based on the stability evaluations of the Pharmacopeial drug substances and in accordance with national and international requirements.

Room Temperature Storage Statements— For products with a storage statement reading, “Store at controlled room temperature,” the labeling should read as follows on the package insert: “Store at 20°C to 25°C (68°F to 77°F), excursions permitted between 15°C and 30°C (between 59°F and 86°F). Brief exposure to temperatures up to 40°C (104°F) may be tolerated provided the mean kinetic temperature does not exceed 25°C (77°F); however, such exposure should be minimized.”

On the immediate container label, the following may read for controlled room temperature (CRT): “Store at 20°C to 25°C (68°F to 77°F), excursions permitted between 15°C and 30°C (between 59°F and 86°F).”

Cool Storage Statement— The storage statement for labeling may be as follows: “Store in a cool place, 8°C to 15°C (46°F to 59°F).”

Refrigerator Storage Statement— The storage statement for labeling may be as follows: “Store in a refrigerator, 2 C to 8 C (36 F to 46 F).”

Freezer Storage Statement— The storage statement for labeling may be as follows: “Store in a freezer, –25 C to –10 C (–13 F to 14 F).”

See the *General Notices* for all other applicable storage conditions, such as *Storage Under Nonspecific Conditions* and store in a *Dry Place.* Additional cautionary statements to protect the Pharmacopeial drug product from extreme temperature and humidity conditions may be included on the container label and package insert, as the manufacturer desires.

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[1] See International Conference on Harmonization EWG Q1 A&B; see also FDA *Guidance for Industry: Stability Testing of Drug Substances and Drug Products* (www.fda.gov).

Auxiliary Information— *Staff Liaison* : Desmond G. Hunt, Ph.D., Senior Scientific Associate
Expert Committee : (PS05) Packaging and Storage 05
USP29–NF24 Page 2915
Pharmacopeial Forum : Volume No. 30(6) Page 2118
Phone Number : 1-301-816-8341

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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

Posted: April 29, 2026

NOTICE OF INTENT TO ACT UPON A REGULATION

Notice of Hearing for the Adoption and Amendment of
Regulations of the Nevada State Board of Pharmacy

The Nevada State Board of Pharmacy will hold a Public Hearing at 9:00 a.m. on Thursday, June 4, 2026.

Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology.The public may attend the meeting via live stream remotely or at the following location:

Hilton Garden Inn
7830 S. Las Vegas Boulevard
Las Vegas, NV

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

The purpose of the hearing is to receive comments from all interested persons regarding the adoption and amendment of regulations that pertain to Chapter 639 and/or 453 of the Nevada Administrative Code.

The following information is provided pursuant to the requirements of NRS 233B.060:

Amendment to Nevada Administrative Code (NAC) 453. The proposed amendments relate to controlled substances adding N-pyrrolidino metonitazene and N-pyrrolidino protonitazene to the controlled substances listed in Schedule I. (LCB File No. R038-26)

1. The need for and the purpose of the proposed regulation or amendment.

The proposed amendment to NAC 453.510 will add N-pyrrolidino metonitazene and N-pyrrolidino protonitazene to the controlled substances listed in Schedule I in conformance with The Controlled Substances Act.

2. Either the terms or the substance of the regulations to be adopted and amended.

A copy of the proposed regulation is attached to this notice.

3. The estimated economic effect of the regulation on the business which it is to regulate and on the public:

(a) Both adverse and beneficial effects.

There should be no adverse economic impact from this regulation amendment on the regulated entities or on the public. The drugs proposed for addition to the Schedule I controlled substances category have a high potential for abuse and no accepted medical use. By placing these drugs into the Schedule I category in NAC 453, Nevada will be in conformance with the federal Controlled Substances Act, which will benefit the health, safety and welfare of the regulated entities and the public.

(b) Both immediate and long-term effects.

Both the immediate and long-term economic effects on regulated entities and on the public will be beneficial since the drugs proposed for addition to the Schedule I controlled substances category have a high potential for abuse and no accepted medical use. By placing these drugs into the Schedule I category in NAC 453, Nevada will be in conformance with the federal Controlled Substances Act, which will benefit the health, safety and welfare of the regulated entities and the public.

4. The estimated cost to the agency for enforcement of the proposed regulation.

There will be no additional or special costs incurred by the Board of Pharmacy for enforcement of this regulation amendment.

5. A description of and citation to any regulations of other state or local governmental agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the proposed regulation overlaps or duplicates a federal regulation, the notice must include the name of the regulating federal agency.

The proposed regulation will add N-pyrrolidino metonitazene and N-pyrrolidino protonitazene to NAC 453.510, the controlled substances listed in Schedule I in Nevada, to conform with and duplicate the controlled substances listed in Schedule I of the federal Controlled Substances Act (CSA). The CSA places all substances which were in some manner regulated under existing federal law into one of five schedules. This placement is based upon the substance's medical use, potential for abuse, and safety or dependence liability. The Drug Enforcement Administration (DEA) issued a temporary order to schedule two schedule N-pyrrolidino metonitazene and N-pyrrolidino protonitazene in schedule I of the CSA. DEA based this action on a finding that placing these substances in schedule I is necessary to avoid imminent hazard to public safety. The temporary order is effective August 15, 2025, until August 15, 2027.

NRS 453.211 requires the Board to maintain a list of current schedules and NRS 453.2182 requires the Board, if a substance is designated, rescheduled or deleted as a controlled substance pursuant to federal law to similarly treat the substance pursuant to the provisions of NRS 453.011 to 453.552,

The purpose of the Uniform Controlled Substances Act is to align state-level regulation with the CSA to create a consistent, uniform structure for drug laws across different states that mirror federal legislation. Additionally, it ensures that state laws are consistent with federal law to prevent conflicts and ensure consistent enforcement. The proposed regulation is necessary to carry out the intent of the Uniform Controlled Substances Act and to ensure Nevada's Schedule I controlled substance list is in-line with the CSA so that enforcement as it relates to these drugs in Nevada is consistent with federal law.

6. If the regulation is required pursuant to federal law, a citation and description of the federal law.

The regulation is not required by federal law.

7. If the regulation includes provisions which are more stringent than a federal regulation that regulates the same activity, a summary of such provisions.

The proposed regulation, which will add N-pyrrolidino metonitazene and N-pyrrolidino protonitazene to NAC 453.510 to the controlled substances listed in Schedule I in Nevada, is not more stringent than the scheduling of these two drugs in the federal Controlled Substances Act.

8. Whether the proposed regulation establishes a new fee or increases an existing fee.

This regulation does not provide a new or increase of fees.

Persons wishing to comment upon the proposed action of the Board may appear at the scheduled public hearing or may address their comments, data, views, or arguments, in written form, to the Board at teambc@pharmacy.nv.gov or to the Nevada State Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521. Written submissions must be received by the Board on or before June 4, 2026. If no person who is directly affected by the proposed action appears to request time to make an oral presentation, the Board may proceed immediately to act upon any written submissions.

Members of the public who are disabled and require special accommodations or assistance at the meeting are requested to notify the Nevada State Board of Pharmacy in writing at 985 Damonte Ranch Pkwy., #206, Reno, Nevada 89521, or by calling (775) 850-1440. Please notify us at least one (1) week prior to the scheduled meeting date to allow time to secure any necessary equipment or provisions prior to the meeting.

This notice and the text of the proposed regulation are also available in the State of Nevada Register of Administrative Regulations which is prepared and published monthly by the Legislative Counsel Bureau pursuant to NRS 233B.0653, and on the Internet at http://www.leg.state.nv.us. Copies of this notice and the proposed regulation will also be mailed to members of the public upon request.

Pursuant to NRS 233B.064(1), upon adoption of any regulation, the Board, if requested to do so by an interested person, either before adoption or within 30 days thereafter, will issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

This notice of hearing has been posted at:

www.notice.nv.gov
www.bop.nv.gov
www.leg.state.nv.us.

Nevada State Board of Pharmacy
Reno, Nevada

Nevada State Board of Pharmacy
Las Vegas, Nevada

Nevada State Library
100 N. Stewart St.
Carson City, NV 89701

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R038-26

March 31, 2026

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[~~omitted material~~]** is material to be omitted.

AUTHORITY: § 1, NRS 453.146 and 639.070.

A REGULATION relating to controlled substances; revising the list of substances contained in schedule I; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations to add, delete or reschedule substances listed as controlled substances in schedules I, II, III, IV and V of the Uniform Controlled Substances Act. (NRS 453.146) Existing regulations set forth the drugs and substances that are enumerated in schedule I. (NAC 453.510) This regulation revises the list of drugs and substances contained in schedule I to include certain synthetic opiates.

Section 1. NAC 453.510 is hereby amended to read as follows:

453.510 1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-phenylacetamide);

Acetylmethadol;

Acryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylacrylamide) (some trade or other names: acryloylfentanyl);

Allylprodine;

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-acetylmethadol, levomethadyl acetate or “LAAM”);

Alphameprodine;

Alphamethadol;

Alpha’-methyl butyryl fentanyl (2-methyl-N-(1-phenethylpiperdin-4-yl)-N-phenylbutanamide);

Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);

Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);

Benzethidine;

Betacetylmethadol;

Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidinyl]-N-phenylpropanamide);

Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidinyl]-N-phenylpropanamide);

Beta-hydroxythiofentanyl (trade or other names: N-[1-[2-hydroxy-2-(thiophen-2-yl)ethyl]piperidin-4-yl]-N-phenylpropionamide; N-[1-[2-hydroxy-2-(2-thienyl)ethyl]-4-piperidinyl]-N-phenylpropanamide);

Betameprodine;

Betamethadol;

Betaprodine;

Butyryl fentanyl (trade or other names: N-(1-phenethylpiperidin-4-yl)-N-phenylbutyramide; N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

Clonitazene;

Cyclopentyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopentanecarboxamide);

Cyclopropyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopropanecarboxamide);

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

2',5'-dimethoxyfentanyl (N-(1-(2,5-dimethoxyphenethyl)piperidin-4-yl)-N-phenylpropionamide);

Dimethylthiambutene;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxeridine;

Eutylone (bk-EBDB, 1-(1,3-Benzodioxol-5-yl)-2-(ethylamino)butan-1-one, b-keto-ethylbenzodioxolylbutanamine);

Fentanyl carbamate (Ethyl-(1-phenethylpiperidin-4-yl)(phenyl)carbamate);

Fluoro furanyl fentanyl;

Fluoroacryl fentanyl;

Fluorobutyryl fentanyl;

Fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);

Fluoroisobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

Furanyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-2-carboxamide);

3-Furanyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-3-carboxamide);

Furethidine;

Hydroxypethidine;

Isobutyryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylisobutyramide);

Isotonitazene;

Isovaleryl fentanyl (3-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

Ketobemidone;

Levomoramide;

Levophenacylmorphan;

Meta-fluorofentanyl (N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide);

Meta-fluoroisobutyryl fentanyl (N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl) isobutyramide);

Methoxyacetyl fentanyl;

Methyl acetyl fentanyl;

2-Methyl-AP-237 (some trade or other names: 1-(2-methyl-4-(3-phenyl-2-propen-1-yl)-1-piperazinyl)-1-butanone: 2-MAP);

Methyl methoxyacetyl fentanyl (some trade or other names: 2-methoxy-N-(2-methylphenyl)-N-(1-phenethylpiperidin-4-yl)acetamide (ortho-methyl methoxyacetylfentanyl; 2-methyl methoxyacetyl fentanyl));

Methylfentanyl;

Methylthiofentanyl;

Morpheridine;

MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);

Noracymethadol;

Norlevorphanol;

Normethadone;

N-(1-(2-fluorophenethyl)piperidin-4-yl)-N-(2-fluorophenyl)propionamide (2'-fluoro ortho-fluorofentanyl; 2'-fluro 2'-fluorofentanyl);

Norpipanone;

N-pyrrolidino metonitazene (some trade or other names: metonitazepyne or 2-(4-methoxybenzyl)-5-nitro-1-(2-(pyrrolidin-1-yl)ethyl)-1H-benzo[d]imidazole, 2-hydroxy-1,2,3-propanetricarboxylate);

N-pyrrolidino protonitazene (some trade or other names: protonitazepyne or 5-nitro-2-(4-propoxybenzyl)-1-(2-(pyrrolidin-1-yl)ethyl)-1H-benzo[d]imidazole);

Ocfentanil (N-(2-fluorophenyl)-2-methoxy-N-(1-phenethylpiperidin-4-yl)acetamide;

Ortho-fluorofuranyl fentanyl (N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxamide);

Para-chloroisobutyryl fentanyl (N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

Para-fluorobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

Para-methoxybutyryl fentanyl (N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

Para-methoxyfuranyl fentanyl (N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxamide);

Para-methylcyclopropyl fentanyl (N-(4-methylphenyl)-N-(1-phenethylpiperidin-4-yl)cyclopropanecarboxamide);

PEPAP (1-(-2-phenethyl)-4-phenyl-4-acetoxypiperidine);

Phenadoxone;

Phenampromide;

Phenomorphan;

Phenoperidine;

Phenyl fentanyl (some trade or other names: benzoyl fentanyl);

Phenylpropanoyl fentanyl;

Piritramide;

Proheptazine;

Properidine;

Propiram;

Racemoramide;

Tetrahydrofuranyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrofuran-2-carboxamide);

Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);

Thiofuranyl fentanyl (some trade or other names: thiophene fentanyl);

Tianeptine;

Tilidine;

Trimeperidine; or

Valeryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylpentanamide).

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;

Acetyl fentanyl;

Acetyldihydrocodeine;

Benzylmorphine;

Codeine methylbromide;

Codeine-N-Oxide;

Cyprenorphine;

Desomorphine;

Dihydromorphine;

Drotebanol;

Etorphine (except hydrochloride salt);

Heroin;

Hydromorphinol;

Methyldesorphine;

Methyldihydromorphine;

Morphine methylbromide;

Morphine methylsulfonate;

Morphine-N-Oxide;

Myrophine;

Nicocodeine;

Nicomorphine;

Normorphine;

Pholcodine; or

Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

ADB-BUTINACA (some trade or other names: N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-butyl-1H-indazole-3-carboxamide;

ADB-4en-PINACA (some trade or other names: N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(pent-4-en-1-yl)-1H-indazole-3-carboxamide);

Adinazolam (some trade or other names: 8-chloro-1-((dimethylamino)methyl)-6-phenyl-4H-s-triazolo(4,3-a)(1,4)benzodiazepine; adinazolamum; Deracyn);

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

Alpha-PiHP (some trade or other names: 4-methyl-1-phenyl-2-(pyrrolidin-1-yl)pentan-1-one);

Bromazolam (some trade or other names: 8-bromo-1-methyl-6-phenyl-4H[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; XLI-268);

1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);

2-(4-Chloro-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-C);

4-(2-chlorophenyl)-2-ethyl-9-methyl-6H-thieno[3,2-f][1,2,4]triazolo[4,3-a][1,4]diazepine (some trade or other names: Etizolam);

Clonazolam (some trade or other names: 6-(2-chlorophenyl)-1-methyl-8-nitro-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; clonitrazolam);

CUMYL-PEGACLONE (some trade or other names: SGT-151; 5-Pentyl-2-(2-phenylpropan-2-yl)pyrido[4,3-b]indol-1-one; 2,5-dihydro-2-(1-methyl-1-phenylethyl)-5-pentyl-1H-pyrido[4,3-b]indol-1-one);

1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole (some trade or other names: SR-18; BTM-8; RCS-8);

Diclazepam (some trade or other names: 7-chloro-5-(2-chlorophenyl)-1,3-dihydro-1-methyl-2H-1,4-benzodiazepin-2-one; 7-chloro-5-(2-chlorophenyl)-1-methyl-1,3-dihydro-2H-benzo[e][1,4]diazepin-2-one; 2'-chlorodiazepam; Chlorodiazepam; Ro 5-3448);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);

2-(2,5-Dimethoxy-4-ethylphenyl)ethanamine (some trade or other names: 2C-E);

2-(2,5-Dimethoxy-4-methylphenyl)ethanamine (some trade or other names: 2C-D);

2-(2,5-Dimethoxy-4-nitro-phenyl)ethanamine (some trade or other names: 2C-N);

2,5-Dimethoxy-N-(2-methoxybenzyl) phenethylamine (NBOMe) and any derivative thereof (some trade or other names: 2C-X-NBOMe; N-benzylated phenethylamines; N-o-methoxybenzyl analogs; NBOMe; 25H-NBOMe; 25B-NBOMe; 25C-NBOMe; 25D-NBOMe; 25E-NBOMe; 25I-NBOMe; 25N-NBOMe; 25P-NBOMe; 25T2-NBOMe; 25T4-NBOMe; 25T7-NBOMe);

2-(2,5-Dimethoxy-4-(n)-propylphenyl)ethanamine (some trade or other names: 2C-P);

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

2-(2,5-Dimethoxyphenyl)ethanamine (some trade or other names: 2C-H);

3-[(2-Dimethylamino)ethyl]-1H-indol-4-yl acetate (some trade or other names: 4-acetoxy-N, N-dimethyltryptamine;4-AcO-DMT; psilacetin; O-acetylpsilocin; 4-acetoxy-DMT);

5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or other names: CP-47,497);

5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7298 (some trade or other names: cannabicyclohexanol; CP-47,497 C8 homologue);

Ethyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-EDMB-PINACA);

4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone (some trade or other names: (4-ethyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone; JWH-210);

2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-2);

5F-EDMB-PICA (some trade or other names: 5F-EDMB-2201; Ethyl 2-[[1-(5-fluoropentyl)indole-3-carbonyl]amino]-3,3-dimethyl-butanoate; N-[[1-(5-fluoropentyl)-1H-indol-3-yl]carbonyl]-3-methyl-L-valine, ethyl ester);

4F-MDMB-BUTICA (some trade or other names: 4F-MDMB-BICA; Methyl 2-[[1-(4-fluorobutyl)indole-3-carbonyl]amino]-3,3-dimethyl-butanoate; N-[[1-(4-fluorobutyl)-1H-indol-3-yl]carbonyl]-3-methyl-L-valine, methyl);

Flualprazolam (some trade or other names: 8-chloro-6-(2-fluorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; 8-chloro-6-(2-fluoro-phenyl)-1-methyl-4h-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; 2'-fluoro alprazolam; ortho-fluoro alprazolam);

Flubromazepam (some trade or other names: 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-Bromo-5-(2-fluorophenyl)-1H-benzo[e][1,4]diazepin-2(3H)-one; 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-1,4-benzodiazepin-2-one);

Flubromazolam (some trade or other names: 8-bromo-6-(2-fluorophenyl)-1-methyl-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine);

Flunitrazolam (some trade or other names: 6-(2-fluorophenyl)-1-methyl-8-nitro-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine);

(1-(4-fluorobenzyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: FUB-144);

2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3-methylbutanoate (Some trade or other names: FUB-AMB; MMB-FUBINACA);

[1-(5-fluoropentyl)-1H-indazol-3-yl](naphthalen-1-yl)methanone (some trade or other names: THJ-2201; 5-fluoro THJ 018; AM2201 indazole analog; fluorpentyl JWH-018 indazole);

[1-(5-fluoropentyl)-1H-indol-3-yl]-1-naphthalenyl-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(1-naphthoyl)indole; AM-2201);

[1-(5-fluoropentyl)-1H-indol-3-yl]-(2-iodophyenyl)-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole; AM-694);

(1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: XLR-11);

1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide (some trade or other names: 5F-CUMYL-PINACA; SGT-25);

1-(5-fluoropentyl)-N-(tricyclo[3.3.1.13,7]dec-1-yl)-1H-indazole-3-carboxamide (some trade or other names: N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide; APINACA 5-fluoropentyl analog; 5F-AKB48; 5-Fluoro-AKB48; 5F-APINACA; 5-Fluoro-APINACA;

1-(5-fluoropentyl)-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-(5-fluoropentyl)-1H-indole-3-carboxylic acid 8-quinolinyl ester; 5-Fluoro-PB-22; 5F-PB-22);

Flutoprazepam (some trade or other names: 7-chloro-1-(cyclopropylmethyl)-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one);

2-(4-Iodo-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-I);

2-[4-(Isopropylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-4);

1-hexyl-3-(1-naphthoyl)indole (some trade or other names: JWH-019);

MDMB-4en-PINACA (some trade or other names: Methyl 3,3-dimethyl-2-(1-(pent-4-en-1-yl)-1H-indazole-3-carboxamido)butanoate);

Meclonazepam (some trade or other names: (3S)-5-(2-chlorophenyl)-1,3-dihydro-3-methyl-7-nitro-2H-1,4-benzodiazepin-2-one; Ro 11-3128);

Methoxetamine (some trade or other names: MXE; 2-(3-methoxyphenyl)-2-(ethylamino)cyclohexanone);

3-MMC (some trade or other names: 3-methylmethcathinone; 2-(methylamino)-1-(3-methylphenyl)propan-1-one);

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; para-methoxyamphetamine; PMA);

(4-methoxy-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-081);

5-methoxy-3,4-methylenedioxyamphetamine (some trade or other names: MMDA);

5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);

4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; “DOM”; “STP”);

(4-methyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-122);

Methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-ADB; 5F-MDMB-PINACA);

Methyl 2-(1-(5-fluoropentyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-MDMB-PICA);

Methylenedioxyamphetamine (some trade or other names: MDA);

Methylenedioxymethamphetamine (MDMA);

Methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);

MMB-FUBICA ester (some trade or other names: Methyl 2-(1-(4-fluorobenzyl)-1H-indole-3-carboxamido)-3-methyl butanoate; N-[[1-[(4-fluorophenyl)methyl]-1H-indol-3-yl]carbonyl]-L-valine, methyl ester);

1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names: JWH-200);

N-(adamantan-1-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (some trade or other names: FUB-AKB48; FUB-APINACA; AKB48 N-(4-fluorobenzyl);

N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: 1-pentyl-N-tricyclo[3.3.1.13,7]dec-1-yl-1H-indazole-3-carboxamide; APINACA; AKB48);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other names: ADB-CHMINACA; MAB-CHMINACA);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (trade or other name: ADB-PINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: AB-PINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (trade or other name: AB-FUBINACA);

N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other name: AB-CHMINACA);

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

2-(2-methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone (some trade or other names: 1-(1-pentyl-1H-indol-3-yl)-2-(2-methoxyphenyl)-ethanone; 1-pentyl-3-(2-methoxyphenylacetyl)indole; JWH-250);

Nifoxipam (some trade or other names: 5-(2-fluorophenyl)-1,3-dihydro-3-hydroxy-7-nitro-2H-1,4-benzodiazepin-2-one; 1,3-Dihydro-5-(2-fluorophenyl)-3-hydroxy-7-nitro-2H-1,4-benzodiazepin-2-one; 3-hydroxydesmethylflunitrazepam; DP 370);

Nitrazolam (some trade or other names: 1-methyl-8-nitro-6-phenyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine);

Norflurazepam (some trade or other names: 7-chloro-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; nor-Flurazepam; N-Desalkylflurazepam; Desalkylflurazepam; Ro 5-3367);

1-Pentyl-3-(2-chlorophenylacetyl)indole (some trade or other names: JWH-203);

1-Pentyl-3-(4-cholor-1-naphthoyl)indole (some trade or other names: JWH-398);

1-Pentyl-3-[(4-methoxy)-benzoyl]indole (some trade or other names: SR-19; BTM-4; RCS-4);

1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);

(1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: UR-144);

1-pentyl-N-(tricyclo[3.3.1.$1^{3,7}$]dec-1-yl-1H-indole-3 carboxamide (some trade or other names: APICA; JWH-018 adamantyl carboxamide; 2NE1; SDB-001);

1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-pentyl-1H-indole-3-carboxylic acid 8-quinolinyl ester; PB-22; QUPIC);

Phenazepam (some trade or other names: 7-bromo-5-(2-chlorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-bromo-5-(2-chlorophenyl)-1,2-dihydro-3H-1,4-benzodiazepin-2-one; BD 98; Fenazepam; Elzepam; Phezipam; Phenorelaxan; Phenzitat);

Pyrazolam (some trade or other names: 8-bromo-1-methyl-6-(2-pyridinyl)-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine; 8-bromo-1-methyl-6-(pyridin-2-yl)-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; Pirazolam);

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT; N,N-DMT; N,N-Dimethyltryptamine);

Fluorophenylpiperazine (some trade or other names: FPP, pFPP, 2-fluorophenylpiperazine, 3-fluorophenylpiperazine, 4-fluorophenylpiperazine);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

Gamma hydroxy butyric acid (some trade or other names: GHB);

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Methoxyphenylpiperazine (some trade or other names: MeOPP, pMPP, 4-MPP, 2-MeOPP, 3-MeOPP, 4-MeOPP);

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii Lemaire*, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Salvinorin A (some trade or other names: Divinorin A; Methyl (2S,4aR,6aR,7R,9S,10aS,10bR)-9-(acetyloxy)-2-(furan-3-yl)-6a,10b-dimethyl-4,10-dioxododecahydro-2H-benzo[f]isochromene-7-carboxylate);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy);

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP); or

Trifluoromethylphenylpiperazine (some trade or other names: 1-(3-trifluoromethylphenyl)piperazine; 3-trifluoromethylphenylpiperazine; TFMPP).

For the purposes of this subsection, “isomer” includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as *Datura*, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Alpha-PBP (some trade or other names: 1-phenyl-2-(pyrrolidin-1-yl)butan-1-one, alpha-pyrrolidinobutiophenone);

Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alpha-pyrrolidinopentiophenone, alpha-pyrrolidinovalerophenone, O-2387);

Alpha-pyrrolidinoheptaphenone (some trade or other names: PV8);

Alpha-pyrrolidinohexanophenone (some trade or other names: alpha-PHP);

Aminorex;

Butylone (some trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1-one, β-keto-N-methylbenzodioxolylpropylamine, bk-MBDB);

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha-aminopropiophenone; 2-aminopropiophenone; norephedrone);

4-chloro-alpha-pyrrolidinovalerophenone (some trade or other names: 4-chloro-a-PVP);

Dimethylone (some trade or other names: 3,4-methylenedioxy-N,Ndimethylcathinone; N,N-dimethyl MDCATH; N,N-dimethyl-3,4- methylenedioxycathinone; N,N-dimethyl-β-keto-3,4-methylenedioxyamphetamine; 1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)propan-1-one; bk-MDDMA);

N-ethylhexedrone;

Ethylone (some trade or other names: N-ethyl-3,4-methylenedioxycathinone; 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)propan-1-one; MDEC; bk-MDEA);

N-ethylpentylone (1-(1,3-benzodioxol-5-yl)-2-ethylamino)-pentan-1-one) (some trade or other names: ephylone);

Ethylphenidate (some trade or other names: ethyl 2-phenyl-2-(piperidin-2-yl)acetate);

Fenethylline;

Fluoroamphetamine (some trade or other names: 2-fluoroamphetamine, 3-fluoroamphetamine, 4-fluoroamphetamine, 2-FA, 3-FA, 4-FA, PFA);

Fluoromethcathinone (some trade or other names: 4-Fluoro-N-methylcathinone, 1-(4-fluorophenyl)-2-(methylamino)propan-1-one, 4-Fluoromethcathinone (Flephedrone), 4-FMC, 3-Fluoro-N-methylcathinone, 1-(3-fluorophenyl)-2-2(methylamino)propan-1-

one, 3-Fluoromethcathinone, 3-FMC, 2-Fluoro-N-methylcathinone, 1-(2-fluorophenyl)-2-(methylamino)propan-1-one, 2-FMC);

Mephedrone (some trade or other names: Methylmethcathinone, 4-Methylmethcathinone, 4-MMC, 4-Methylephedrone);

Methamphetamine;

Methcathinone (some trade or other names: N-Methylcathinone, cat);

Methedrone (some trade or other names: Methoxymethcathinone, 4-Methoxymethcathinone, bk-PMMA, methoxyphedrine);

4-methyl-alpha-ethylaminopentiophenone (some trade or other names: 4-MEAP);

4'-methyl-alpha-pyrrolidinohexiophenone (some trade or other names: MPHP);

4-methyl-alpha-pyrrolidinopropiophenone (some trade or other names: 1-(4-methylphenyl)-2-(pyrrolidin-1-yl)-propan-1-one, 4-MePPP);

(±)cis-4-methylaminorex ((+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazolamine);

Methylenedioxypyrovalerone (some trade or other names: 3,4-Methylenedioxypyrovalerone, MDPV);

Methylethcathinone (some trade or other names: 2-(ethylamino)-1-(4-methylphenyl)propan-1-one, 4-MEC, 4-methyl-N-ethylcathinone);

Methylone (some trade or other names: Methylenedioxy-N-methylcathinone, Methylenedioxymethcathinone, 3,4-Methylenedioxy-N-methylcathinone, bk-MDMA);

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethyl-benzeneethanamine; N,N-alpha-trimethylphenethylamine);

N-ethylamphetamine;

Naphyrone (some trade or other names: 1-(naphthalen-2-yl)-2(pyrrolidin-1-yl)pentan-1-one, naphthylpyrovalerone, naphpyrovalerone, NRG-1, O-2482);

Pentedrone (some trade or other names: 2-(methylamino)-1-phenylpentan-1-one, α-methylaminovalerophenone); or

Pentylone (trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one; beta-keto-methylbenzodioxolylpentanamine; bk-MBDP; bk-methyl-K).

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

9. Unless specifically listed in another schedule, Tetrahydrocannabinols (natural or synthetic equivalents of substances contained in the plant, or in the resinous extractives of Cannabis, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 9 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 8 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;

Tetrahydrocannabinols contained in the genus Cannabis or in the resinous extractives of the genus Cannabis;

Synthetic equivalents of tetrahydrocannabinol substances or synthetic substances, derivatives and their isomers with a similar chemical structure; and

Since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered).

10. Unless specifically listed in another schedule and except as otherwise provided in subsection 11, any material, compound, mixture or preparation which contains any quantity of CBD (natural or synthetic equivalents of the substances contained in the plant or in the resinous extractives of Cannabis sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity).

11. A drug product which:

(a) Has been approved by the United States Food and Drug Administration;

(b) Contains CBD derived from any plant in the genus Cannabis or the resinous extractives thereof; and

(c) Contains not more than 0.1 percent residual THC by weight,

➥ is not a controlled substance.

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB FILE NO. R038-26I

The following document is the initial draft regulation proposed by the agency submitted on 03/10/2026

Proposed Regulation of the Nevada State Board of Pharmacy

March 5, 2026

Explanation – Language in ***blue italics*** is new; language in ***red text*** [~~*omitted material*~~] is language to be omitted, and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 453.146; NRS 453.221; NRS 639.070

A REGULATION relating to controlled substances adding N-Pyrrolidino Metonitazene and N-Pyrrolidino Protonitazene to the controlled substances listed in Schedule I; and providing other matters properly relating thereto.

NAC 453.510 is hereby amended to read as follows:

1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated

2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-phenylacetamide);

Acetylmethadol;

Acryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylacrylamide) (some trade or other names: acryloylfentanyl);

Allylprodine;

Alpha' -methyl butyryl fentanyl (2-methyl-N-(1-phenethylpiperidin-4-yl)-phenylbutanamide);

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-

acetylmethadol, levomethadyl acetate or “LAAM”);

Alphameprodine;

Alphamethadol;

Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);

Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);

Benzethidine;

Betacetylmethdol;

Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidinyl]-N-phenylpropanamide);

Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidinyl]-N-phenylpropanamide);

Beta-hydroxythiofentanyl (trade or other names: N-[1-[2-hydroxy-2-(thiophen-2-yl)ethyl]piperidin-4-yl]-N-phenylpropionamide; N-[1-[2-hydroxy-2-(2-thienyl)ethyl]-4-piperidinyl]-N-phenylpropanamide);

Betameprodine;

Beta-methylacetyl fentanyl (N-phenyl-N-(1-(2-phenylpropyl)piperidin-4-yl)acetamide);

Betamethadol;

Betaprodine;

Butyryl fentanyl (trade or other names: N-(1-phenethylpiperidin-4-yl)-N-phenylbutyramide; N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

Clonitazene;

Cyclopentylfentanyl(N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopentanecarboxamide);

Cyclopropylfentanyl(N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopropanecarboxamide);

Dextromoramide;

Diampromide;

*2',5'-dimethoxyfentanyl (*N *-(1-(2,5 dimethoxyphenethyl)piperidin-4-yl)* N*-phenylpropionamide);*

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

Dimethylthiambuten;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxeridine;

Eutylone (bk-EBDB, 1-(1,3-Benzodioxol-5-yl)-2-(ethylamino)butan-1-one, b-keto-ethylbenzodioxolylbutanamine);

Fentanyl carbamate (Ethyl-(1-phenethylpiperidin-4-yl)(phenyl)carbamate);

Fluoro furanyl fentanyl;

Fluoroacryl fentanyl;

Fluorobutyryl fentanyl;

Fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);

Fluoroisobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

Furanyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-2-carboxamide);

3-furanyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-3-carboxamide);

Furethidine;

Hydroxypethidine;

Isobutyryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylisobutyramide);

Isovaleryl fentanyl (3-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

Isotonitazene;

Ketobemidone;

Levomoramide;

Levophenacylmorphan;

Meta -fluorofentanyl (N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide);

Meta-fluorofuranyl fentanyl (N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxamide);

Meta -fluoroisobutyryl fentanyl (N-(3-fluorophenyl)- N-(1-phenethylpiperidin-4-yl) isobutyramide);

Methoxyacetyl fentanyl;

Methyl acetyl fentanyl;

2-Methyl-AP-237 (some trade or other names: 1-(2-methyl-4-(3- phenyl-2-propen-1-yl)-1-piperazinyl)-1-butanone; 2-MAP);

Methyl methoxyacetyl fentanyl (some trade or other names: 2-methoxy-N-(2-methylphenyl)-N-(1-phenethylpiperidin-4-yl)acetamide (ortho-methyl methoxyacetylfentanyl; 2-methyl methoxyacetyl fentanyl));

Methylfentanyl;

Methylthiofentanyl;

Morpheridine;

MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);

Noracymethadol;

Norlevorphanol;

Normethadone;

N-(1-(2-fluorophenethyl)piperidin-4-yl)-N-(2-fluorophenyl)propionamide (2'-fluoro ortho-fluorofentanyl; 2'-fluro 2'-fluorofentanyl);

N-pyrrolidino metonitazene (some trade or other names: metonitazepyne or 2-(4-methoxybenzyl)-5-nitro-1-(2-(pyrrolidin-1-yl)ethyl)-1H-benzo[d]imidazole, 2-hydroxy-1,2,3-propanetricarboxylate)

N-pyrrolidino protonitazene (some trade or other names: protonitazepyne or 5-nitro-2-(4-propoxybenzyl)-1-(2-(pyrrolidin-1-yl)ethyl)-1H-benzo[d]imidazole)

Norpipanone;

Ocfentanil (N-(2-fluorophenyl)-2-methoxy-N-(1-phenethylpiperidin-4-yl)acetamide;

Ortho-chlorofentanyl (N-(2-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide);

Ortho-fluorofuranyl fentanyl (N-(2-fluorophenyl)- N-(1-phenethylpiperidin-4-yl)furan-2-carboxamide);

Ortho-methylcyclopropyl fentanyl (N-(2-methylphenyl)-N-(1-phenethylpiperidin-4-yl)cyclopropanecarboxamide);

Para chlorofentanyl (N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide);

Para-chloroisobutyryl fentanyl (N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

Para-fluorobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

Para-fluoro valeryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)pentanamide);

Para-methoxybutyryl fentanyl (N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

Para-methoxyfuranyl fentanyl (N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxamide);

Para-methylcyclopropyl fentanyl (N-(4-methylphenyl)-N-(1-phenethylpiperidin-4-yl)cyclopropanecarboxamide);

PEPAP (1-(-2-phenethyl)-4-phenyl-4-acetoxypiperidine);

Phenadoxone;

Phenampromide;

Phenomorphan;

Phenoperidine;

Phenyl fentanyl (some trade or other names: benzoyl fentanyl);

Phenylpropanoyl fentanyl;

Piritramide;

Proheptazine;

Properidine;

Propiram;

Racemoramide;

Tetrahydrofuranyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrofuran-2-carboxamide);

Tetrahydrothiofuranyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrothiophene-2-carboxamide);

Tianeptine;

Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);

Thiofuranyl fentanyl (some trade or other names: thiophene fentanyl);

Tilidine;

Trimeperidine; or

Valeryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylpentanamide).

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;

Acetyl fentanyl;

Acetyldihydrocodeine;

Benzylmorphine;

Codeine methylbromide;

Codeine-N-Oxide;

Cyprenorphine;

Desomorphine;

Dihydromorphine;

Drotebanol;

Etorphine (except hydrochloride salt);

Heroin;

Hydromorphinol;

Methyldesorphine;

Methyldihydromorphine;

Morphine methylbromide;

Morphine methylsulfonate;

Morphine-N-Oxide;

Myrophine;

Nicocodeine;

Nicomorphine;

Normorphine;

Pholcodine; or

Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

ADB–BUTINACA (some trade or other names: N -(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-butyl-1 H -indazole-3-carboxamide

ADB-4en-PINACA (some trade or other names: N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(pent-4-en-1-yl)-1H-indazole-3-carboxamide)

Adinazolam (some trade or other names: 8-chloro-1-((dimethylamino)methyl)-6-phenyl-4H-s-triazlo(4,3-a)(1,4)benzodiazepine; adinazolamum; Deracyn);

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

Alpha -PiHP (some trade or other names: 4-methyl-1-phenyl-2-(pyrrolidin-1-yl)pentan-1-one)

Bromazolam (some trade or other name: 8-bromo-1-methyl-6-phenyl H[1,2,4]triazolo[4,3a][1,4]benzodiazepine; XLI-268);

1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

~~3~~-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);

2-(4-Chloro-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-C);

4-(2-chlorophenyl)-2-ethyl-9-methyl-6H-thieno[3,2-f][1,2,4]triazolo[4,3-a][1,4]diazepine (some trade or other names: Etizolam);

Clonazolam (some trade or other names: 6-(2-chlorophenyl)-1-methyl-8-nitro-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; clonitrazolam);

1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole (some trade or other names: SR-18; BTM-8; RCS-8);

CUMYL-PEGACLONE (some trade or other names: SGT-151; 5-Pentyl-2-(2-phenylpropan-2-yl)pyrido[4,3-b]indol-1-one; 2,5-dihydro-2-(1-methyl-1-phenylethyl)-5-pentyl-1H-pyrido[4,3-b]indol-1-one)

Diclazepam (some trade or other names: 7-chloro-5-(2-chlorophenyl)-1,3-dihydro-1-methyl-2H-1,4-benzodiazepine-2-one; 7-chloro-5-(2-chlorophenyl)-1-methyl-1,3-dihydro-2H-benzo[e][1,4]diazepin-2-one; 2'-chlorodiazepam; Chlorodiazepam; Ro 5-3448);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alpha-

methylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);

2-(2,5-Dimethoxy-4-ethylphenyl)ethanamine (some trade or other names: 2C-E);

2-(2,5-Dimethoxy-4-methylphenyl)ethanamine (some trade or other names: 2C-D);

2-(2,5-Dimethoxy-4-nitro-phenyl)ethanamine (some trade or other names: 2C-N);

2,5-Dimethoxy-N-(2-methoxybenzyl) phenethylamine (NBOMe) and any derivative thereof (some trade or other names: 2C-X-NBOMe; N-benzylated phenethylamines; N- o-methoxybenzyl analogs; NBOMe; 25H-NBOMe; 25B-NBOMe; 25C-NBOMe; 25D-NBOMe; 25E-NBOMe; 25I-NBOMe; 25N-NBOMe; 25P-NBOMe; 25T2-NBOMe; 25T4-NBOMe; 25T7-NBOMe);

2-(2,5-Dimethoxy-4-(n)-propylphenyl)ethanamine (some trade or other names: 2C-P);

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

2-(2,5-Dimethoxyphenyl)ethanamine (some trade or other names: 2C-H);

3-[(2-Dimethylamino)ethyl]-1H-indol-4-yl acetate (some trade or other names: 4-acetoxy- N, N-dimethyltryptamine;4-AcO-DMT; psilacetin; O-acetylpsilocin; 4-acetoxy-DMT);

5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or other names: CP-47,497);

5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7298 (some trade or other names: cannabicyclohexanol; CP-47,497 C8 homologue);

Ethyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-EDMB-PINACA);

4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone (some trade or other names: (4- ethyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone; JWH-210);

2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-2);

4F-MDMB-BUTICA (some trade or other names: 4F-MDMB-BICA; Methyl 2-[[1-(4-fluorobutyl)indole-3-carbonyl]amino]-3,3-dimethyl-butanoate; N-[[1-(4-fluorobutyl)-1H-indol-3-yl]carbonyl]-3-methyl-L-valine, methyl)

5F-EDMB-PICA (some trade or other names: 5F-EDMB-2201; Ethyl 2-[[1-(5-fluoropentyl)indole-3-carbonyl]amino]-3,3-dimethyl-butanoate; N-[[1-(5-fluoropentyl)-1H-indol-3-yl]carbonyl]-3-methyl-L-valine, ethyl ester)

Flualprazolam (some trade or other names: 8-chloro-6-(2-fluorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; 8-chloro-6-(2-fluoro-phenyl)-1-methyl-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; 2'-fluoro alprazolam; ortho-fluoro alprazolam);

Flubromazepam (some trade or other names: 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-Bromo-5-(2-fluorophenyl)-1H-benzo[e][1,4]diazepin- 2(3H)-one; 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-1,4-benzodiazepin-2-one);

Flubromazolam (some trade or other names: 8-bromo-6-(2-fluorophenyl)-1-methyl-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine);

Flunitrazolam (some trade or other names: 6-(2-fluorophenyl)-1-methyl-8-nitro-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine);

(1-(4-fluorobenzyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: FUB-144);

2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3-methylbutanoate (Some trade or other names: FUB-AMB; MMB-FUBINACA);

[1-(5-fluoropentyl)-1H-indazol-3-yl](naphthalen-1-yl)methanone (some trade or other names: THJ-2201; 5-fluoro THJ 018; AM2201 indazole analog; fluorpentyl JWH-018

indazole);

[1-(5-fluoropentyl)-1H-indol-3-yl]-1-naphthalenyl-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(1-naphthoyl)indole; AM-2201);

[1-(5-fluoropentyl)-1H-indol-3-yl]-(2-iodophyenyl)-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole; AM-694);

(1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: XLR-11);

1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide (some trade or other names: 5F-CUMYL-PINACA; SGT-25);

1-(5-fluoropentyl)-N-(tricyclo[3.3.1.13,7]dec-1-yl)-1H-indazole-3-carboxamide (some trade or other names: N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide; APINACA 5-fluoropentyl analog; 5F-AKB48; 5-Fluoro-AKB48; 5F-APINACA; 5-Fluoro-APINACA;

1-(5-fluoropentyl)-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-(5-fluoropentyl)-1H-indole-3-carboxylic acid 8-quinolinyl ester; 5-Fluoro-PB-22; 5F-PB-22);

Flutoprazepam (some trade or other names: 7-chloro-1-(cyclopropylmethyl)-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one);

2-(4-Iodo-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-I);

2-[4-(Isopropylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-4);

1-hexyl-3-(1-naphthoyl)indole (some trade or other names: JWH-019);

MDMB-4en-PINACA (some trade or other names: Methyl 3,3-dimethyl-2-(1-(pent-4-en-1-yl)-

1H-indazole-3-carboxamido)butanoate)

Meclonazepam (some trade or other names: (3S)-5-(2-chlorophenyl)-1,3-dihydro-3-methyl-7-nitro-2H-1,4-benzodiazepin-2-one; Ro 11-3128);

Methoxetamine (some trade or other names: MXE; 2-(3-methoxyphenyl)-2-(ethylamino)cyclohexanone)

3–MMC (some trade or other names: 3-methylmethcathinone; 2-(methylamino)-1-(3-methylphenyl)propan-1-one)

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; para-methoxyamphetamine; PMA);

(4-methoxy-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-081);

5-methoxy-3,4-methylenedioxyamphetamine (some trade or other names: MMDA);

5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);

4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; “DOM”; “STP”);

(4-methyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-122);

Methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-ADB; 5F-MDMB-PINACA);

Methyl 2-(1-(5-fluoropentyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-MDMB-PICA);

Methylenedioxyamphetamine (some trade or other names: MDA);

Methylenedioxymethamphetamine (MDMA);

Methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);

1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names: JWH-200);

MMB-FUBICA ester (some trade or other names: Methyl 2-(1-(4-fluorobenzyl)-1H-indole-3-carboxamido)-3-methyl butanoate; N-[[1-[(4-fluorophenyl)methyl]-1H-indol-3-yl]carbonyl]-L-valine, methyl ester

N-(adamantan-1-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (some trade or other names: FUB-AKB48; FUB-APINACA; AKB48 N-(4-fluorobenzyl);

N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: 1-pentyl-N-tricyclo[3.3.1.13,7]dec-1-yl-1H-indazole-3-carboxamide; APINACA; AKB48);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other names: ADB-CHMINACA; MAB-CHMINACA);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (trade or other name: ADB-PINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: AB-PINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (trade or other name: AB-FUBINACA);

N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other name: AB-CHMINACA);

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

2-(2-methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone (some trade or other names: 1-(1-pentyl-1H-indol-3-yl)-2-(2-methoxyphenyl)-ethanone; 1-pentyl-3-(2-methoxyphenylacetyl)indole; JWH-250);

Nifoxipam (some trade or other names: 5-(2-fluorophenyl)-1,3-dihydro-3-hydroxy-7- nitro-2H-1,4-benzodiazepin-2-one; 1,3-Dihydro-5-(2-fluorophenyl)-3-hydroxy-7-nitro- 2H-1,4-benzodiazepin-2-one; 3-hydroxydesmethylflunitrazepam; DP 370);

Nitrazolam (some trade or other names: 1-methyl-8-nitro-6-phenyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine);

Norflurazepam (some trade or other names: 7-chloro-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; nor-Flurazepam; N-Desalkylflurazepam; Desalkylflurazepam; Ro 5-3367);

1-Pentyl-3-(2-chlorophenylacetyl)indole (some trade or other names: JWH-203);

1-Pentyl-3-(4-cholor-1-naphthoyl)indole (some trade or other names: JWH-398);

1-Pentyl-3-[(4-methoxy)-benzoyl]indole (some trade or other names: SR-19; BTM-4; RCS-4);

1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);

(1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: UR-144);

1-pentyl-N-(tricyclo[3.3.1.$1^{3,7}$]dec-1-yl-1H-indole-3 carboxamide (some trade or other names: APICA; JWH-018 adamantyl carboxamide; 2NE1; SDB-001);

1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-pentyl-1H-indole-3-carboxylic acid 8-quinolinyl ester; PB-22; QUPIC);

Phenazepam (some trade or other names: 7-bromo-5-(2-chlorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-bromo-5-(2-chlorophenyl)-1,2-dihydro-3H-1,4-benzodiazepin- 2-

one; BD 98; Fenazepam; Elzepam; Phezipam; Phenorelaxan; Phenzitat);

Pyrazolam (some trade or other names: 8-bromo-1-methyl-6-(2-pyridinyl)-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine; 8-bromo-1-methyl-6-(pyridin-2-yl)-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; Pirazolam);

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT; N,N-DMT; N,N-Dimethyltryptamine);

Fluorophenylpiperazine (some trade or other names: FPP, pFPP, 2-fluorophenylpiperazine, 3-fluorophenylpiperazine, 4-fluorophenylpiperazine);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

Gamma hydroxy butyric acid (some trade or other names: GHB);

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Methoxyphenylpiperazine (some trade or other names: MeOPP, pMPP, 4-MPP, 2-MeOPP, 3-MeOPP, 4-MeOPP);

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii Lemaire*, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Salvinorin A (some trade or other names: Divinorin A; Methyl (2S,4aR,6aR,7R,9S,10aS,10bR)-9-(acetyloxy)-2-(furan-3-yl)-6a,10b-dimethyl-4,10-dioxododecahydro-2H-benzofisochromene-7-carboxylate);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy);

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP); or

Trifluoromethylphenylpiperazine (some trade or other names: 1-(3-trifluoromethylphenyl)piperazine; 3-trifluoromethylphenylpiperazine;

TFMPP).

 For the purposes of this subsection, “isomer” includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as Datura, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Alpha-PBP (some trade or other names: 1-phenyl-2-(pyrrolidin-1-yl)butan-1-one, alpha- pyrrolidinobutiophenone);

Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alpha- pyrrolidinopentiophenone, alpha-pyrrolidinovalerophenone, O-2387);

Alpha-pyrrolidinoheptaphenone (some trade or other names: PV8);

Alpha-pyrrolidinohexanophenone (some trade or other names: alpha-PHP);

Aminorex;

Butylone (some trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1- one, β-keto-N-methylbenzodioxolylpropylamine, bk-MBDB);

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha- aminopropiophenone; 2-aminopropiophenone; norephedrone);

4-chloro-alpha-pyrrolidinovalerophenone (some trade or other names: 4-chloro-a-PVP);

Dimethylone (some trade or other names: 3,4-methylenedioxy-N,Ndimethylcathinone; N,N-dimethyl MDCATH; N,N-dimethyl-3,4- methylenedioxycathinone; N,N-dimethylβ-keto-3,4-methylenedioxyamphetamine; 1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)propan-1-one; bk-MDDMA);

Dipentylone (some trade or other names: 1-(1,3-benzodioxol-5-yl)-2 (dimethylamino)pentan-1-one and N,N -dimethylpentylone)N-ethylhexedrone;

Ethylone (some trade or other names: N-ethyl-3,4-methylenedioxycathinone; 1-(1,3- benzodioxol-5-yl)-2-(ethylamino)propan-1-one; MDEC; bk-MDEA);

N-ethylpentylone (1-(1,3-benzodioxol-5-yl)-2-ethylamino)-pentan-1-one) (some trade or other names: ephylone);

Ethylphenidate (some trade or other names: ethyl 2-phenyl-2-(piperidin-2-yl)acetate);

Fenethylline;

Fluoroamphetamine (some trade or other names: 2-fluoroamphetamine, 3-fluoroamphetamine, 4-fluoroamphetamine, 2-FA, 3-FA, 4-FA, PFA);

Fluoromethcathinone (some trade or other names: 4-Fluoro-N-methylcathinone, 1-(4-

fluorophenyl)-2-(methylamino)propan-1-one, 4-Fluoromethcathinone (Flephedrone), 4- FMC, 3-Fluoro-N-methylcathinone, 1-(3-fluorophenyl)-2-2(methylamino)propan-1- one, 3-Fluoromethcathinone, 3-FMC, 2-Fluoro-N-methylcathinone, 1-(2-fluorophenyl)- 2-(methylamino)propan-1-one, 2-FMC);

Mephedrone (some trade or other names: Methylmethcathinone, 4-Methylmethcathinone, 4-MMC, 4-Methylephedrone);

Methamphetamine;

Methcathinone (some trade or other names: N Methylcathinone,cat);

Methedrone (some trade or other names: Methoxymethcathinone, 4-Methoxymethcathinone, bk-PMMA, methoxyphedrine);

4-methyl-alpha-ethylaminopentiophenone (some trade or other names: 4-MEAP);

4'-methyl-alpha-pyrrolidinohexiophenone (some trade or other names: MPHP);

4-methyl-alpha-pyrrolidinopropiophenone (some trade or other names: 1-(4-methylphenyl)-2-(pyrrolidin-1-yl)-propan-1-one, 4-MePPP);

(±)cis-4-methylaminorex ((+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazolamine);

Methylenedioxypyrovalerone (some trade or other names: 3,4-Methylenedioxypyrovalerone, MDPV);

Methylethcathinone (some trade or other names: 2-(ethylamino)-1-(4-methylphenyl)propan-1-one, 4-MEC, 4-methyl-N-ethylcathinone);

Methylone (some trade or other names: Methylenedioxy-N-methylcathinone, Methylenedioxymethcathinone, 3,4-Methylenedioxy-N-methylcathinone, bk-MDMA);

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethyl-

benzeneethanamine; N,N-alpha-trimethylphenethylamine);

N-ethylamphetamine;

Naphyrone (some trade or other names: 1-(naphthalen-2-yl)-2(pyrrolidin-1-yl)pentan-1-one, naphthylpyrovalerone, naphpyrovalerone, NRG-1, O-2482);

Pentedrone (some trade or other names: 2-(methylamino)-1-phenylpentan-1-one, α- methylaminovalerophenone); or

Pentylone (trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one; beta-keto-methylbenzodioxolylpentanamine; bk-MBDP; bk-methyl-K).

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

9. Unless specifically listed in another schedule, Tetrahydrocannabinols (natural or synthetic equivalents of substances contained in the plant, or in the resinous extractives of Cannabis, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 9 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 8 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;

Tetrahydrocannabinols contained in the genus Cannabis or in the resinous extractives of the genus Cannabis;

Synthetic equivalents of tetrahydrocannabinol substances or synthetic substances, derivatives and their isomers with a similar chemical structure; and

Since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered).

10. Unless specifically listed in another schedule and except as otherwise provided in subsection 11, any material, compound, mixture or preparation which contains any quantity of CBD (natural or synthetic equivalents of the substances contained in the plant or in the resinous extractives of Cannabis sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity).

11. A drug product which:

(a) Has been approved by the United States Food and Drug Administration;

(b) Contains CBD derived from any plant in the genus Cannabis or the resinous extractives thereof; and

(c) Contains not more than 0.1 percent residual THC by weight,

➥ is not a controlled substance.

15B

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

Posted: May 5, 2026

NOTICE OF INTENT TO ACT UPON A REGULATION

Notice of Hearing for the Adoption and Amendment of
Regulations of the Nevada State Board of Pharmacy

The Nevada State Board of Pharmacy will hold a Public Hearing at 9:00 a.m. on Thursday, June 4, 2026.

Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

Hilton Garden Inn
7830 S. Las Vegas Boulevard
Las Vegas, NV

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

The purpose of the hearing is to receive comments from all interested persons regarding the adoption and amendment of regulations that pertain to Chapter 639 and/or 453 of the Nevada Administrative Code.

The following information is provided pursuant to the requirements of NRS 233B.060:

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. (LCB File No. R072-25)

1. The need for and the purpose of the proposed regulation or amendment.

The purpose of the proposed regulation is to set minimum staffing standards in certain pharmacies so that patient care and safety are prioritized in the process of meeting pharmacy workloads. The proposed regulation will improve working conditions in pharmacies and address issues identified in a survey conducted by the Nevada State Board of Pharmacy of all pharmacists registered in Nevada.

2. Either the terms or the substance of the regulations to be adopted and amended.

A copy of the proposed regulation is attached to this notice.

3. The estimated economic effect of the regulation on the business which it is to regulate and on the public:

(a) Both adverse and beneficial effects.

The impact of this regulation on small businesses was assessed and showed that there should be little or no economic impact from this regulation on these regulated entities or on the public. Public comments have not provided a potential impact. The regulation amendment will have a beneficial effect on the regulated entities as it ensures pharmacies prioritize patient care and safety by adequately staffing each pharmacy to meet workloads and will improve work conditions in pharmacies by mitigating issues identified in a survey conducted by the Nevada State Board of Pharmacy of all pharmacists registered in Nevada. This regulation benefits the public as it will prioritize patient care and safety.

(b) Both immediate and long-term effects.

Both the immediate and long-term economic effects on regulated entities and on the public will be beneficial as the proposed regulation will ensure certain pharmacies are adequately staffed to meet workloads while prioritizing patient care and safety, and will improve work conditions in pharmacies by mitigating issues identified in a survey conducted by the Nevada State Board of Pharmacy of all pharmacists registered in Nevada.

4. The estimated cost to the agency for enforcement of the proposed regulation.

There will be no additional or special costs incurred by the Board of Pharmacy for enforcement of this regulation amendment.

5. A description of and citation to any regulations of other state or local governmental agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the proposed regulation overlaps or duplicates a federal regulation, the notice must include the name of the regulating federal agency.

The Board of Pharmacy is not aware of any similar regulations of any other state or local governmental agency that the proposed regulation amendment overlaps or duplicates.

6. If the regulation is required pursuant to federal law, a citation and description of the federal law.

The regulation is not required by federal law.

7. If the regulation includes provisions which are more stringent than a federal regulation that regulates the same activity, a summary of such provisions.

The Board of Pharmacy is not aware of any similar federal regulation of the same activity in which the state regulation is more stringent.

8. Whether the proposed regulation establishes a new fee or increases an existing fee.

This regulation does not provide a new or increase of fees.

Persons wishing to comment upon the proposed action of the Board may appear at the scheduled public hearing or may address their comments, data, views, or arguments, in written form, to the Board at teambc@pharmacy.nv.gov or to the Nevada State Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521. Written submissions must be received by the Board on or before June 4, 2026. If no person who is directly affected by the proposed action appears to request time to make an oral presentation, the Board may proceed immediately to act upon any written submissions.

Members of the public who are disabled and require special accommodations or assistance at the meeting are requested to notify the Nevada State Board of Pharmacy in writing at 985 Damonte Ranch Pkwy., #206, Reno, Nevada 89521, or by calling (775) 850-1440. Please notify us at least one (1) week prior to the scheduled meeting date to allow time to secure any necessary equipment or provisions prior to the meeting.

This notice and the text of the proposed regulation are also available in the State of Nevada Register of Administrative Regulations which is prepared and published monthly by the Legislative Counsel Bureau pursuant to NRS 233B.0653, and on the Internet at http://www.leg.state.nv.us. Copies of this

notice and the proposed regulation will also be mailed to members of the public upon request.

Pursuant to NRS 233B.064(1), upon adoption of any regulation, the Board, if requested to do so by an interested person, either before adoption or within 30 days thereafter, will issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

This notice of hearing has been posted at:

www.notice.nv.gov
www.bop.nv.gov
www.leg.state.nv.us.

Nevada State Board of Pharmacy
Reno, Nevada

Nevada State Board of Pharmacy
Las Vegas, Nevada

Nevada State Library
100 N. Stewart St.
Carson City, NV 89701

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R072-25

April 1, 2026

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[**~~omitted material~~**]** is material to be omitted.

AUTHORITY: §§ 1-9 and 11, NRS 639.070; § 10, NRS 639.070 and 639.1371.

A REGULATION relating to pharmacy; establishing certain requirements governing the staffing of certain pharmacies; requiring certain pharmacies to develop and implement certain processes and policies; requiring a pharmacy or medical products provider, with certain exceptions, to fill a prescription for a dangerous drug or medical product within 3 business days after receipt of a prescription or, for a refill, receipt of a request by the patient to refill the prescription; revising provisions concerning the supervision of pharmaceutical technicians and pharmaceutical technicians in training; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations relating to the practice of pharmacy in this State. (NRS 639.070) **Section 2** of this regulation establishes certain staffing requirements for a pharmacy. **Section 2** sets forth the minimum number of pharmacists, pharmaceutical technicians and intern pharmacists that are required to be working at a pharmacy, which varies based on the number of prescriptions the pharmacy is likely to fill on a particular day and whether the pharmacy operates a drive-through facility. **Section 3** of this regulation exempts a pharmacy from complying with the staffing requirements established in **section 2** if the pharmacy is unable to comply for certain specified reasons. Under **section 3**, failure to comply with the requirements of **section 2** for a reason other than a reason specified in **section 3** constitutes unprofessional conduct and may serve as the basis for disciplinary action.

Section 4 of this regulation: (1) sets forth certain additional staffing requirements for a pharmacy that dispenses controlled substances or dangerous drugs; and (2) requires such a pharmacy to provide a pharmacist employed by the pharmacy with sufficient time to complete his or her professional duties and responsibilities.

Section 5 of this regulation requires a pharmacy that dispenses controlled substances or dangerous drugs to develop and implement a process by which a member of the staff of the pharmacy may submit to the managing pharmacist or a pharmacist designated by the managing pharmacist to assume the duties of the managing pharmacist in his or her absence a written request for additional staff or a report of a concern regarding staffing. **Section 5** sets forth procedures by which the issues presented in such a request or report must be addressed. **Section**

5 additionally prohibits a pharmacy from disciplining or retaliating against an employee of the pharmacy who submits such a request or report.

Section 6 of this regulation requires a pharmacy, other than a pharmacy that is not open to the public, to develop and implement a policy that allows a pharmacist to: (1) limit the provision of immunizations and other nondispensing services under certain circumstances; and (2) limit the points of access to the pharmacy under certain circumstances. **Section 6** prohibits a pharmacy from: (1) overriding the decision of a pharmacist made pursuant to such a policy; or (2) disciplining or retaliating against a pharmacist who makes such a decision.

Section 7 of this regulation requires a pharmacy that dispenses controlled substances or dangerous drugs and the managing pharmacist of such a pharmacy to ensure that the pharmacy complies with **sections 2-6** to the extent applicable. **Section 7** additionally requires a member of the staff of such a pharmacy to report to the Board if the pharmacy fails to meet those requirements under certain circumstances.

Section 8 of this regulation requires a pharmacy or medical products provider to fill a prescription for a dangerous drug or medical product not later than 3 business days after receipt of the prescription or, if the prescription is a refill, receipt of a request by the patient to refill the prescription. **Section 8** sets forth various circumstances under which a pharmacy or medical products provider is not required to comply with that requirement.

Section 9 of this regulation defines the terms "dispensing services" and "nondispensing services." **Section 9** also eliminates certain definitions for terms which are already defined in the Nevada Revised Statutes.

Existing law requires the Board to adopt regulations concerning pharmaceutical technicians, including requirements for the supervision of pharmaceutical technicians. (NRS 639.1371) **Section 10** of this regulation revises the number of pharmaceutical technicians or pharmaceutical technicians in training that a pharmacist is authorized to supervise, depending on the type of pharmacy in which the pharmacist is working. **Section 10** also removes the authorization for a pharmacist working in certain pharmacies to exceed the number of pharmaceutical technicians he or she would otherwise be authorized to supervise under certain circumstances. Finally, **section 10** requires a pharmacist who is a member of the staff of a pharmacy to report to the Board concerning any failure of the pharmacy to comply with the requirements governing the supervision of pharmaceutical technicians.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 8, inclusive, of this regulation.

Sec. 2. ***1. Except as otherwise provided in this section, a pharmacy may be staffed with only one pharmacist.***

2. Except as otherwise provided in this section and section 3 of this regulation, on a day on which a pharmacy determines that the pharmacy is likely to fill more than 250

prescriptions, the pharmacy must be staffed at least 75 percent of the time that day that the pharmacy is open for business to the public between the hours of 9 a.m. and 9 p.m. with:

(a) At least two pharmacists who are fully dedicated to providing dispensing services and, if the pharmacy provides nondispensing services, nondispensing services; and

(b) If the pharmacy determines that the pharmacy is likely to fill more than 500 prescriptions, at least one pharmacist in addition to the pharmacists required by paragraph (a) who is, except as otherwise provided in this paragraph, fully dedicated to providing or supervising nondispensing services, except during his or her scheduled meal breaks. The pharmacist may assist in providing dispensing services, including, without limitation, the dispensing of controlled substances or dangerous drugs, if, in the professional judgment of the pharmacist, the care and safety of patients are not compromised.

3. Except as otherwise provided in section 3 of this regulation, at all times during which a pharmacy is staffed by only one pharmacist, the pharmacy must be staffed with at least:

(a) If the pharmacy does not operate a drive-through facility, one pharmaceutical technician or one intern pharmacist employed by the pharmacy.

(b) If the pharmacy operates a drive-through facility:

(1) Two pharmaceutical technicians employed by the pharmacy;

(2) Two intern pharmacists employed by the pharmacy; or

(3) One pharmaceutical technician and one intern pharmacist employed by the pharmacy.

4. A determination made by a pharmacy pursuant to subsection 2 concerning the number of prescriptions the pharmacy is likely to fill on a day must be based on the following factors:

(a) The number of prescriptions filled on the same day in the previous annum;

(b) Recent historical dispensing data;

(c) Patient demographics;

(d) Market trends;

(e) Seasonal trends; and

(f) Predictive analytics.

5. The provisions of subsection 2 do not apply to a pharmacy located in a rural area, as defined in NRS 484A.225.

6. As used in this section, "drive-through facility" has the meaning ascribed to it in NAC 639.526.

Sec. 3. *1. A pharmacy is not required to comply with the requirements of subsections 2 and 3 of section 2 of this regulation if one of the following reasons prevents the pharmacy from complying with those requirements:*

(a) An emergency;

(b) A natural or man-made disaster;

(c) The existence of a state of emergency or declaration of disaster proclaimed by the State or Federal Government; or

(d) Any other reason the Board determines is reasonable for the noncompliance of the pharmacy with the requirements.

2. If a reason specified in subsection 1 prevents the pharmacy from complying with the requirements of subsections 2 and 3 of section 2 of this regulation:

(a) The pharmacy must make an effort to provide reasonable accommodations; and

(b) The manager of the pharmacy shall disperse the total number of hours that the pharmacy is required to comply with the provisions of subsection 2 of section 2 of this

regulation for that day throughout the week in which the day falls. The manager must disperse the hours in a manner which prioritizes coverage during periods in which the pharmacy has the highest volume of dispensing and nondispensing services.

3. Failure by a pharmacy to comply with the requirements of subsections 2 and 3 of section 2 of this regulation for any reason other than a reason specified in subsection 1 constitutes unprofessional conduct pursuant to subsection 4 of NRS 639.210 and may serve as the basis for such disciplinary action as the Board deems appropriate.

4. As used in this section, "week" means a period of 7 consecutive calendar days beginning at 12:01 a.m. Sunday and ending at midnight Saturday.

Sec. 4. *1. In addition to the requirements of section 2 of this regulation, a pharmacy that dispenses controlled substances or dangerous drugs must be staffed:*

(a) In a manner that meets the demands of the pharmacy and prioritizes the care and safety of patients; and

(b) Sufficiently at all times in order to minimize fatigue, distraction or other conditions which interfere with the ability of a pharmacist to practice competently and safely.

2. A pharmacy that dispenses controlled substances or dangerous drugs must provide a pharmacist who is employed by the pharmacy with sufficient time to complete his or her professional duties and responsibilities.

Sec. 5. *1. A pharmacy that dispenses controlled substances or dangerous drugs shall develop and implement a process by which a member of the staff of the pharmacy may submit to the managing pharmacist or a pharmacist designated by the managing pharmacist to assume the duties of the managing pharmacist in his or her absence a written:*

(a) Request for additional staff; or

(b) Report of a concern regarding staffing.

2. Except as otherwise provided in subsection 3, if the managing pharmacist or his or her designee receives a request or report submitted pursuant to subsection 1, the managing pharmacist or his or her designee shall, in a timely manner to ensure a safe working environment for the staff of the pharmacy, but in no event later than 72 hours after the receipt of the request or report:

(a) Address each issue presented in the request or report;

(b) Document the actions taken by the managing pharmacist or his or her designee to address each issue; and

(c) Provide the person who submitted the request or report a written response.

3. If the managing pharmacist or his or her designee receives a request or report submitted pursuant to subsection 1 and determines that he or she does not have the authority to address an issue in the request or report, the managing pharmacist or his or her designee shall report the issue to a person who has the authority to address the issue not later than 24 hours after receipt of the request or report. The person shall, in a timely manner to ensure a safe working environment for the staff of the pharmacy, but in no event later than 72 hours after the receipt of the report of the issue:

(a) Address the issue;

(b) Document the actions taken by the person to address the issue; and

(c) Provide the person who submitted the request or report a written response.

4. A copy of each request or report submitted pursuant to subsection 1 and each written response provided pursuant to subsection 2 or 3 must be maintained on the premises of the pharmacy for at least 3 years in such a manner as to make the document readily accessible for

inspection by a member of the Board or a person conducting an inspection or investigation on behalf of the Board.

5. A pharmacy shall not discipline or retaliate in any way against an employee of the pharmacy who, in good faith, submits a request or report pursuant to subsection 1, including, without limitation, by:

(a) Removing or suspending the employee from employment;

(b) Withholding from the employee any salary increase or employee benefit to which the employee is otherwise entitled;

(c) Transferring or reassigning the employee;

(d) Denying the employee a promotion that he or she would have otherwise received; or

(e) Reducing the pay, position or scheduled work hours of the employee.

Sec. 6. *1. A pharmacy shall develop and implement a policy that allows a pharmacist to:*

(a) Limit the provision of immunizations and other nondispensing services if, in the professional judgment of the pharmacist, the provision of such services cannot be safely provided or may negatively impact the access of patients to medications. The policy required by this paragraph must require that, if the pharmacist limits the provision of immunizations and other nondispensing services, the staff of the pharmacy shall make an appointment for a patient or refer the patient to another pharmacy offering such services.

(b) Limit the points of access to the pharmacy if, in the professional judgment of the pharmacist, imposing such limitations will minimize fatigue, distraction or other conditions which interfere with the ability of a pharmacist to practice competently and safely. Any limitation on any point of access to a pharmacy pursuant to a policy required by this

paragraph must not interfere with the ability of a patient to drop off or receive dispensed prescriptions during the posted hours of operation of the pharmacy.

2. A pharmacy shall not override the decision of a pharmacist to limit the provision of immunizations and other nondispensing services or limit the points of access to the pharmacy made in accordance with the policy required by paragraph (a) or (b) of subsection 1, as applicable.

3. A pharmacy shall not discipline or retaliate against a pharmacist who limits the provision of immunizations and other nondispensing services or limits the points of access to the pharmacy in accordance with the policy required by paragraph (a) or (b) of subsection 1, as applicable, including, without limitation, by:

(a) Removing or suspending the pharmacist from employment;

(b) Withholding from the pharmacist any salary increase or employee benefit to which the pharmacist is otherwise entitled;

(c) Transferring or reassigning the pharmacist;

(d) Denying the pharmacist a promotion that he or she would have otherwise received; or

(e) Reducing the pay, position or scheduled work hours of the pharmacist.

4. A pharmacy shall maintain a copy of each of the policies required by subsection 1 on the premises of the pharmacy in such a manner as to make the document readily accessible for inspection by a member of the Board or a person conducting an inspection or investigation on behalf of the Board.

5. The provisions of this section do not apply to a pharmacy that is not open to the public.

Sec. 7. *1. A pharmacy that dispenses controlled substances or dangerous drugs and the managing pharmacist of such a pharmacy shall ensure that the pharmacy complies with sections 2 to 6, inclusive, of this regulation to the extent applicable.*

2. A pharmacist who is a member of the staff of a pharmacy that dispenses controlled substances or dangerous drugs, including, without limitation, the managing pharmacist of such a pharmacy, shall report to the Board any failure of the pharmacy to meet the requirements of sections 2 to 6, inclusive, of this regulation if, in the professional judgment of the pharmacist, the failure may have compromised the care and safety of any patient.

Sec. 8. *1. Except as otherwise provided in subsection 2, a pharmacy or medical products provider shall fill a prescription for a dangerous drug or medical product not later than 3 business days after:*

(a) Receipt of the prescription; or

(b) If the prescription is a refill, receipt of a request by the patient to refill the prescription.

2. A pharmacy or medical products provider is not required to comply with the requirements of subsection 1 if:

(a) A prior authorization or contact for clarification with the prescribing practitioner of the prescribed dangerous drug or medical product is required;

(b) The insurance carrier of the patient refuses to pay for the prescription and the patient is unable to pay for the prescription by cash;

(c) The prescribing practitioner cancels the prescription;

(d) The prescription is determined to be therapeutically inappropriate after a review of the record of the patient pursuant to subsection 4 of NAC 639.707;

(e) The prescription is determined to be unlawful, fraudulent or not issued for a legitimate medical purpose;

(f) The prescribed dangerous drug or medical product is not available because:

(1) There is a documented shortage of the dangerous drug or medical product;

(2) The dangerous drug or medical product is on back order;

(3) The dangerous drug or medical product is not available from the distributor of the pharmacy or medical products provider; or

(4) The pharmacy or medical products provider does not stock the dangerous drug or medical product and is required to order the dangerous drug or medical product to fill the prescription as prescribed;

(g) The pharmacy or medical products provider cannot process the prescription because of a temporary technological or electronic failure, including, without limitation, a power outage, in the computer system that is necessary to process the prescription;

(h) The pharmacy or medical products provider cannot process the prescription because of:

(1) A natural or man-made disaster;

(2) An outbreak of a pandemic;

(3) The existence of a state of emergency or declaration of disaster that has been declared by the State or Federal Government; or

(4) Any other incident that significantly impacts the ability of the pharmacy or medical products provider to timely process the prescription;

(i) The prescription is for a compounded product;

(j) For a prescription that is a refill, the patient is not yet due for a refill based on when the patient last filled a prescription for the same drug or dosage; or

(k) The Board determines that there is a reasonable reason why the pharmacy or medical products provider could not timely process the prescription.

3. A pharmacy or medical products provider that fails to fill a prescription within the time required by subsection 1 shall readily provide to a member of the Board or a person conducting an inspection or investigation on behalf of the Board, upon request, the reason for the failure.

4. As used in this section:

(a) "Medical product" has the meaning ascribed to it in NAC 639.6935.

(b) "Medical products provider" has the meaning ascribed to it in NAC 639.6936.

Sec. 9. NAC 639.010 is hereby amended to read as follows:

639.010 As used in this chapter, unless the context otherwise requires:

1. "Automated drug dispensing system" means a system that performs operations, other than compounding or administration, related to the storage and dispensing of drugs.

2. ~~[~~"Board" means the State Board of Pharmacy.~~]~~

~~3. "Controlled substance" has the meaning ascribed to it in NRS 0.031.~~

~~4.]~~ "Dangerous drug" has the meaning ascribed to it in NRS 454.201.

~~[5.]~~ *3.* "Direct supervision" means the direction given by a supervising pharmacist or dispensing practitioner who is:

(a) On the premises of the pharmacy or telepharmacy at all times when the person he or she is supervising is working at the pharmacy or telepharmacy or at a remote site or satellite consultation site; and

(b) Aware of the activities of that person related to the preparation and dispensing of medications, including the maintenance of appropriate records.

~~[6.]~~ ***4.*** "Dispensing practitioner" means:

(a) A practitioner to whom the Board has issued a certificate of registration pursuant to NAC 639.742 to dispense controlled substances or dangerous drugs, or both, for human consumption;

(b) A licensed veterinarian to whom the Board has issued a certificate of registration pursuant to NAC 639.7423 to dispense controlled substances or dangerous drugs, or both, not for human consumption; or

(c) A registered nurse to whom the Board has issued a certificate of registration pursuant to section 1 of LCB File No. R013-24 to dispense dangerous drugs for human consumption.

~~[7.]~~ ***5. "Dispensing services" means the filling and dispensing of prescriptions.***

6. "Dispensing technician" means a person who performs technical services in a pharmacy under the direct supervision of a dispensing practitioner and is registered with the Board pursuant to NAC 639.7425.

~~[8.]~~ ***7.*** "Dispensing technician in training" means a person who is registered with the Board pursuant to NAC 639.7424 in order to obtain the training and experience required to be a dispensing technician pursuant to subparagraph (1) of paragraph (c) of subsection 2 of NAC 639.7425.

~~[9.]~~ ***8.*** "Executive Secretary" means the Executive Secretary employed by the Board pursuant to NRS 639.040.

~~[10.]~~ ***9.*** "Facility for treatment with narcotics" has the meaning ascribed to it in NAC 449.1542.

~~[11.]~~ ***10.*** "Federally-qualified health center" has the meaning ascribed to it in 42 U.S.C. § 1396d(l)(2)(B).

~~[12.]~~ ***11.*** "Federally-qualified health center vehicle" means a vehicle that meets the requirements of paragraph (c) of subsection 1 of NAC 639.7422.

~~[13.]~~ ***12.*** "Licensed veterinarian" has the meaning ascribed to it in NRS 638.007.

13. "Nondispensing services" means all activities performed by a pharmacist that are not dispensing services.

14. "Oncology group practice" means two or more dispensing practitioners who practice oncology in a group practice.

15. "Pharmaceutical technician" means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board pursuant to NAC 639.240.

16. "Pharmaceutical technician in training" means a person who is registered with the Board pursuant to NAC 639.242 in order to obtain the training and experience required to be a pharmaceutical technician pursuant to subparagraph (3) of paragraph (d) of subsection 2 of NAC 639.240, or who is enrolled in a program of training for pharmaceutical technicians that is approved by the Board.

17. ~~["Practitioner" has the meaning ascribed to it in NRS 639.0125.~~

~~18.]~~ "Prescription drug" means a drug or medicine as defined in NRS 639.007 which:

(a) May be dispensed only upon a prescription order that is issued by a practitioner; and

(b) Is labeled with the symbol "Rx only" pursuant to federal law or regulation.

~~[19.]~~ ***18.*** "Public or nonprofit agency" means a health center as defined in 42 U.S.C. § 254b(a) which:

(a) Provides health care primarily to medically underserved persons in a community;

(b) Is receiving a grant issued pursuant to 42 U.S.C. § 254b or, although qualified to receive such a grant directly from the Federal Government, is receiving money from such a grant under a contract with the recipient of that grant; and

(c) Is not a medical facility as defined in NRS 449.0151.

~~[20.]~~ ***19.*** "Reproductive healthcare center" means a health facility owned and operated by a nonprofit corporation or a public health center, as defined in subsection 9 of NRS 449.260, as amended by section 225 of Senate Bill No. 494, chapter 514, Statutes of Nevada 2025, at page 3718, principally engaged in providing family planning services and reproductive healthcare, including, without limitation, the testing, diagnosis and treatment of, or providing of medication to prevent, a sexually transmitted infection or other infection of the urogenital system.

~~[21.]~~ ***20.*** "Surgical center for ambulatory patients" has the meaning ascribed to it in NRS 449.019.

~~[22.]~~ ***21.*** "User-based access technology" means software or hardware that restricts access to an automated drug dispensing system to authorized users by requiring two-factor authentication. Authentication factors may include, without limitation, knowledge, hardware tokens or biometric information.

Sec. 10. NAC 639.250 is hereby amended to read as follows:

639.250 Except as otherwise provided in NAC 639.258:

1. Except as otherwise provided in subsection 5, in ~~[a hospital,]~~ ***an institutional pharmacy or a pharmacy in a correctional institution,*** a pharmacist who is dispensing prescriptions may not supervise more than a total of three pharmaceutical technicians at one time. A pharmacist who is supervising distributive functions may not supervise more than a total of two

pharmaceutical technicians and one pharmaceutical technician in training while the trainee is performing technician functions in on-the-job training.

2. ~~[Except as otherwise provided in subsection 5, in]~~ ***In*** any pharmacy, other than ~~[a hospital]~~ ***an institutional*** pharmacy, ***pharmacy in a correctional institution,*** telepharmacy, remote site, satellite consultation site or nondispensing pharmacy, a pharmacist may not supervise more than a total of ~~[three]~~ ***four*** pharmaceutical technicians or ~~[one]~~ ***two*** pharmaceutical ~~[technician]~~ ***technicians*** and two pharmaceutical technicians in training at one time.

3. In any telepharmacy, remote site or satellite consultation site, a pharmacist may not supervise more than a total of three pharmaceutical technicians at one time.

4. In any nondispensing pharmacy, a pharmacist may not supervise more than a total of eight pharmaceutical technicians or six pharmaceutical technicians and two pharmaceutical technicians in training at one time.

5. A pharmacist ***in an institutional pharmacy or a pharmacy in a correctional institution*** may supervise more pharmaceutical technicians and pharmaceutical technicians in training at one time than are otherwise allowed pursuant to ~~[subsections]~~ ***subsection*** 1 ~~[and 2]~~ if:

(a) Not more than three of the pharmaceutical technicians or pharmaceutical technicians in training are performing the duties of a pharmaceutical technician as set forth in NAC 639.245; and

(b) The record kept by the pharmacy pursuant to NAC 639.245 identifies the pharmaceutical technicians and pharmaceutical technicians in training who are performing the duties of a pharmaceutical technician as set forth in NAC 639.245.

6. ***A pharmacist who is a member of the staff of a pharmacy, including, without limitation, the managing pharmacist of such a pharmacy, shall report to the Board when the pharmacy fails to meet the requirements of this section.***

7. As used in this section, "nondispensing pharmacy" means a pharmacy that is licensed pursuant to this chapter and chapter 639 of NRS that does not dispense, including, without limitation, drugs, controlled substances, poisons, medicines or chemicals.

Sec. 11. This regulation becomes effective 90 days after the date on which this regulation is approved by the Legislative Commission and filed with the Secretary of State pursuant to NRS 233B.070.

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB FILE NO. R072-25I

The following document is the initial draft regulation proposed by the agency submitted on 10/22/2025

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

October 16, 2025

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[**~~omitted material~~**]** is material to be omitted.

AUTHORITY: §§ 1 and 2, NRS 639.070; §§ 3-5, NRS 639.070 and 639.1371.

A REGULATION relating to pharmacy; 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.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto the provisions set forth as sections 2, 3, 4, 5, 6, 7 and 8 of this regulation.

Sec. 2.

1. A pharmacy may be staffed with one pharmacist. A pharmacy must be staffed 75% of the time of each day the pharmacy is opened to the public between the hours of 9AM to 9PM with:

a. At least two pharmacists fully dedicated to performing dispensing and nondispensing services on days that the pharmacy fills greater than 250 prescriptions, which shall be based off a combination of number of prescriptions filled on the same day in the previous annum, recent historical dispensing data, patient demographics, market trends, seasonal trends and predictive analytics; and

b. At least one additional pharmacist on days the pharmacy fills greater than 500 prescriptions. If the pharmacy provides nondispensing services, this pharmacist shall be fully dedicated to and solely providing or supervising the nondispensing services except during his or her scheduled meal breaks. This pharmacist may

assist in providing dispensing services, including the dispensing of controlled substances or dangerous drugs, if, in the professional judgement of the pharmacist, patient care and safety are not compromised.

2. *During all times when only one pharmacist is staffed, the pharmacy must be staffed with at least one pharmaceutical technician or intern pharmacist employed by the pharmacy or at least two pharmaceutical technicians or two intern pharmacists employed by the pharmacy or one pharmaceutical technician and one intern pharmacist employed by the pharmacy if the pharmacy also operates a drive through window.*
3. *The pharmacy is exempt from complying with subsections 1 and 2 for reasons of an emergency, a natural disaster, a human made disaster, a declaration of a state or federal emergency, or any other reason the Board determines is reasonable for the pharmacy's noncompliance with subsections 1 and 2. In an event, where the pharmacy cannot comply with subsections 1 or 2, the pharmacy must make an effort to provide reasonable accommodations, and the pharmacy manager shall take the number of mandated pharmacists staffing hours in subsection 1 and disperse the hours in the week in which the day pertains which begins on each Sunday and runs through the following Saturday, prioritizing coverage during periods of highest volume of dispensing and nondispensing services.*
4. *Noncompliance with sections 1and 2 for any other reason not listed in subsection 3 is deemed unprofessional conduct pursuant to NAC 639.945 and grounds for discipline pursuant to NRS 639.210.*
5. *The requirements of subsection 1 do not apply to a pharmacy located in a rural area as defined by NRS 484A.225.*

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6. As used in this section:

a. "Dispensing services" means the filling and dispensing of prescriptions.

b. "Nondispensing services" means all activities that a pharmacist performs except for dispensing services.

Sec. 3.

In addition to the requirements of section 2, a pharmacy that dispenses controlled substances or dangerous drugs, must:

1. Staff in a manner that meets the demands of the pharmacy and prioritizes patient care and safety.

2. Staff sufficiently at all times in order to minimize fatigue, distraction, or other conditions which interfere with a pharmacist's ability to practice competently and safely.

3. Provide sufficient time for pharmacists to complete professional duties and responsibilities.

4. A pharmacy shall develop a process for pharmacy staff to communicate requests for additional staff or reports of staffing concerns. Requests for additional staff or reports of staffing concerns shall be communicated in writing to the managing pharmacist or to the pharmacist who has been designated by the managing pharmacist to assume the managing pharmacist's duties in his or her absence.

a. The managing pharmacist or his or her designee shall address any request for additional staff or reports of staffing concerns in a timely manner, or within 72 hours, to ensure a safe working environment for pharmacy staff. If the managing pharmacist or his or her designee does not have authority to address the issues listed, they shall report the issue to the person of authority within 24 hours of

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receiving the request for additional staff or reports of staffing concerns who shall address any issues listed in a timely manner, or within 72 hours, to ensure a safe working environment for pharmacy staff. A copy of the written request for additional staff or reports of staffing concerns shall be maintained in the pharmacy for three years for immediate inspection by an agent, inspector, or employee of the Board.

b. *The managing pharmacist or his or her designee, or the person of authority who is responsible for responding to a request for additional staff or reports of staffing concerns shall document their actions and provide a written response to the request or report of concern within 72 hours of submission which must be communicated to the managing pharmacist or his or her designee, and the pharmacy staff who submitted the request or report of concern. A copy of the written response shall be maintained in the pharmacy for three years for immediate inspection by an agent, inspector, or employee of the Board.*

5. *A pharmacy shall not retaliate or discipline a pharmacist who, in good faith, makes a request for additional staff or reports staffing concerns pursuant to this section. As used in this section, retaliation or discipline includes, but is not limited to, the following:*

   a. *Removing or suspending the employee from employment;*

   b. *Withholding from the employee salary increases or employee benefits to which the employee is otherwise entitled;*

   c. *Transferring or reassigning the employee;*

   d. *Denying the employee a promotion that otherwise would have been received;*

   e. *Reducing the employee in pay, position, or scheduled work hours.*

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Sec. 4.

1. A pharmacy shall develop and implement a policy, which shall be maintained in the pharmacy for immediate inspection by an agent, inspector, or employee of the Board. that permits a pharmacist to:

a. Limit the provision of nondispensing services if, in the pharmacist's professional judgment, the provision of such services cannot be safely provided or may negatively impact patient access to medications. The pharmacy's policy shall require pharmacy staff to make an appointment for a patient or refer a patient to another pharmacy offering immunizations and other nondispensing services.

b. Limit pharmacy access points, if, in the pharmacist's professional judgment, limiting such access points will minimize fatigue, distraction, or other conditions which interfere with a pharmacist's ability to practice competently and safely.

2. A pharmacy shall not override the control of the pharmacist on duty as follows:

a. A pharmacist's decision not to administer or supervise immunizations or provide other nondispensing services if, in the pharmacist's professional judgment, the provision of such services cannot be provided safely or may negatively impact patient access to medications. The pharmacy staff shall offer to make an appointment for the patient or refer the patient to another pharmacy offering immunizations and other nondispensing services.

b. A pharmacist's decision to limit pharmacy access points if, in the pharmacist's professional judgment, limiting such access points will minimize fatigue, distraction, or other conditions which interfere with a pharmacist's ability to practice competently and safely. Such limitations shall not interfere with a patient's

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ability to drop off or receive dispensed prescriptions during the pharmacy's posted hours of operation.

3. *Subsection 1 does not apply to pharmacies that are not open to the public.*
4. *A pharmacy shall not retaliate or discipline a pharmacist who, in good faith, acts in accordance with this section. As used in this section, retaliation or discipline includes, but is not limited to, the following:*
    a. *Removing or suspending the employee from employment;*
    b. *Withholding from the employee salary increases or employee benefits to which the employee is otherwise entitled;*
    c. *Transferring or reassigning the employee;*
    d. *Denying the employee a promotion that otherwise would have been received;*
    e. *Reducing the employee in pay, position, or scheduled work hours.*

Sec. 5.

1. *The pharmacy and managing pharmacist of the pharmacy that dispenses controlled substances, or dangerous drugs shall ensure that the pharmacy complies with sections 2 and 3 of this regulation, to the extent applicable.*
2. *A pharmacist who is on the staff of the pharmacy that dispenses controlled substances or dangerous drugs, including, without limitation, the managing pharmacist of such a pharmacy, shall report to the Board when the pharmacy fails to meet the requirements of section 2 or 3 of this regulation if in their professional judgement such failure may have compromised patient care and safety.*

Sec. 6.

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1. *Except as otherwise provided in subsections a through k of this section, a prescription for a dangerous drug or medical device shall be filled within three business days upon the receipt of the prescription by a pharmacy or medical products provider, or if the prescription is a refill, upon the request of the patient, except when:*
    a. *A prior authorization or contact for clarification with the prescribing practitioner of the prescribed dangerous drug or medical device is required;*
    b. *The patient's insurance denies coverage of the medication and cash payment for the medication is not an option for the patient;*
    c. *The prescribing practitioner cancels the prescription;*
    d. *Upon reviewing the patient's record pursuant to NAC 639.707(4) before dispensing the dangerous drug or medical device prescription it is determined that the prescription is therapeutically inappropriate for the patient or may negatively impact the patient;*
    e. *The prescription is determined to be unlawful, fraudulent, or not issued for a legitimate medical purpose;*
    f. *The pharmacy or medical products provider cannot fill the prescription as prescribed as the dangerous drug or medical device prescribed is not available because there is a documented drug shortage, the medication is on back-order, the drug is not available from the pharmacy's drug distributor, or the pharmacy does not stock the dangerous drug and is required to order the dangerous drug to fill the prescription as prescribed;*

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g. The pharmacy or medical products provider cannot process the prescription due to a temporary technologic or electronic failure in the computer system necessary to process the prescription or is experiencing a power outage;

h. The pharmacy or medical products provider cannot process the prescription due to a natural disaster, a human made disaster, an outbreak of a pandemic or the declaration of a state or federal emergency, or an incident that significantly impacts the ability of the pharmacy or medical products provider to timely process the prescription;

i. The prescription is for a compounded product;

j. If applicable, based on when the patient last filled a prescription for the same drug and dosage, the patient is not yet due for a refill; or

k. The Board determines there is a reasonable reason why the pharmacy or medical products provider could not timely process a prescription.

2. The pharmacy or medical products provider shall readily provide the reason why the prescription could not be filled within three business days pursuant to this section on the request of an agent, inspector, or employee of the Board.

Sec. 7. NAC 639.250 is hereby amended to read as follows:

Except as otherwise provided in NAC 639.258:

1. Except as otherwise provided in subsection 5, in ~~[a hospital,]~~ ***an institutional pharmacy or a pharmacy in a correctional institution,*** a pharmacist who is dispensing prescriptions may not supervise more than a total of three pharmaceutical technicians at one time. A pharmacist who is supervising distributive functions may not supervise more than a total of two pharmaceutical

technicians and one pharmaceutical technician in training while the trainee is performing technician functions in on-the-job training.

2. ~~[Except as otherwise provided in subsection 5, in]~~ ***In*** any pharmacy, other than ~~[a hospital]~~ ***an institutional*** pharmacy, ***pharmacy in a correctional institution,*** telepharmacy, remote site, satellite consultation site or nondispensing pharmacy, a pharmacist may not supervise more than a total of ~~[three]~~ ***four*** pharmaceutical technicians or ~~[one]~~ ***two*** pharmaceutical ~~[technician]~~ ***technicians*** and two pharmaceutical technicians in training at one time.

3. In any telepharmacy, remote site or satellite consultation site, a pharmacist may not supervise more than a total of three pharmaceutical technicians at one time.

4. In any nondispensing pharmacy, a pharmacist may not supervise more than a total of eight pharmaceutical technicians or six pharmaceutical technicians and two pharmaceutical technicians in training at one time.

5. A pharmacist ***in an institutional pharmacy or a pharmacy in a correctional institution*** may supervise more pharmaceutical technicians and pharmaceutical technicians in training at one time than are otherwise allowed pursuant to ~~[subsections]~~ ***subsection*** 1 ~~[and 2]~~ if:

(a) Not more than three of the pharmaceutical technicians or pharmaceutical technicians in training are performing the duties of a pharmaceutical technician as set forth in NAC 639.245; and

(b) The record kept by the pharmacy pursuant to NAC 639.245 identifies the pharmaceutical technicians and pharmaceutical technicians in training who are performing the duties of a pharmaceutical technician as set forth in NAC 639.245.

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6. A pharmacist who is on the staff of a pharmacy, including, without limitation, the managing pharmacist of such a pharmacy, shall report to the Board when the pharmacy fails to meet the requirements of this section.

~~[6.]~~ ***7.*** As used in this section, "nondispensing pharmacy" means a pharmacy that is licensed pursuant to this chapter and chapter 639 of NRS that does not dispense, including, without limitation, drugs, controlled substances, poisons, medicines or chemicals.

Sec. 8.

Sections 1 to 7 become effective 90 days after the Regulation is signed by the Secretary of State.

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Executive Secretary Report

A. Financial Report
B. Issuance of Temporary Licenses and Registrations
C. Change of Address Business List
D. Meetings with Other Health Care Regulatory Boards
E. Licensing Activities Report
F. Citations & Fines issued pursuant to NRS 632.2895
G. Legislative Update

June 2026 - Temporary License since last Board Meeting

Pharmacist Name	Pharmacist License #
Brady Perdue	25088
Jacquelyn Cituk	25089
Lena Miller	25094

June 2026 – NV Business Address Change Only

Business Name	License Number	New Location	City, State and Zip
Centerpoint Medical dba Medical n Mobility LV	MP03118	2475 W Cheyenne Ave, Suite 150	North Las Vegas, 89032
Henderson Ambulatory Surgery Center for Minimally Invasive Procedures	ASC04518	4070 E Rusell Rd	Las Vegas, 89120

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
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.	10/28/25	12/4/25	1/21/26	2/27/26

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	10/28/25	12/4/25	1/21/26	2/27/26
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	10/28/25	12/4/25	1/21/26	2/27/26

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	10/28/25	12/4/25 Note: Agenda item was "A REGULATION relating to the possession and administration of dangerous drugs by an advanced emergency medical technician or paramedic."	1/21/26	2/27/26
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 for R Number.							

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	12/9/25	R106-25	1/21/26 – Sent to Dave/Yenh for review	3/17/26	4/16/26	4/22/26	
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 – Approved with amendments	10/22/25	R072-25	4/1/26 – Sent to Dave/Yenh for review	5/5/26	6/4/26		
A REGULATION relating to controlled substances adding dipentylone and seven fentanyl related substances to the controlled substances listed in Schedule I; and providing other matters properly relating thereto.	12/4/25	12/9/25	R107-25	12/17/25 – Sent to Dave/Yenh for review	1/28/26	3/5/26	3/19/26	4/29/26

Amendment to Chapter 639 of the Nevada Administrative Code. The proposed amendments reduce the minimum age to register to become a pharmaceutical technician in training along with modify certain requirements to become a pharmaceutical technician in training.	1/15/26	1/20/26	R010-26	2/11/26 – Sent to Dave/Yenh for review	3/17/26	04/16/26	4/22/26	
Amendment to Nevada Administrative Code (NAC) 453. The proposed amendments relate to controlled substances adding N-pyrrolidino metonitazene and N-pyrrolidino protonitazene to the controlled substances listed in Schedule I.	3/5/26	3/10/26	R038-26	3/31/26 – Sent to Dave/Yenh & Darla	4/29/26	6/4/26		
Amendment to Nevada Administrative Code (NAC) 639. The proposed amendments establishes record keeping requirements of controlled substances by a pharmacy and other matters properly relating thereto.	4/16/26 – Tabled to have further discussion with industry to modify language.							

Amendment to Nevada Administrative Code (NAC) 453. The proposed amendments relate to controlled substances adding mitragynine, 7-hydroxymitragynine and mitragynine pseudoindoxyl to the controlled substances listed in Schedule I.	4/16/26	4/29/26	R105-26					
Amendment to Nevada Administrative Code (NAC) 639.708. Regulation authorizing the delivery of a commercially manufactured prescription drug product to a practitioner.	4/16/26	4/29/26	R106-26					

Citations & Fines issued pursuant to NRS 639.2895 (Since last Board Meeting)

- **<u>Cease & Desist/Citation</u> –**
  - **Unlicensed Practice: 9**
  - **Other: 4**

- **<u>Citation & Fine</u> –**
  - **Unlicensed Practice: 0**
  - **Misfill: 4**
  - **Other: 11** (Declination to fill prescription violation, prescribing CS violation, failure to keep accurate records and proper employee ratio, falsified to disclose PT/PTT application)

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