# 4

# 4A

RECEIVED
8-11-2020

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy or* ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH_____***

*Check box below for type of ownership and complete all required forms.*

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☒ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: 1st America Infusion Services, LLC dba Advanced InfusionCare

Physical Address: 18451 Dallas Parkway, Ste. 130, Dallas, TX 75287

Mailing Address: 625 Highland Colony Parkway, Ste. 105

City: Ridgeland State: MS Zip Code: 39157

Telephone: 1-833-885-5812 Fax: 1-833-885-5813

Toll Free Number: 1-833-885-5812 (Required per NAC 639.708)

E-mail: licensingDALINF@aiscaregroup.com Website: www.aiscaregroup.com

Managing Pharmacist: Marinda Howard License Number: 35480

### TYPE OF PHARMACY AND SERVICES PROVIDED

| Yes/No | TYPE OF PHARMACY | Yes/No | SERVICES PROVIDED |
|---|---|---|---|
| ☐ | ☒ Retail | ☐ | ☒ Off-site Cognitive Services |
| ☐ | ☒ Hospital (# beds_____) | ☐ | ☒ Parenteral ** |
| ☐ | ☒ Internet | ☒ | ☐ Parenteral (outpatient) |
| ☐ | ☒ Nuclear | ☐ | ☒ Outpatient/Discharge |
| ☐ | ☒ Ambulatory Surgery Center | ☒ | ☐ Mail Service |
| ☐ | ☒ Community | ☐ | ☒ Long Term Care |
| ☒ | ☐ Other: Home Infusion | ☐ | ☒ Sterile Compounding ** |
| | | ☐ | ☒ Non Sterile Compounding |
| | All boxes must be checked | ☐ | ☒ Mail Service Sterile Compounding ** |
| | For the application to be complete | ☐ | ☒ Other Services: _____ |

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Michael Ford
Print Name of Authorized Person

8-3-2020
Date



**Board Use Only** Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation: Georgia

Parent Company if any: Advanced Infusion Solutions Acquisition, LLC

Mailing Address: 623 Highland Colony Parkway, Ste. 100

City: Ridgeland State: MS Zip: 39157

Telephone: 1-877-443-4006 Fax: 1-877-415-4050

Contact Person: Sarah Tew

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A
Name Address

b) N/A
Name Address

c) N/A
Name Address

d) N/A
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

List any physician shareholders and percentage of ownership.

Name: N/A %: 0

Name: N/A %: 0

**Hours of Operation for the pharmacy:**

Monday thru Friday 8:30 am 5:00 pm Saturday See* am See* pm

Sunday See* am See* pm 24 Hours See*

*Pharmacist is available 24/7/365

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

# STATEMENT OF RESPONSIBILITY
# FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Michael Ford

Responsible Person of 1st America Infusion Services, LLC dba Advanced InfusionCare

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Michael Ford
Print Name of Authorized Person

8-3-2020
Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Mississippi )
) ss.
Madison COUNTY )

I, Michael Ford, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Operating Officer for 1st America Infusion Services, dba Advanced InfusionCare (the 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 sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product 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 AFFIANT SAYETH NOT.

I, Michael Ford, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
3rd day of August, 2020

NOTARY PUBLIC

STATE OF MISSISSIPPI
NOTARY PUBLIC
ID # 209266
AMY P. VERNON
Commission Expires
June 28, 2024
MADISON COUNTY

Posted April 1, 2020

Control Number : 0572372

# 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

**1ST AMERICA INFUSION SERVICES, 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 | : 17209512 |
| Date Inc/Auth/Filed | : 11/01/2005 |
| Jurisdiction | : Georgia |
| Print Date | : 05/23/2019 |
| Form Number | : 211 |

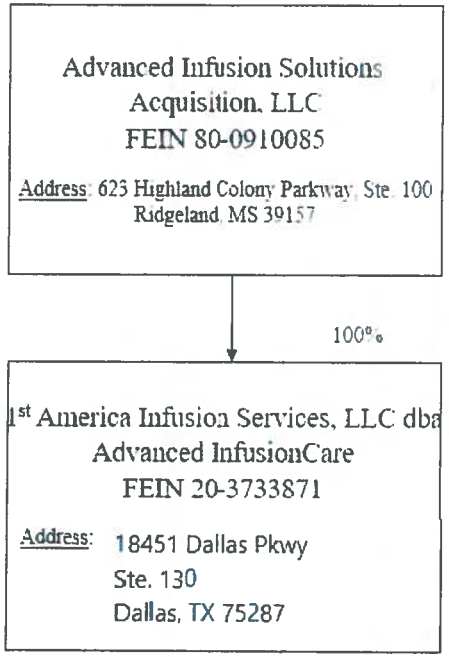



Brad Raffensperger

Brad Raffensperger
Secretary of State

**1st America Infusion Services, LLC dba Advanced InfusionCare ("AIC") is owned and managed by Advanced Infusion Solutions Acquisition, LLC ("Acquisition"). Neither AIC or Acquisition have any officers; however, we are providing a list of managing employees.**

Direct Ownership




**1st America Infusion Services, LLC**
**Manager**: Advanced Infusion Solutions Acquisition, LLC

## AIC Managing Employees

| | |
|---|---|
| CEO: | Simon Castellanos |
| Home Address: | N. Houston Street, A<br>Dallas, T) |
| COO: | Michael E. Ford |
| Home Address: | Canton Road<br>Canton |
| Divisional V.P.: | Juderal E. Hall, Jr. |
| Home Address: | Griffin Drive<br>Carrollton, G/ |
| Pharmacist-in-Charge: | Marinda Howard |
| Home Address: | Hunter Street<br>Lantana, TX |

# TEXAS STATE BOARD OF PHARMACY

## Texas Pharmacy License # 32946

## ADVANCED INFUSIONCARE

### License Information

**License Status** Active
**License #** 32946
**Expiration Date** 10/31/2021
**Date License Issued** 10/21/2019

### Address

18451 DALLAS PARKWAY STE 130
DALLAS, TX 75287
**County** DENTON
**Phone** (833) 885-5812

### 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**
HOWARD, MARINDA RAE

### Pharmacy Profile ¥

**Accessible to disabled persons?** Yes

**Participates in the Texas Medicaid program?** No

**Translating services (Listed Below If Available)**

Spanish
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 Inspection Reports

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

| | |
|---|---|
| No | **Nuclear** |
| No | **Out-Patient Prescriptions** |
| No | **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** |
| Yes | **Closed Door** |
| No | **Compounding, Office Use** |
| No | **Home Delivery** |
| Yes | **Infusion** |
| No | **Pharmacist Administered Immunizations** |
| No | **Veterinary Prescriptions** |

| Pharmacist Name | License # | Registr. Date | Expir. Date | Emp. Status | License Status |
|---|---|---|---|---|---|
| HOWARD, MARINDA RAE | 35480 | 07/27/1995 | 02/28/2021 | PIC | Active |

# TEXAS STATE BOARD OF PHARMACY

## Texas Pharmacist License # 35480

### License Information

**HOWARD, MARINDA RAE**

**License Status** Active
**License #** 35480
**Expiration Date** 02/28/2021
**Date License Issued** 07/27/1995

### Pharmacist Details

**School Graduated** PURDUE UNIVERSITY
**Graduation Year** 1995
**Degree at time of licensure** BS
**License Method** Exam
**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** HOWARD
**First Name** MARINDA
**Middle Name** RAE
**Other Name**
**Certificate Name** HOWARD, MARINDA RAE

### 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

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.

Texas Pharmacist Employment Information

| Pharmacy Name | Pharmacy License # | Employment Status |
|---|---|---|
| ADVANCED INFUSIONCARE | 32946 | PIC |

Page 1 of 0 20 View 1 - 1 of 1

**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.**

# 4B

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy or* ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** _____

*Check box below for type of ownership and complete all required forms.*

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☑ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: West 35th Apothecary LLC dba ApothecoRX

Physical Address: 147 W. 35th St., Suite 2

Mailing Address: 147 W. 35th St., Suite 2

City: New York State: NY Zip Code: 10001

Telephone: 212-706-4096 Fax: 212-706-4097

Toll Free Number: 866-588-7756 (Required per NAC 639.708)

E-mail: W35apothecary@gmail.com Website: _____

Managing Pharmacist: Mercedes Chen License Number: 063448-1

**TYPE OF PHARMACY AND SERVICES PROVIDED**

| Yes/No | | Yes/No | |
|---|---|---|---|
| ☑ | ☐ Retail | ☐ | ☒ Off-site Cognitive Services |
| ☐ | ☒ Hospital (# beds____) | ☐ | ☒ Parenteral ** |
| ☐ | ☒ Internet | ☐ | ☒ Parenteral (outpatient) |
| ☐ | ☒ Nuclear | ☐ | ☒ Outpatient/Discharge |
| ☐ | ☒ Ambulatory Surgery Center | ☒ | ☐ Mail Service |
| ☐ | ☒ Community | ☐ | ☒ Long Term Care |
| ☐ | ☒ Other: _____ | ☐ | ☒ Sterile Compounding ** |
| | | ☐ | ☒ Non Sterile Compounding |
| | | ☐ | ☒ Mail Service Sterile Compounding ** |
| | | ☐ | ☒ Other Services: _____ |

All boxes must be checked
For the application to be complete

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Anush Amin
Print Name of Authorized Person

8/20/20
Date



**Board Use Only** Date Processed:_____ Amount: 500.00

# STATEMENT OF RESPONSIBILITY
# FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Anush Amin

Responsible Person of West 35th Apothecary LLC dba ApothecoRX

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Anush Amin
Print Name of Authorized Person

8/20/20
Date

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PARTNERSHIP** General _____ Limited ✓

Partnership Name: West 35th Apothecary LLC

Mailing Address: 147 W. 35th St., Suite 2

City: New York State: NY Zip Code: 10001

Telephone Number: 212-706-4096 Fax Number: 212-706-4097

Contact Person: Mercedes Chen

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

| Name | G or L | Percentage |
|---|---|---|
| List of LLC officers attached | | |
| | | |

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

**Hours of Operation for the pharmacy:**

Monday thru Friday 9 am 6 pm Saturday Closed am Closed pm

Sunday Closed am Closed pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New Jersey )
) ss.
Essex COUNTY )

I, Krish Arun, 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 + President for Princeton Medical Pharmacy LLC (the 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 sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product 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 AFFIANT SAYETH NOT.

I, Krish Arun, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
20 day of August, 2020

Danielle L. Rocco
NOTARY PUBLIC

DANIELLE L. ROCCO
NOTARY PUBLIC OF NEW JERSEY
Commission # 50118055
My Commission Expires 12/4/2024

77

# THE UNIVERSITY OF THE STATE OF NEW YORK
# EDUCATION DEPARTMENT

## NEW YORK STATE BOARD OF PHARMACY

2018-21

SUPERVISING PHARMACIST
JEFFIN A. KURIAN

THIS IS TO CERTIFY

WEST 35TH APOTHECARY LLC
147 W. 35TH ST.
SUITE 2
NEW YORK, NY 10001

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 TWENTY-SEVENTH DAY OF AUGUST, 2018.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF JULY, 2021.

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

036668

Kimberly A. Leonard
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

## Officers of West 35th Apothecary LLC

1) **Joel Saban – CEO**
   Address: Avalon Drive
   Buffalo Grove, IL 60089-4685

2) **Anush Amin - President**
   Addres: Groff Court
   Flemington, NJ 08822-6939

3) **James C. Luthin- CFO**
   Address Schiller Ave.
   Wilmette, IL 60091-2329

4) **Nikki Baniewicz – Secretary and Treasurer**
   Addre Madison St., [illegible]
   Hoboken, NJ 07030-6364

ApothecoRX
147 W. 35th St.
Suite 2
New York, NY 10001

The State of New York does not issue license verifications. Per their website (http://www.op.nysed.gov/opsearches.htm#rx) and direct communication with the office-

*The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.*

Please accept and find enclosed the pharmacy license verification from their official database.

NYSED.gov

Office of the Professions

# Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

## Pharmacy Establishment Information *

08/27/2020

**Type :** PHARMACY
**Legal Name :** WEST 35TH APOTHECARY LLC
**Trade Name :** APOTHECORX
**Street Address :**
147 W. 35TH ST.
SUITE 2
NEW YORK, NY 10001-0000

**Registration No :** 036668
**Date First Registered :** 08/27/18
**Registration Begins :** 08/27/18
**Registered through :** 07/31/21
**Supervisor :** 063448 CHEN MERCEDES
**Establishment Status :** ACTIVE
**Successor :** NONE

* Use of this online verification service signifies that you have read and agree to the terms and conditions of use. See HELP glossary for further explanations of terms used on this page.

- Use your browser's back key to return to establishment list.
- You may search to see if there has been recent disciplinary action against this registered establishment.

# State of New York
# Department of State } ss:

I hereby certify, that WEST 35TH APOTHECARY LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/13/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.




***

*WITNESS my hand and the official seal of the Department of State at the City of Albany, this 19th day of August two thousand and twenty.*

Brendan C Hughes

*Brendan C Hughes*
*Executive Deputy Secretary of State*

202008200089 38

# 4C

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

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*Check box below for type of ownership and complete all required forms.*

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Affiliated Health Services, Inc. dba Ascension Michigan Pharmacy

Physical Address: 30055 Northwestern Highway Suite 225 Farmington Hills MI 48334

Mailing Address: 30055 Northwestern Highway Suite 225 Farmington Hills MI 48334

City: _____ State: _____ Zip Code: _____

Telephone: 248-865-3770 Fax: 248-865-3771

Toll Free Number: 855-292-1427 (Required per NAC 639.708)

E-mail: CGIANATIEMPO@LICENSELOGIX.COM Website: _____

Managing Pharmacist: Suzanne Noe License Number: 5302032652

**TYPE OF PHARMACY AND SERVICES PROVIDED**

| Yes/No | TYPE OF PHARMACY | Yes/No | SERVICES PROVIDED |
|---|---|---|---|
| ☒ | ☐ Retail | ☐ | ☒ Off-site Cognitive Services |
| ☐ | ☒ Hospital (# beds_____) | ☐ | ☒ Parenteral ** |
| ☐ | ☒ Internet | ☐ | ☒ Parenteral (outpatient) |
| ☐ | ☒ Nuclear | ☐ | ☒ Outpatient/Discharge |
| ☐ | ☒ Ambulatory Surgery Center | ☒ | ☐ Mail Service |
| ☒ | ☐ Community | ☐ | ☒ Long Term Care |
| ☐ | ☒ Other: _____ | ☐ | ☒ Sterile Compounding ** |
| | | ☐ | ☒ Non Sterile Compounding |
| | All boxes must be checked | ☐ | ☒ Mail Service Sterile Compounding ** |
| | For the application to be complete | ☐ | ☒ Other Services: _____ |

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

D. A. Sopo
Original Signature of Person Authorized to Submit Application, no copies or stamps

DEBORAH SOPO
Print Name of Authorized Person

8/10/2020
Date



**Board Use Only** Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation: MICHIGAN

Parent Company if any: ASCENSION ST. JOHN HOSPITAL FEIN - 38-2244034

Mailing Address: 22101 MOROSS ROAD DETROIT, MI 48236 USA

City:_____ State:_____ Zip: _____

Telephone: 586-753-1954 Fax: _____

Contact Person: Brooke Johnson

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a)_____
Name Address

b) See attached
Name Address

c)_____
Name Address

d)_____
Name Address

2) Provide the number of shares issued by the corporation. 200,000

3) What was the price paid per share? $1.00

4) What date did the corporation actually receive the cash assets? See attached

5) Provide a copy of the corporation's stock register evidencing the above information See attached

List any physician shareholders and percentage of ownership.

Name: N/A %:_____

Name:_____ %: _____

**Hours of Operation for the pharmacy:**

Monday thru Friday 9 am 5 pm Saturday CLOSED am _____ pm

Sunday CLOSED am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

# STATEMENT OF RESPONSIBILITY
# FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, SUZANNE NOE

Responsible Person of Affiliated Health Services, Inc. DBA Ascension Michigan Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

SUZANNE NOE

Print Name of Authorized Person

8/10/2020

Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Michigan )
) ss.
Oakland COUNTY )

I, SUZANNE NOE, 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 for Affiliated Health Services, Inc. DBA ~~Ascension Michigan Pharmacy~~ (the 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 sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product 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 AFFIANT SAYETH NOT.

I, SUZANNE NOE, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Suzanne Noe SUZANNE NOE
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
12 day of August, 2020.

Barbara Lepri
NOTARY PUBLIC

BARBARA LEPRI
NOTARY PUBLIC, STATE OF MI
COUNTY OF MACOMB
MY COMMISSION EXPIRES Jun 21, 2023
ACTING IN COUNTY OF MACOMB, MI

DocuSign Envelope ID: 36B7E1B1-2DFF-4416-A9B0-9A4DD0D3EABC

## LIMITED POWER OF ATTORNEY FOR APPLICATION FOR PHARMACY LICENSES

Affiliated Health Services, Inc. d/b/a Ascension Michigan Pharmacy ("**Pharmacy**") operates pharmacies which are licensed in several states throughout the United States of America.

Pharmacy has made, constituted, and appointed, and hereby makes, constitutes and appoints Deborah Sopo ("**Agent**"), as the Pharmacy's agent and true and lawful attorney-in-fact for the limited purposes of applying for Pharmacy's pharmacy licenses effective May 5, 2020. Agent may act in this capacity until such time as Pharmacy revokes this Limited Power of Attorney for Application For Pharmacy Licenses (this "**Limited POA**").

Pharmacy recognizes that it remains legally responsible for the licenses and other registrations issued to it during the period in which this Limited POA is in effect. Agent shall follow, abide by, and comply with all federal and state laws governing the application for pharmacy licenses at all times while utilizing this Limited POA.

Additionally, Pharmacy acknowledges, authorizes, ratifies, and confirms any action undertaken and completed by Agent as of January 1, 2020, which if undertaken or completed during the term of this Limited POA would have been within the scope of the authority provided to Agent.

This Limited POA may be executed in any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same agreement, binding on all of the parties hereto.

IN WITNESS WHEREOF, Pharmacy and Agent have executed this Limited POA as of May 5, 2020 to be effective May 5, 2020.

**PHARMACY:**

Affiliated Health Services, Inc.

DocuSigned by:
By: Joseph Hurshe
D6807C7257734D6...

Name: Joseph Hurshe

Title: COO

Date: 5/5/2020

**AGENT**

Deborah Sopo

DocuSigned by:
By: Deborah Sopo
2C94461E5BD54C3...

Title: Deborah Sopo Pharmacy Manager

Date: 5/5/2020

**NOTARY ACKNOWLEDGEMENT:**

State of MICHIGAN

County of MACOMB

The foregoing instrument was acknowledged before me on this 5TH DAY OF MAY 2020 by JOSEPH HURSHE AND DEBORAH SOPO.

DocuSigned by:
Notary Public Signature: Kim Skarbo
38CAB46BC000404...

Notary Printed Name: Kim Skarbo

DocuSign Envelope ID: 36B7E1B1-2DFF-4416-A9B0-9A4DD0D3EABC

Acting in the County of: MACOMB

My Commission Expires: JUNE 20, 2025

## List of Current Corporate Members

| Name of Member | Title | City of Residence |
|---|---|---|
| Brooke Johnson | Board Chair | Macomb Twonship |
| Brant Russell | Board Secretary | Rocky River |
| Selena Schmidt | Board Vice Chair | Shelby Township |
| Dr. Kevin Grady | Board Treasurer | Grosse Pointe Farms |

Nevada Out of State Pharmacy Application

Attachment for Page 4 Items 1-5

***1. List top 4 persons to the share were issued by the corporation (name and address)*** *This is a wholly owned subsidiary of St. John Providence which is headquartered at 28000 Dequindre, Warren, MI 48092 since 2001. However, the original filing was under Ascension St. John Hospital located at 22151 Moross Road, Detroit, MI 48236.*

***2. Provide the number of shares issued by the corporation:*** *200,000*

***3. What was the price paid per share?*** *$1.00*

***4. What date did the corporation actually receive the cash assets?*** *The entity was formed on 1/11/1980 as a wholly owned entity with the health system and did not receive fixed cash assets as it rolled up within a health system.*

***5. Provide a copy of the corporation's stock register evidencing the above information.*** *Because this entity was a wholly owned entity of a health system, there was no stock register beyond the filing of the articles of incorporation in the state of Michigan.*

Initial File #: C00006700285
Entity Type: For-ProfitCorporation

# GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
CORPORATIONS DIVISION

## CERTIFICATE

**THIS IS TO CERTIFY** that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this ***CERTIFICATE OF GOOD STANDING*** is hereby issued to

Affiliated Health Services INC

**WE FURTHER CERTIFY** that the qulified foreign entity is registered to do business in the District on 07/29/2020 ; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entry's registration has not been terminated. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

**IN TESTIMONY WHEREOF I** have hereunto set my hand and caused the seal of this office to be affixed as of 8/3/2020 9:37 AM

Business and Professional Licensing Administration

Josef G. Gasimov

JOSEF G. GASIMOV
Superintendent of Corporations,
Corporations Division

Muriel Bowser
Mayor

Tracking #: B7btfQJr

Staff Pharmacists

| Pharmacist | License Number | Controlled License | Expiration | Hours per Week |
|---|---|---|---|---|
| Deborah Sopo | 5302022818 | 5315171372 | 6/29/2021 | 40 |
| Suzanne Noe | 5302032652 | 5315124272 | 6/28/2022 | 40 |
| Stephanie Dunseith-Zimny | 5302038377 | 531510395 | 6/30/2020 | 40 |
| Bonnie Sysling-Salvador | 5302027495 | 5315109604 | 07/29/2021 | 40 |
| Deepa Pinkney | 5302036976 | 5315101871 | 6/24/2011 | 16 |

N942390

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
PHARMACY LICENSE

ASCENSION MICHIGAN PHARMACY
30055 NORTHWESTERN HWY STE 225
FARMINGTON HILLS, MI 48334

LICENSE NO.
5301007247

EXPIRATION DATE
9/26/2021

19165090645

THIS DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF MICHIGAN

# 4D

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy* or ☑ ***Ownership Change*** *(Provide current license number if making changes:* PH 02131

*Check box below for type of ownership and complete all required forms.*

☐ *Publicly Traded Corporation – Pages 1,2,3,7*
☑ *Non Publicly Traded Corporation – Pages 1,2,4,7*
☐ *Partnership - Pages 1,2,5,7*
☐ *Sole Owner – Pages 1,2,6,7*

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Biologics by McKesson

Physical Address: 13000 Weston Parkway, Suite 105

Mailing Address: 11800 Weston Parkway

City: Cary State: NC Zip Code: 27513

Telephone: 919-546-9810 Fax: 919-831-0440

Toll Free Number: 800-850-4306 (Required per NAC 639.708)

E-mail: pharmacists@biologicsinc.com Website: www.biologicsinc.com

Managing Pharmacist: Sheila A. Bizune License Number: 18281

**TYPE OF PHARMACY AND SERVICES PROVIDED**

| Yes/No | TYPE OF PHARMACY | Yes/No | SERVICES PROVIDED |
|---|---|---|---|
| ☐ | Retail | ☐ | Off-site Cognitive Services |
| ☐ | Hospital (# beds ____) | ☐ | Parenteral ** |
| ☐ | Internet | ☐ | Parenteral (outpatient) |
| ☐ | Nuclear | ☐ | Outpatient/Discharge |
| ☐ | Ambulatory Surgery Center | ☑ | Mail Service |
| ☐ | Community | ☐ | Long Term Care |
| ☒ | Other: Specialty/Oncology | ☐ | Sterile Compounding ** |
| | | ☐ | Non Sterile Compounding |
| | All boxes must be checked | ☐ | Mail Service Sterile Compounding ** |
| | For the application to be complete | ☐ | Other Services: ____ |

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Michele Lau
Print Name of Authorized Person

3/12/2020
Date



**Board Use Only** Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation: North Carolina

Parent Company if any: Physician Reliance Network, LLC

Mailing Address: 11800 Weston Parkway

City: Cary State: NC Zip: 27513

Telephone: 919-459-4905 Fax: 919-831-0440

Contact Person: Michele Coakley

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A - no individuals own shares
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

**Hours of Operation for the pharmacy:**

Monday thru Friday 8 am 8 pm Saturday N/A am _____ pm

Sunday N/A am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

# STATEMENT OF RESPONSIBILITY
# FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Michele Lau

Responsible Person of Biologics, Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Michele Lau
Print Name of Authorized Person

3/12/2020
Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF North Carolina )
) ss.
Wake COUNTY )

I, Sheila A. Bizune, 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 for Biologics by McKesson (the 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 sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product 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 AFFIANT SAYETH NOT.

I, Sheila A. Bizune, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Sheila B

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
12 day of March, 2020.

NOTARY PUBLIC

DREW HESS
Notary Public
Wake
County
My Comm. Exp.
11-08-2023
NORTH CAROLINA

# NORTH CAROLINA
## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

**BIOLOGICS, INC.**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 13th day of January, 1994, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 12th day of February, 2020.

Elaine F. Marshall

**Secretary of State**

Certification# 106269085-1 Reference# 15827802- Page: 1 of 1
Verify this certificate online at http://www.sosnc.gov/verification

**Biologics, Inc.**
**13000 Weston Parkway, Ste. 105**
**Cary, NC 27513**
**Disciplinary Action Overview**
**(Previously Disclosed)**

Missouri

Biologics applied for a Missouri pharmacy permit in November, 2003 and Missouri requested certain additional information in January, 2004. Biologics did not respond with the additional information as requested due to oversight during a change in pharmacy management personnel. The pharmacy application automatically expired six months from the date of original filing and Biologics needed to reapply. Solely because of the tardiness in its original pharmacy application, the pharmacy permit subsequently issued to Biologics by the Missouri State Board of Pharmacy on March 31, 2005 was "restricted" for a period of three years. The purpose of the restriction was to require Biologics to continue to comply with applicable Missouri pharmacy rules and regulations. The terms of the discipline were completed as of March 30, 2008. Biologics is currently in good standing with the Missouri Board of Pharmacy.

Texas

In April 2012, the Texas State Board of Pharmacy notified Biologics, Inc. that Biologics, Inc. had failed to include the Missouri restricted license in its 2006 Texas licensure renewal and subsequent Change of Managing Office notice.

In a letter dated June 4, 2012, the Texas Board of Pharmacy notified Biologics, Inc. that its license# 23756 would be sanctioned from May 16, 2012 through August 14, 2015. In addition, an administrative penalty of $2,000.00 would be assessed. The omission was inadvertent and in the good faith belief that the reason for the restricted license was due to a tardy application in Missouri and not an "act" by the Company or its personnel in Missouri. Biologics now understands that this was an incorrect interpretation. Biologics, Inc. paid the penalty and completed the restricted period. Biologics is currently in good standing with the Texas Board of Pharmacy.

Michigan

In May 2013, the Michigan Department of Licensing and Regulatory Affairs notified Biologics, Inc. of an administrative complaint in relation to the administrative penalty levied by Texas. In a State of Michigan consent order dated August 18, 2013, Michigan issued a reprimand to Biologics' Michigan pharmacy license# 530100834 and levied a fine in the amount of $500.00. Biologics is currently in good standing with the Michigan Board of Pharmacy.

Montana

In August 2013, the Montana Board of Pharmacy convened a hearing to review the above mentioned disciplinary actions and determine whether it would take reciprocal action. After review of all documentation submitted by Biologics, the Board determined that the case did not justify legal or disciplinary proceedings. Biologics is currently in good standing with the Montana Board of Pharmacy.

Hawaii

On March 16, 2015, Hawaii notified Biologics that it would investigate the above mentioned Michigan and Texas discipline, as it was not notified within 30 days of the orders. Early resolution terms were signed and fee of $1,500.00 was paid. Biologics is currently in good standing with the Hawaii Board of Pharmacy.

Illinois

In March 2016, Illinois Board of Pharmacy notified Biologics that it would investigate the above mentioned discipline, as it was not notified within 30 days of the orders. A consent order was signed and fee of $2,000.00 was paid. Biologics is currently in good standing with the Illinois Board of Pharmacy.

Colorado

In an unrelated action in January 2010, Biologics, Inc. was fined five thousand dollars (plus a $500 surcharge) by the Colorado Board of Pharmacy for a failure to provide a zero report to the Colorado Prescription Drug Monitoring Program for a 10 day reporting period from December 1, 2009 through December 10, 2009.The failure was inadvertent and immediately corrected.

**Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.**

McKesson Corporation and its subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. ***The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions.***

In 2009, **McKesson** entered into two stipulations with the Colorado Board of Pharmacy and paid fines due to McKesson's Colorado distribution centers receiving prescription drugs from entities that were not registered with the Colorado Board of Pharmacy. In both instances, the requirement to accept product only from entities licensed by the Colorado Board, regardless of the state of residence, was a new requirement that was not publicized and many entities were fined by the Board.

On January 19, 2011, **McKesson** signed an Agreed Findings of Fact, Conclusion of Law and Final Order with the Oklahoma Board of Pharmacy, concerning its Oklahoma distribution center. The Oklahoma Board of Pharmacy alleged the McKesson Oklahoma distribution center distributed controlled substances to an unlicensed pharmacy. The pharmacy had been issued a DEA registration and, when McKesson verified the license, it was listed on the Board's website with a license number. However, the pharmacy was awaiting an inspection for final approval. The Board's website did not reflect that the license was pending approval. A $3,000 fine was paid; however, McKesson made no admissions or denials.

In May 2011, **McKesson** entered into a stipulation with the Colorado Board of Pharmacy and paid a fine due to one of its Colorado distribution center not timely notifying the Colorado Board of Pharmacy that its designated representative had changed.

In August 2012, **McKesson** entered into a private consent order with the Georgia Board of Pharmacy due to the Georgia Drugs and Narcotics Agency discovering a carrier hired by McKesson leaving the truck unlocked while making deliveries on two separate occasions to Georgia pharmacies.

In 2012 **Physician Sales & Service (PSS)** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy for partnering with Green VaHey Med (GVM) to furnish compounded medications to PSS clients/customers by PSS sales reps ordering compounded medications through the unlicensed entity GVM who brokered the manufacturing of these products at USP for PSS client/customers while GVM invoiced, billed, and collected payments and split the profits 50/50 with PSS. The fine was $500.00.

In 2013, **McKesson** entered into a consent order with the Virginia Board of Pharmacy based on the discovery of McKesson product in a non-McKesson warehouse that did not have proper security or temperate controls. Without McKesson's knowledge, an independent courier had placed McKesson customer returns in a warehouse used by the courier. After a default on the lease, McKesson was informed that its product was in the warehouse, but when McKesson attempted to retrieve the product, the owner of the warehouse denied entry. The Virginia Board was informed of the issue and ultimately held McKesson responsible for the courier's activity. A $4,000 penalty was assessed against McKesson's Landover, Maryland distribution center (this facility closed as of May 31, 2012).

**McKesson Patient Care Solutions Inc. (MPCS)** is licensed as a pharmacy in New Jersey and is in good standing with the New Jersey State Board of Pharmacy. Based upon a routine inspection on 8/2/2013, MPCS was fined on 11/20/2014 for the following citations: 1.) a copy of a pharmacy technician's license was displayed instead of the original license; 2.) wording on MPCS' pharmacy labels required an update from "use by" to "discard after"; and 3.) some samples of prescriptions did not record patient allergy information.

In 2014 **McKesson** disclosed to the Michigan Board of Pharmacy final agency orders from Colorado, Georgia and Oklahoma that were issued between 2009 and 2012. , The Michigan Board of Pharmacy subsequently filed a complaint alleging that it is a violation of Michigan pharmacy law for a licensee to be the subject of administrative action in another state and asked McKesson to prove compliance with the agency orders in Colorado, Georgia, and Oklahoma. McKesson promptly supplied proof of compliance to the Michigan Board of Pharmacy. The Michigan Board of Pharmacy determined that McKesson had accepted responsibility in Colorado, Georgia, and Oklahoma and taken corrective measures to prevent re-occurrences of the issues that gave rise to those agency orders and the matter was resolved via consent order, pursuant to which McKesson accepted a reprimand and a fine.

In 2014, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning its Landover, Maryland distribution center (the "Landover DC") that had closed in May 2012. The Final Consent Order resolved allegations that, from January 2008 – November 2009, McKesson's Landover DC purchased approximately $2.95 million of prescription drugs/devices from a wholesale distributor that was not licensed in Maryland. McKesson paid a $30,000 fine in November 2014.

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson's Landover DC purchased approximately $2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a $15,000 fine in June 2015.

In 2015 **McKesson Medical-Surgical Minnesota Supply Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy for selling hypodermic needles and syringes, classified as dangerous devices to an entity not licensed by the board. McKesson paid $5,000 fine. The fine is related to a non-disciplinary action.

**Oncology Rx Care Advantage, L. P.**, a wholly-owned subsidiary of McKesson Corporation entered into a consent agreement with the State of Maine with respect to a delay in filing of a PIC Change Application and error therein.

In April 2016 the **McKesson Medical-Surgical Inc.** Clear Brook, VA facility, which is a wholly-owned subsidiary of McKesson Corporation, was fined by the California Board of Pharmacy for failure to report a new Designated Representative within 30 days of change. McKesson paid $200 fine. The fine is related to a non-disciplinary action.

In September 2016, **McKesson Medical Surgical, Inc.** entered into a Consent Agreement for a $2,750 fine with the Louisiana Board of Drug and Device concerning its St. Rose, Louisiana distribution center (the "St. Rose DC"). McKesson Medical Surgical, Inc agreed that it failed to maintain copies of current licenses for customers that are shipped or sold drugs or devices, or, if customer licenses are maintained offsite, by failing to maintain at the licensed distribution location a list of customer names, addresses, license numbers, and license expiration dates for all customers that are shipped or sold drugs or devices.

In 2016 **McKesson Specialty Distribution LLC** was fined by the California Board of Pharmacy related to the fact that McKesson Specialty Distribution LLC delivered dangerous drugs to an entity not licensed by the board. McKesson paid $3,000 fine The fine is related to a non-disciplinary action.

In 2016 January in response to California Board of Pharmacy fine **McKesson Specialty Distribution LLC** was fined by the Business and Professional Regulation, Division of Drugs, Devices, and Cosmetics for failing to operate in compliance with applicable state law. McKesson paid the $1,500 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Packaging Services, a business unit of McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that McKesson Packaging Services failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since February 2, 2016 fully licensed. McKesson paid a $500 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Washington Court House, OH distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since August 6, 2014 fully licensed. McKesson paid $400 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Medical-Surgical Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy at its Clear Brook, VA location for failure to report a new Designated Representative within 30 days of change. McKesson paid $200 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Medical-Surgical Minnesota Supply Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy related to the fact that

its distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since July 1, 2016 fully licensed. McKesson paid $200 fine. The fine is related to a non-disciplinary action.

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In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay $150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson**'s Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In April 2017 the Hawaii Regulated Industries Complaints Office (RICO) received a request for Investigation from the Hawaii Board of Pharmacy after **Oncology Rx Care Advantage, LP** (Oncology Rx) reported disciplinary action taken by the State of Maine. Like most state boards of pharmacy, the Hawaii Board of Pharmacy can reciprocally discipline based on orders from other states under Hawaii Revised Statutes 43 6B-19 (13). This error, which the Hawaii Board never alleged to be intentional, has since been corrected. Oncology Rx paid $500 as an administrative fine.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In 2017 **Oncology Rx Care Advantage, L. P.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy related to the fact that its distribution center failed to timely notify the state of California when their pharmacist-in-charge left the

company. The new pharmacist-in-charge is now and has been since March, 2016 fully licensed. McKesson paid $750 fine. The fine is related to a non-disciplinary action.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson**'s distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of $45,000, with an additional surcharge of 15%, totaling $51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board $250.00 for administrative costs No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of $2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of $10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation**'s distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and

- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled

substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson**'s distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

In 2018 May **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Memphis, TN distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since December 1, 2017 fully licensed. McKesson paid $1,000 fine. The fine is related to a non-disciplinary action.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On November 7, 2018, the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Denver, Colorado distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of $1,150 was imposed and paid November 29, 2018. The Board released McKesson Medical-Surgical Inc. from the terms and conditions of the December 6, 2018, Stipulation and Final Agency Order and restored the Registration to unencumbered status.

In December of 2018, **MPCS** finalized a Consent Agreement with the Florida Agency for Health Care Administration ("AHCA") concerning a Final Audit Report ("Report") from AHCA indicating that it determined that MPCS was overpaid for claims which were in whole or in part not covered by Florida Medicaid. Upon review of additional documentation submitted by MPCS, AHCA agreed to accept payment of three hundred four dollars and eighty-five cents ($304.85) in full settlement of any alleged overpayment, fine, and costs arising from the above-referenced Report. Specifically, MPCS agreed to pay a total overpayment of one hundred eight dollars and eighty-four cents ($108.84), a fine of twenty-one dollars and seventy-seven cents ($21.77), and

costs of one hundred seventy-four dollars and twenty-four cents ($174.24) to resolve any and all issues related to any alleged overpayments. MPCS tendered payment of three hundred four dollars and eighty-five cents ($304.85) on November 13, 2018, and the parties fully executed the Consent Agreement as of December 3, 2018.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of $10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On March 1, 2019, the Ohio Board of Pharmacy sent a Notice of Opportunity for Hearing to the McKesson Medical-Surgical Inc. distribution center in Urbancrest, OH, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing. The allegations relate to an investigation that McKesson Medical-Surgical Inc. shipped dangerous drugs to an unlicensed site in September 2017. A monetary penalty of $4,5000 was imposed and paid on March 27, 2019.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by New Mexico aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio and

Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars ($15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reproval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Reproval, agreed to pay $4,000 in investigative fees.

On July 31, 2019 **McKesson Medical-Surgical Inc.** received a citation from the California Board of Pharmacy regarding it's Urbancrest, OH location for failure to report a new Designated Representative within 30 days of change. No fine was assessed.

On August 29, 2019 **McKesson** received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 5, 2019 the California State Board of Pharmacy issued a Citation and Fine of $250.00 to **McKesson Specialty Distribution, LLC** at its facility located at 4100 Quest Way, Memphis, TN to resolve the delinquent notification of a change in the Designated Representative in 2016. The fine is related to a non-disciplinary action.

On August 5, 2019 the California State Board of Pharmacy issued a Citation and Fine of $250.00 to **McKesson Specialty Distribution, LLC** at its facility located at 4100 Quest Way, Memphis, TN to resolve the delinquent notification of a change in the Designated Representative in 2018. The fine is related to a non-disciplinary action.

On August 29, 2019 **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of $1,150.00.

On November 21, 2019 **RxCrossroads Third Party Logistics Division** was fined by the California Board of Pharmacy related to the fact that its Louisville, KY distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since May 2018 fully licensed. **RxCrossroads** paid $750 fine. The fine is related to a non-disciplinary action.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

On January 14, 2020 **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Arizona State Board of Pharmacy, regarding its Tempe, AZ distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $1,000 was imposed and paid on January 14, 2020.

**Effective June 1, 2018, McKesson acquired Medical Specialties Distributors, LLC. Prior to the acquisition the following actions occurred:**

In May of 2015, First Choice Medical Supply, LLC ("First Choice"), a wholly-owned subsidiary of McKesson Corporation, was cited and fined by the California Board of Pharmacy in connection with its Phoenix, Arizona distribution center. First Choice was cited for selling, shipping, mailing or delivering dangerous drugs and/or devices to its Fresno, California distribution center prior to obtaining a non-resident wholesaler permit. In connection with the citation, First Choice paid a $5,000 fine. The fine is related to a non-disciplinary action.

In May of 2015, First Choice Medical Supply, LLC ("First Choice"), a wholly-owned subsidiary of McKesson Corporation, was cited and fined by the California Board of Pharmacy in connection with its Gresham, Oregon distribution center. First Choice was cited for selling, shipping, mailing or delivering dangerous drugs and/or devices to its Fresno, California distribution center prior to obtaining a non-resident wholesaler permit. In connection with the citation, First Choice paid a $5,000 fine. The fine is related to a non-disciplinary action.

In May of 2015, First Choice Medical Supply, LLC ("First Choice"), a wholly-owned subsidiary of McKesson Corporation, was cited and fined by the California Board of Pharmacy in connection with its Fresno, California distribution center. First Choice was cited for acting as a wholesaler of dangerous drugs and/or devices prior to obtaining a wholesale license from the California Board of Pharmacy. The company was also cited for transferring, selling, or delivering a dangerous drug or device into the State of Nevada without a license issued by the Nevada Board of Pharmacy. In connection with the former citation, First Choice paid a $5,000 fine. The fine is related to a non-disciplinary action.

In November of 2017, the Illinois Department of Financial and Professional Regulation issued a wholesale drug distributor license to Medical Specialties Distributors, LLC ("MSD"), a wholly-owned subsidiary of McKesson Corporation, subject to the terms and conditions of a Non-Disciplinary Consent Order. The Consent Order resolved allegations that MSD shipped five orders of prescription drugs into the State of Illinois from August 2015 to December 2015 without an active wholesale drug distributor license. MSD agreed to pay a $5,000 non-disciplinary fee in connection with the allegations.

In February of 2018, Outpatient Infusion Systems, Inc. ("OIS"), a wholly-owned subsidiary of McKesson Corporation, entered into a Consent Agreement with the Arkansas Board of

Pharmacy concerning its Irving, Texas distribution center. The Consent Agreement resolved allegations that, from January 1, 2017 to June 1, 2017, OIS' Irving distribution center was operating without a valid Medical Equipment/Medical Gas license. OIS agreed to pay a settlement amount of $2,500 in connection with allegations. The Consent Agreement is related to a non-disciplinary action.

**Effective August 23, 2017, McKesson acquired BDI Pharma, Inc. Prior to the acquisition the following actions occurred**

The Maryland Board of Pharmacy issued a subpoena to BDI Pharma, Inc. on April 4, 2017 requesting copies of invoices from 1998 until mid-1999 for prescription drugs shipped into Maryland in order to carry out health oversight activities. BDI Pharma, Inc provided information indicating that it distributed certain prescription plasma drug products into Maryland in 1998-1999 prior to obtaining a Maryland wholesale distributor permit. The Maryland Board of Pharmacy concluded that BDI Pharma was subject to discipline in accordance Md. Code Ann., 1-Iealth 0cc. § 12-6C-03 and 12-6C-11 and ordered BDI Pharma, Inc to pay a FINE in the amount of $5,000.00. BDI Pharma, Inc. paid the $5,000 fine.

**Effective May 13, 2016, McKesson acquired Labsco Holdings Inc. and its subsidiary, Laboratory Supply Company. Prior to the acquisition the following actions occurred:**

In December 2005, the Florida Department of Health revoked/suspended Laboratory Supply Company's Jacksonville, FL distribution center license for failure of a Certified Designated Representative candidate to pass the exam. The candidate passed the exam in January 2006 and the distribution center license was returned to good standing. The distribution center has since been closed.

In February 2010, Laboratory Supply Company's distribution center located in Louisville, KY entered into an agreed order with the Kentucky Board of Pharmacy and paid a $500 fine. The fine was for operating out of a new location without first filing a new application.

In April 2011, a Laboratory Supply Company distribution center located in Indiana had its license placed on indefinite suspension for not being accredited by VAWD which is required under Indiana law for any distributor selling drugs. The settlement was in April 2011 and the Indiana distribution center has since been closed.

In April, 2016, the South Carolina Board of Pharmacy fined Laboratory Supply Company $5,000 for shipping legend product into South Carolina without a license. The fine was paid and the distribution center applied for and was granted a license.

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March 19, 2020

**VIA UPS**

Mr. Dave Wuest
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, NV 89521

**RE: Parent Level Change in Ownership - Biologics, Inc. dba Biologics by McKesson**
13000 Weston Pky., Ste. 105 - **Current Permit Number(s): PH02131**
11800 Weston Parkway - **Current Permit Number(s): PH03800**

Dear Mr. Wuest:

We previously notified you of a transaction involving the above referenced permit holder, Biologics, Inc. dba Biologics by McKesson. Specifically, McKesson will be undergoing an internal multi-step transaction and re-organization effective **April 1, 2020** that impacts the parent company of Biologics, Inc. As the Board is aware, the current parent company of Biologics, Inc. is AORT Holdings Company, Inc. and the grandparent company is Physician Reliance Network, LLC. After the transaction, the parent company of Biologics, Inc. will be Physician Reliance Network, LLC. Essentially, the only effect of the transaction is that the current parent company, AORT Holdings Company, Inc. will no longer be in the chain of ownership, and the current grandparent entity will be the parent company. For ease of review, we have enclosed a change of ownership applications and the appropriate fees for processing.

Importantly, there are no changes to the direct operating entity of Biologics, Inc. The Tax ID, pharmacist-in-charge and all other organizational and operational facets will remain unchanged. Currently, the North Carolina Board is processing the ownership change applications for these facilities and once the new permits are received, we will forward them to you for your records.

Please feel free to contact me at 602-229-5530 or amy.cotton@quarles.com if you have any questions or would like any additional information regarding this transaction. Thank you for your consideration.

Very truly yours,

Amy R. Cotton Peterson

Amy Cotton Peterson

Encls.

# 4E

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy* or ☒ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** 03800

*Check box below for type of ownership and complete all required forms.*

☐ *Publicly Traded Corporation – Pages 1,2,3,7*
☐ *Partnership - Pages 1,2,5,7*
☒ *Non Publicly Traded Corporation – Pages 1,2,4,7*
☐ *Sole Owner – Pages 1,2,6,7*

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Biologics by McKesson

Physical Address: 11800 Weston Parkway

Mailing Address: Same as above.

City: Cary State: NC Zip Code: 27513

Telephone: 919-546-9810 Fax: 919-831-0440

Toll Free Number: 800-850-4306 (Required per NAC 639.708)

E-mail: pharmacists@mckesson.com Website: https://biologics.mckesson.com

Managing Pharmacist: Charles Shaw License Number: 23346

**TYPE OF PHARMACY AND SERVICES PROVIDED**

| Yes/No | | Yes/No | |
|---|---|---|---|
| ☐ | Retail | ☐ | Off-site Cognitive Services |
| ☐ | Hospital (# beds____) | ☐ | Parenteral ** |
| ☐ | Internet | ☐ | Parenteral (outpatient) |
| ☐ | Nuclear | ☐ | Outpatient/Discharge |
| ☐ | Ambulatory Surgery Center | ☐ | Mail Service |
| ☐ | Community | ☐ | Long Term Care |
| ☒ | Other: Specialty/Oncology | ☐ | Sterile Compounding ** |
| | | ☐ | Non Sterile Compounding |
| | All boxes must be checked | ☐ | Mail Service Sterile Compounding ** |
| | For the application to be complete | ☐ | Other Services: _____ |

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Michele Lau
Print Name of Authorized Person

3/12/2020
Date



| Board Use Only | Date Processed: | Amount: 600.00 |
|---|---|---|

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation: NorthCarolina

Parent Company if any: Physicians Reliance Network, LLC

Mailing Address: 11800 Weston Parkway

City: Cary State: NC Zip: 27513

Telephone: 919-459-4905 Fax: 919-831-0440

Contact Person: Michele Coakley

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A - no individuals own shares.
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

**Hours of Operation for the pharmacy:**

Monday thru Friday 8 am 8 pm Saturday N/A am _____ pm

Sunday N/A am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

# STATEMENT OF RESPONSIBILITY
# FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Michele Lau

Responsible Person of Biologics, Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Michele Lau
Print Name of Authorized Person

3/12/2020
Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF North Carolina )
) ss.
Wake COUNTY )

I, Charles Shaw, 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 for Biologics by McKesson (the 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 sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product 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 AFFIANT SAYETH NOT.

I, Charles Shaw, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
12 day of March, 2020.

NOTARY PUBLIC

DREW HESS
Notary Public
Wake
County
My Comm. Exp.
11-08-2023
NORTH CAROLINA

**While Biologics, Inc. dba Biologics by McKesson located at 11800 Weston Parkway, Cary, North Carolina has no disciplinary actions, Biologics by McKesson located at 13000 Weston Parkway, Ste. 105, Cary, North Carolina has the following previous discipline.**

**Biologics, Inc.**
**13000 Weston Parkway, Ste. 105**
**Cary, NC 27513**
**Disciplinary Action Overview**
**(Previously Disclosed)**

Missouri
Biologics applied for a Missouri pharmacy permit in November, 2003 and Missouri requested certain additional information in January, 2004. Biologics did not respond with the additional information as requested due to oversight during a change in pharmacy management personnel. The pharmacy application automatically expired six months from the date of original filing and Biologics needed to reapply. Solely because of the tardiness in its original pharmacy application, the pharmacy permit subsequently issued to Biologics by the Missouri State Board of Pharmacy on March 31, 2005 was "restricted" for a period of three years. The purpose of the restriction was to require Biologics to continue to comply with applicable Missouri pharmacy rules and regulations. The terms of the discipline were completed as of March 30, 2008. Biologics is currently in good standing with the Missouri Board of Pharmacy.

Texas
In April 2012, the Texas State Board of Pharmacy notified Biologics, Inc. that Biologics, Inc. had failed to include the Missouri restricted license in its 2006 Texas licensure renewal and subsequent Change of Managing Office notice.

In a letter dated June 4, 2012, the Texas Board of Pharmacy notified Biologics, Inc. that its license# 23756 would be sanctioned from May 16, 2012 through August 14, 2015. In addition, an administrative penalty of $2,000.00 would be assessed. The omission was inadvertent and in the good faith belief that the reason for the restricted license was due to a tardy application in Missouri and not an "act" by the Company or its personnel in Missouri. Biologics now understands that this was an incorrect interpretation. Biologics, Inc. paid the penalty and completed the restricted period. Biologics is currently in good standing with the Texas Board of Pharmacy.

Michigan
In May 2013, the Michigan Department of Licensing and Regulatory Affairs notified Biologics, Inc. of an administrative complaint in relation to the administrative penalty levied by Texas. In a State of Michigan consent order dated August 18, 2013, Michigan issued a reprimand to Biologics' Michigan pharmacy license# 530100834 and levied a fine in the amount of $500.00. Biologics is currently in good standing with the Michigan Board of Pharmacy.

Montana
In August 2013, the Montana Board of Pharmacy convened a hearing to review the above mentioned disciplinary actions and determine whether it would take reciprocal action. After

review of all documentation submitted by Biologics, the Board determined that the case did not justify legal or disciplinary proceedings. Biologics is currently in good standing with the Montana Board of Pharmacy.

Hawaii

On March 16, 2015, Hawaii notified Biologics that it would investigate the above mentioned Michigan and Texas discipline, as it was not notified within 30 days of the orders. Early resolution terms were signed and fee of $1,500.00 was paid. Biologics is currently in good standing with the Hawaii Board of Pharmacy.

Illinois

In March 2016, Illinois Board of Pharmacy notified Biologics that it would investigate the above mentioned discipline, as it was not notified within 30 days of the orders. A consent order was signed and fee of $2,000.00 was paid. Biologics is currently in good standing with the Illinois Board of Pharmacy.

Colorado

In an unrelated action in January 2010, Biologics, Inc. was fined five thousand dollars (plus a $500 surcharge) by the Colorado Board of Pharmacy for a failure to provide a zero report to the Colorado Prescription Drug Monitoring Program for a 10 day reporting period from December 1, 2009 through December 10, 2009.The failure was inadvertent and immediately corrected.

**Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.**

McKesson Corporation and its subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. ***The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions.***

In 2009, **McKesson** entered into two stipulations with the Colorado Board of Pharmacy and paid fines due to McKesson's Colorado distribution centers receiving prescription drugs from entities that were not registered with the Colorado Board of Pharmacy. In both instances, the requirement to accept product only from entities licensed by the Colorado Board, regardless of the state of residence, was a new requirement that was not publicized and many entities were fined by the Board.

On January 19, 2011, **McKesson** signed an Agreed Findings of Fact, Conclusion of Law and Final Order with the Oklahoma Board of Pharmacy, concerning its Oklahoma distribution center. The Oklahoma Board of Pharmacy alleged the McKesson Oklahoma distribution center distributed controlled substances to an unlicensed pharmacy. The pharmacy had been issued a DEA registration and, when McKesson verified the license, it was listed on the Board's website with a license number. However, the pharmacy was awaiting an inspection for final approval. The Board's website did not reflect that the license was pending approval. A $3,000 fine was paid; however, McKesson made no admissions or denials.

In May 2011, **McKesson** entered into a stipulation with the Colorado Board of Pharmacy and paid a fine due to one of its Colorado distribution center not timely notifying the Colorado Board of Pharmacy that its designated representative had changed.

In August 2012, **McKesson** entered into a private consent order with the Georgia Board of Pharmacy due to the Georgia Drugs and Narcotics Agency discovering a carrier hired by McKesson leaving the truck unlocked while making deliveries on two separate occasions to Georgia pharmacies.

In 2012 **Physician Sales & Service (PSS)** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy for partnering with Green VaHey Med (GVM) to furnish compounded medications to PSS clients/customers by PSS sales reps ordering compounded medications through the unlicensed entity GVM who brokered the manufacturing of these products at USP for PSS client/customers while GVM invoiced, billed, and collected payments and split the profits 50/50 with PSS. The fine was $500.00.

In 2013, **McKesson** entered into a consent order with the Virginia Board of Pharmacy based on the discovery of McKesson product in a non-McKesson warehouse that did not have proper security or temperate controls. Without McKesson's knowledge, an independent courier had placed McKesson customer returns in a warehouse used by the courier. After a default on the lease, McKesson was informed that its product was in the warehouse, but when McKesson attempted to retrieve the product, the owner of the warehouse denied entry. The Virginia Board was informed of the issue and ultimately held McKesson responsible for the courier's activity. A $4,000 penalty was assessed against McKesson's Landover, Maryland distribution center (this facility closed as of May 31, 2012).

**McKesson Patient Care Solutions Inc. (MPCS)** is licensed as a pharmacy in New Jersey and is in good standing with the New Jersey State Board of Pharmacy. Based upon a routine inspection on 8/2/2013, MPCS was fined on 11/20/2014 for the following citations: 1.) a copy of a pharmacy technician's license was displayed instead of the original license; 2.) wording on MPCS' pharmacy labels required an update from "use by" to "discard after"; and 3.) some samples of prescriptions did not record patient allergy information.

In 2014 **McKesson** disclosed to the Michigan Board of Pharmacy final agency orders from Colorado, Georgia and Oklahoma that were issued between 2009 and 2012. , The Michigan Board of Pharmacy subsequently filed a complaint alleging that it is a violation of Michigan pharmacy law for a licensee to be the subject of administrative action in another state and asked McKesson to prove compliance with the agency orders in Colorado, Georgia, and Oklahoma. McKesson promptly supplied proof of compliance to the Michigan Board of Pharmacy. The Michigan Board of Pharmacy determined that McKesson had accepted responsibility in Colorado, Georgia, and Oklahoma and taken corrective measures to prevent re-occurrences of the issues that gave rise to those agency orders and the matter was resolved via consent order, pursuant to which McKesson accepted a reprimand and a fine.

In 2014, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning its Landover, Maryland distribution center (the "Landover DC") that had closed in May 2012. The Final Consent Order resolved allegations that, from January 2008 – November 2009, McKesson's Landover DC purchased approximately $2.95 million of prescription drugs/devices from a wholesale distributor that was not licensed in Maryland. McKesson paid a $30,000 fine in November 2014.

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson's Landover DC purchased approximately $2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a $15,000 fine in June 2015.

In 2015 **McKesson Medical-Surgical Minnesota Supply Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy for selling hypodermic needles and syringes, classified as dangerous devices to an entity not licensed by the board. McKesson paid $5,000 fine. The fine is related to a non-disciplinary action.

**Oncology Rx Care Advantage, L. P.**, a wholly-owned subsidiary of McKesson Corporation entered into a consent agreement with the State of Maine with respect to a delay in filing of a PIC Change Application and error therein.

In April 2016 the **McKesson Medical-Surgical Inc.** Clear Brook, VA facility, which is a wholly-owned subsidiary of McKesson Corporation, was fined by the California Board of Pharmacy for failure to report a new Designated Representative within 30 days of change. McKesson paid $200 fine. The fine is related to a non-disciplinary action.

In September 2016, **McKesson Medical Surgical, Inc.** entered into a Consent Agreement for a $2,750 fine with the Louisiana Board of Drug and Device concerning its St. Rose, Louisiana distribution center (the "St. Rose DC"). McKesson Medical Surgical, Inc agreed that it failed to maintain copies of current licenses for customers that are shipped or sold drugs or devices, or, if customer licenses are maintained offsite, by failing to maintain at the licensed distribution location a list of customer names, addresses, license numbers, and license expiration dates for all customers that are shipped or sold drugs or devices.

In 2016 **McKesson Specialty Distribution LLC** was fined by the California Board of Pharmacy related to the fact that McKesson Specialty Distribution LLC delivered dangerous drugs to an entity not licensed by the board. McKesson paid $3,000 fine The fine is related to a non-disciplinary action.

In 2016 January in response to California Board of Pharmacy fine **McKesson Specialty Distribution LLC** was fined by the Business and Professional Regulation, Division of Drugs, Devices, and Cosmetics for failing to operate in compliance with applicable state law. McKesson paid the $1,500 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Packaging Services, a business unit of McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that McKesson Packaging Services failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since February 2, 2016 fully licensed. McKesson paid a $500 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Washington Court House, OH distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since August 6, 2014 fully licensed. McKesson paid $400 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Medical-Surgical Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy at its Clear Brook, VA location for failure to report a new Designated Representative within 30 days of change. McKesson paid $200 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Medical-Surgical Minnesota Supply Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy related to the fact that

its distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since July 1, 2016 fully licensed. McKesson paid $200 fine. The fine is related to a non-disciplinary action.

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In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay $150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson**'s Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In April 2017 the Hawaii Regulated Industries Complaints Office (RICO) received a request for Investigation from the Hawaii Board of Pharmacy after **Oncology Rx Care Advantage, LP** (Oncology Rx) reported disciplinary action taken by the State of Maine. Like most state boards of pharmacy, the Hawaii Board of Pharmacy can reciprocally discipline based on orders from other states under Hawaii Revised Statutes 43 6B-19 (13). This error, which the Hawaii Board never alleged to be intentional, has since been corrected. Oncology Rx paid $500 as an administrative fine.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In 2017 **Oncology Rx Care Advantage, L. P.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy related to the fact that its distribution center failed to timely notify the state of California when their pharmacist-in-charge left the

company. The new pharmacist-in-charge is now and has been since March, 2016 fully licensed. McKesson paid $750 fine. The fine is related to a non-disciplinary action.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson**'s distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of $45,000, with an additional surcharge of 15%, totaling $51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board $250.00 for administrative costs No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of $2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of $10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation**'s distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and

- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled

substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson**'s distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

In 2018 May **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Memphis, TN distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since December 1, 2017 fully licensed. McKesson paid $1,000 fine. The fine is related to a non-disciplinary action.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On November 7, 2018, the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Denver, Colorado distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of $1,150 was imposed and paid November 29, 2018. The Board released McKesson Medical-Surgical Inc. from the terms and conditions of the December 6, 2018, Stipulation and Final Agency Order and restored the Registration to unencumbered status.

In December of 2018, **MPCS** finalized a Consent Agreement with the Florida Agency for Health Care Administration ("AHCA") concerning a Final Audit Report ("Report") from AHCA indicating that it determined that MPCS was overpaid for claims which were in whole or in part not covered by Florida Medicaid. Upon review of additional documentation submitted by MPCS, AHCA agreed to accept payment of three hundred four dollars and eighty-five cents ($304.85) in full settlement of any alleged overpayment, fine, and costs arising from the above-referenced Report. Specifically, MPCS agreed to pay a total overpayment of one hundred eight dollars and eighty-four cents ($108.84), a fine of twenty-one dollars and seventy-seven cents ($21.77), and

costs of one hundred seventy-four dollars and twenty-four cents ($174.24) to resolve any and all issues related to any alleged overpayments. MPCS tendered payment of three hundred four dollars and eighty-five cents ($304.85) on November 13, 2018, and the parties fully executed the Consent Agreement as of December 3, 2018.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of $10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On March 1, 2019, the Ohio Board of Pharmacy sent a Notice of Opportunity for Hearing to the McKesson Medical-Surgical Inc. distribution center in Urbancrest, OH, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing. The allegations relate to an investigation that McKesson Medical-Surgical Inc. shipped dangerous drugs to an unlicensed site in September 2017. A monetary penalty of $4,5000 was imposed and paid on March 27, 2019.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by New Mexico aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio and

Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars ($15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reproval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Reproval, agreed to pay $4,000 in investigative fees.

On July 31, 2019 **McKesson Medical-Surgical Inc.** received a citation from the California Board of Pharmacy regarding it's Urbancrest, OH location for failure to report a new Designated Representative within 30 days of change. No fine was assessed.

On August 29, 2019 **McKesson** received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 5, 2019 the California State Board of Pharmacy issued a Citation and Fine of $250.00 to **McKesson Specialty Distribution, LLC** at its facility located at 4100 Quest Way, Memphis, TN to resolve the delinquent notification of a change in the Designated Representative in 2016. The fine is related to a non-disciplinary action.

On August 5, 2019 the California State Board of Pharmacy issued a Citation and Fine of $250.00 to **McKesson Specialty Distribution, LLC** at its facility located at 4100 Quest Way, Memphis, TN to resolve the delinquent notification of a change in the Designated Representative in 2018. The fine is related to a non-disciplinary action.

On August 29, 2019 **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of $1,150.00.

On November 21, 2019 **RxCrossroads Third Party Logistics Division** was fined by the California Board of Pharmacy related to the fact that its Louisville, KY distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since May 2018 fully licensed. **RxCrossroads** paid $750 fine. The fine is related to a non-disciplinary action.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

On January 14, 2020 **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Arizona State Board of Pharmacy, regarding its Tempe, AZ distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $1,000 was imposed and paid on January 14, 2020.

**Effective June 1, 2018, McKesson acquired Medical Specialties Distributors, LLC. Prior to the acquisition the following actions occurred:**

In May of 2015, First Choice Medical Supply, LLC ("First Choice"), a wholly-owned subsidiary of McKesson Corporation, was cited and fined by the California Board of Pharmacy in connection with its Phoenix, Arizona distribution center. First Choice was cited for selling, shipping, mailing or delivering dangerous drugs and/or devices to its Fresno, California distribution center prior to obtaining a non-resident wholesaler permit. In connection with the citation, First Choice paid a $5,000 fine. The fine is related to a non-disciplinary action.

In May of 2015, First Choice Medical Supply, LLC ("First Choice"), a wholly-owned subsidiary of McKesson Corporation, was cited and fined by the California Board of Pharmacy in connection with its Gresham, Oregon distribution center. First Choice was cited for selling, shipping, mailing or delivering dangerous drugs and/or devices to its Fresno, California distribution center prior to obtaining a non-resident wholesaler permit. In connection with the citation, First Choice paid a $5,000 fine. The fine is related to a non-disciplinary action.

In May of 2015, First Choice Medical Supply, LLC ("First Choice"), a wholly-owned subsidiary of McKesson Corporation, was cited and fined by the California Board of Pharmacy in connection with its Fresno, California distribution center. First Choice was cited for acting as a wholesaler of dangerous drugs and/or devices prior to obtaining a wholesale license from the California Board of Pharmacy. The company was also cited for transferring, selling, or delivering a dangerous drug or device into the State of Nevada without a license issued by the Nevada Board of Pharmacy. In connection with the former citation, First Choice paid a $5,000 fine. The fine is related to a non-disciplinary action.

In November of 2017, the Illinois Department of Financial and Professional Regulation issued a wholesale drug distributor license to Medical Specialties Distributors, LLC ("MSD"), a wholly-owned subsidiary of McKesson Corporation, subject to the terms and conditions of a Non-Disciplinary Consent Order. The Consent Order resolved allegations that MSD shipped five orders of prescription drugs into the State of Illinois from August 2015 to December 2015 without an active wholesale drug distributor license. MSD agreed to pay a $5,000 non-disciplinary fee in connection with the allegations.

In February of 2018, Outpatient Infusion Systems, Inc. ("OIS"), a wholly-owned subsidiary of McKesson Corporation, entered into a Consent Agreement with the Arkansas Board of

Pharmacy concerning its Irving, Texas distribution center. The Consent Agreement resolved allegations that, from January 1, 2017 to June 1, 2017, OIS' Irving distribution center was operating without a valid Medical Equipment/Medical Gas license. OIS agreed to pay a settlement amount of $2,500 in connection with allegations. The Consent Agreement is related to a non-disciplinary action.

**Effective August 23, 2017, McKesson acquired BDI Pharma, Inc. Prior to the acquisition the following actions occurred**

The Maryland Board of Pharmacy issued a subpoena to BDI Pharma, Inc. on April 4, 2017 requesting copies of invoices from 1998 until mid-1999 for prescription drugs shipped into Maryland in order to carry out health oversight activities. BDI Pharma, Inc provided information indicating that it distributed certain prescription plasma drug products into Maryland in 1998-1999 prior to obtaining a Maryland wholesale distributor permit. The Maryland Board of Pharmacy concluded that BDI Pharma was subject to discipline in accordance Md. Code Ann., 1-Iealth 0cc. § 12-6C-03 and 12-6C-l1 and ordered BDI Pharma, Inc to pay a FINE in the amount of $5,000.00. BDI Pharma, Inc. paid the $5,000 fine.

**Effective May 13, 2016, McKesson acquired Labsco Holdings Inc. and its subsidiary, Laboratory Supply Company. Prior to the acquisition the following actions occurred:**

In December 2005, the Florida Department of Health revoked/suspended Laboratory Supply Company's Jacksonville, FL distribution center license for failure of a Certified Designated Representative candidate to pass the exam. The candidate passed the exam in January 2006 and the distribution center license was returned to good standing. The distribution center has since been closed.

In February 2010, Laboratory Supply Company's distribution center located in Louisville, KY entered into an agreed order with the Kentucky Board of Pharmacy and paid a $500 fine. The fine was for operating out of a new location without first filing a new application.

In April 2011, a Laboratory Supply Company distribution center located in Indiana had its license placed on indefinite suspension for not being accredited by VAWD which is required under Indiana law for any distributor selling drugs. The settlement was in April 2011 and the Indiana distribution center has since been closed.

In April, 2016, the South Carolina Board of Pharmacy fined Laboratory Supply Company $5,000 for shipping legend product into South Carolina without a license. The fine was paid and the distribution center applied for and was granted a license.

# NORTH CAROLINA
## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

**BIOLOGICS, INC.**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 13th day of January, 1994, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 12th day of February, 2020.

Elaine F. Marshall

**Secretary of State**

Certification# 106269085-1 Reference# 15827802- Page: 1 of 1
Verify this certificate online at http://www.sosnc.gov/verification

# 4F

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy or* ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** _____

*Check box below for type of ownership and complete all required forms.*

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☑ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Complete Medical Supplies, Inc

Physical Address: 4001 NW 124 Avenue, Coral Springs, FL 33065-2405

Mailing Address: 4001 NW 124 Avenue, Coral Springs, FL 33065-2405

City: Coral Springs State: Florida Zip Code: 33065-2405

Telephone: 877.748.1977 Fax: 877.748.1985

Toll Free Number: 877.748.1977 (Required per NAC 639.708)

E-mail: ssturrup@acsmedical.com Website: acsmedical.com

Managing Pharmacist: Scott K Sturrup License Number: N/A- DME Company

**TYPE OF PHARMACY AND SERVICES PROVIDED**

| Yes/No | | Yes/No | |
|---|---|---|---|
| ☐ | ☑ Retail | ☐ | ☑ Off-site Cognitive Services |
| ☐ | ☑ Hospital (# beds____) | ☐ | ☑ Parenteral ** |
| ☐ | ☑ Internet | ☐ | ☑ Parenteral (outpatient) |
| ☐ | ☑ Nuclear | ☐ | ☑ Outpatient/Discharge |
| ☐ | ☑ Ambulatory Surgery Center | ☒ | ☐ Mail Service |
| ☐ | ☑ Community | ☐ | ☑ Long Term Care |
| ☒ | ☐ Other: Mail Order DME | ☐ | ☑ Sterile Compounding ** |
| | | ☐ | ☑ Non Sterile Compounding |
| All boxes must be checked | | ☐ | ☑ Mail Service Sterile Compounding ** |
| For the application to be complete | | ☒ | ☐ Other Services: consumable medical supplies and legend device (Aspira drain). |

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

Type text here

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Scott K Sturrup
Print Name of Authorized Person

08/19/2020
Date



**Board Use Only** Date Processed:_____ Amount: 600.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation: Florida Type text here

Parent Company if any: N/A

Mailing Address: 4001 NW 124 Avenue, Coral Springs, FL 33065-2405

City: Coral Springs State: Florida Zip: 33065-2405

Telephone: 877.748.1977 Fax: 877.748.1985

Contact Person: Scott K Sturrup

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Scott K Sturrup, Owner President- 50% 0 NW Way, Parkland, FL 33076-3752
Name Address

b) Sandra L Hettinger, Owner/ VP- 50% Vestal Way, Coral Springs, FL 33071-5855
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 0

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

**Hours of Operation for the pharmacy:**

Monday thru Friday 8:30 am 5 pm Saturday oncall am _____ pm

Sunday oncall am _____ pm 24 Hours oncall

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

# STATEMENT OF RESPONSIBILITY
# FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

Florida

I, Scott K Sturrup

Responsible Person of Complete Medical Supplies, Inc

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Scott K Sturrup
Print Name of Authorized Person

08/19/2020
Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida )
) ss.
Broward COUNTY )

I, Scott K Sturrup, 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/Owner/Person Responsible for Complete Medical Supplies, Inc (the 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 sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product 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 AFFIANT SAYETH NOT.

I, Scott K Sturrup, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

_____
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
19 day of Aug, 2020.

Victoria K Kipp
NOTARY PUBLIC

VICTORIA K. KIPP
MY COMMISSION # GG 041214
EXPIRES: February 21, 2021
Bonded Thru Notary Public Underwriters

# State of Florida
## Department of State

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

The document number of this corporation is P99000047998.

I further certify that said corporation has paid all fees due this office through December 31, 2020, that its most recent annual report/uniform business report was filed on January 29, 2020, 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 Twentieth day of August, 2020*




*Secretary of State*

**Tracking Number: 1505555062CU**

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

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

# Florida Non- Licensure Requirement Summary

Complete Medical Supplies, Inc. is NOT required to obtain a Florida HME License, per Florida State Regulations. The below is extracted from Florida State Regulation (attached) and supported by the document in its entirety.

Complete Medical Supplies, Inc. is a Medicare/ Medicaid certified and ACHC Accredited Durable Medical Equipment Provider distributing only disposable medical supplies such as diabetic, ostomy, urological, wound care supplies and prosthetic drain/ dressing kits.

Please know that classification of all devices are assigned by FDA and fall under Class I for minimal risk, Class II for greater risk or and Class III for highest risk. The higher the classification, the more stringent applicable regulations as there is greater concern for the potential to harm the patient. Keep in mind that the Aspira Prosthetic Drain/ Dressing System is classified by FDA as a Class II Medical Device and that is labeled as a Legend Device (see attached initial filing by Bard, now Merit). Also know that a diabetic monitor is also classified by the FDA as a Class II medical device.

The specific Exemption Rule that supports Complete Medical Supplies' position as "exempt" from having a DME/ HME License in Florida is below as extracted by the attached:

**Page 2:**

**Aspen State Regulation Set: O 3.02 Home Medical Equipment**

59A-25.002(2), F.S., **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.

Note: Above clearly lists Diabetic monitors as an exempt item from licensure requirement although it is a Class II Device. However, as this does not address exemption for the Aspira Prosthetic Drain/ Dressing Kit, it defaults to specifics applicable to Home Medical Equipment. The definition for Home Medical Equipment per State of Florida is below. The definition clearly states "prosthetics are NOT included" and therefore exempt.

**Page 3 and 4:**

**ST - O0002 – Definitions**

Title Definitions
Statute or Rule: 400.925 FS; 59A-25.001 FAC
Type Memo Tag

Regulation Definition
400.925 Definitions.-As used in this part, the term:

(6) " **Home medical equipment** " includes any product as defined by the Federal Drug Administration's Drugs, Devices and Cosmetics Act, any products reimbursed under the Medicare Part B Durable Medical Equipment benefits, or any products reimbursed under the Florida Medicaid durable medical equipment program. Home medical equipment includes oxygen and related respiratory equipment; manual, motorized, or customized wheelchairs and related seating and positioning, but does not include prosthetics or orthotics or any splints, braces, or aids custom fabricated by a licensed health care practitioner; motorized scooters; personal transfer systems; and specialty beds, for use by a person with a medical need.

# BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

**VALID OCTOBER 1, 2020 THROUGH SEPTEMBER 30, 2021**

**DBA:**
**Business Name:** COMPLETE MEDICAL SUPPLIES INC

**Receipt #:** 378-6564
**Business Type:** WHOLESALE/DISTRIBUTOR (MEDICAL SUPPLY DISTRIBUTOR)

**Owner Name:** SCOTT STURRUP
**Business Location:** 4001 NW 124 AVE
CORAL SPRINGS
**Business Phone:** 954-748-1966

**Business Opened:** 09/01/2000
**State/County/Cert/Reg:**
**Exemption Code:**

| Rooms | Seats | Employees | Machines | Professionals |
|---|---|---|---|---|
| | | | | |

| | For Vending Business Only | | | | | |
|---|---|---|---|---|---|---|
| | Number of Machines: | | | Vending Type: | | |
| Tax Amount | Transfer Fee | NSF Fee | Penalty | Prior Years | Collection Cost | Total Paid |
| 45.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 45.00 |

## THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

**THIS BECOMES A TAX RECEIPT**

**WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

ACHC FOR PROVIDERS. BY PROVIDERS.

July 1, 2019

Complete Medical Supplies, Inc.
Scott Sturrup
4001 NW 124th Ave.
Coral Springs, FL 33065

Dear Complete Medical Supplies, Inc.:

Thank you for submitting a Plan of Correction (POC) addressing to the deficiencies found during your on-site survey. Accreditation Commission for Health Care (ACHC) conducted an extensive evaluation of your POC, and has concluded that the plan meets the intent of compliance with the ACHC Accreditation Standards.

On behalf of ACHC, it is my pleasure to inform you that Complete Medical Supplies, Inc. has been ***approved for accreditation*** for the DMEPOS Program. Your accreditation is effective August 2, 2019 through August 1, 2022. Of course, maintaining accreditation is contingent upon continued compliance with ACHC Accreditation Standards during this period. In granting accreditation, ACHC finds that your company has demonstrated that it operates at a level of quality, integrity, and effectiveness consistent with its standards.

Again, congratulations on being awarded accreditation. It is an achievement of which your organization can be proud and one that demonstrates your commitment to quality in the provision of care.

Should you have any questions, please contact your organization's Account Advisor, Aimee Pope.

Sincerely,

Timothy Safley MBA, RRT, RCP
Program Director

# 4G

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy or* ☒ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** 03440
*Check box below for type of ownership and complete all required forms.*

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☒ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Partnership - Pages 1,2,6,8*
☐ *Sole Owner – Pages 1,2,7,8*

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: divvyMED, LLC d/b/a divvyDOSE

Physical Address: 4300 44th Ave., Moline, IL 61265

Mailing Address: 4300 44th Ave.

City: Moline State: IL Zip Code: 61265

Telephone: (844) 693-4889 Fax: (309) 807-2462

Toll Free Number: (844) 693-4889 (Required per NAC 639.708)

E-mail: csteffen@divvydose.com Website: www.divvydose.com

Managing Pharmacist: Christine Steffen License Number: IL 051.299426

**TYPE OF PHARMACY AND SERVICES PROVIDED**

| Yes/No | TYPE OF PHARMACY | Yes/No | SERVICES PROVIDED |
|---|---|---|---|
| ☐ | ☒ Retail | ☐ | ☒ Off-site Cognitive Services |
| ☐ | ☒ Hospital (# beds____) | ☐ | ☒ Parenteral ** |
| ☒ | ☐ Internet | ☐ | ☒ Parenteral (outpatient) |
| ☐ | ☒ Nuclear | ☐ | ☒ Outpatient/Discharge |
| ☐ | ☒ Ambulatory Surgery Center | ☒ | ☐ Mail Service |
| ☒ | ☐ Community | ☐ | ☒ Long Term Care |
| ☐ | ☒ Other: _____ | ☐ | ☒ Sterile Compounding ** |
| | | ☐ | ☒ Non Sterile Compounding |
| | All boxes must be checked | ☐ | ☒ Mail Service Sterile Compounding ** |
| | For the application to be complete | ☐ | ☒ Other Services: _____ |

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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, site 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.

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 pharmacy 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.

Karen E. Peterson

Original Signature of Person Authorized to Submit Application, no copies or stamps

Karen E. Peterson, Secretary

Print Name of Authorized Person

9/8/20

Date



**Board Use Only** Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: Penzo Enterprises, LLC

Mailing Address: McConnor Parkway

City: Schaumburg State: IL Zip: 60173

Telephone: (952) 205-1000 Fax:

Contact Person: Karen Peterson

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A, Penzo Enterprises, LLC is owned 100% by OptumRx Holdings, LLC
Name Address

b) N/A
Name Address

c) N/A
Name Address

d) N/A
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

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

**Hours of Operation for the pharmacy:**

Monday thru Friday 8 am 6 pm Saturday N/A am N/A pm

Sunday N/A am N/A pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF ILLINOIS )
) ss.
COOK COUNTY )

I, Karen Peterson, 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 for DivvyMed, LLC dba DivvyDose (the 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 sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product 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 AFFIANT SAYETH NOT.

I, Karen Peterson, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Karen Peterson
Name Karen Peterson

SUBSCRIBED AND SWORN TO
before me, a notary public this
8 day of SEPT, 2020.

Kelly L. Mace-Levin
NOTARY PUBLIC

OFFICIAL SEAL
KELLY L. MACE LEVIN
Notary Public - State of Illinois
My Commission Expires Mar. 2, 2024

# STATEMENT OF RESPONSIBILITY
# FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Karen Peterson

Responsible Person of DivvyMed, LLC dba DivvyDose

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Karen Peterson

Print Name of Authorized Person

9/8/20

Date

**Karen Elizabeth Peterson, Secretary of DivvyMed, LLC and Penzo Enterprises, LLC**
**Disciplinary History**

Karen Peterson paid a fine to the Oregon Board of Pharmacy in 1998 to settle discipline related to a prescription misfill. The only information available on the Board's website is the Consent Order and Notice of Proposed Disciplinary Action. A copy is attached.

Karen Peterson

Signed by: Karen Peterson

9/8/20

Date

RECEIVED
MAY 0 8 1998
BOARD OF PHARMACY

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

| | | |
|---|---|---|
| In the Matter of the Pharmacist License of<br><br>KAREN (BOHMER) PETERSON, R.Ph.<br><br>Licensee | ) | Case No. 97-0069(A)<br><br>CONSENT ORDER |

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action regarding the licensee in the above-captioned matter; and

WHEREAS, the above-noted Notice of Proposed Disciplinary Action together with a Notice of Rights was duly served on the licensee as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice of Proposed Disciplinary Action without further proceedings thereon; and

WHEREAS, the licensee is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the licensee admits that the facts alleged in the above-noted Notice of Proposed Disciplinary Action are true, that the licensee's conduct, as admitted, violated the statutes and rules cited in the Notice, and that legal cause exists pursuant to ORS 689.405 for disciplinary action by the Board; and

WHEREAS, the licensee consents to the disciplinary action as set forth herein;

///

NOW THEREFORE THE FOLLOWING DISCIPLINE IS HEREBY ORDERED:

1. The licensee shall pay to the Board a civil penalty in the amount of $300, said payment to be made within thirty days from the date of this Consent Order;

2. Failure of the licensee to pay the civil penalty as required under this Consent Order may, after notice and hearing, result in further disciplinary action including license revocation.

DATED this 6th day of May, 1998.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

BY: _____
Gary Schnabel, R.N., R.Ph.
Compliance Director

CONSENT

I hereby acknowledge that I have read and understand the above-noted Notice of Proposed Disciplinary Action and Notice of Rights and the terms of the Consent Order. I agree to the Board entering the Consent Order.

5/1/98
Date

_____
Karen (Bohmer) Peterson, R.Ph.
Licensee

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

| | | |
|---|---|---|
| In the Matter of the Pharmacist License of<br><br>KAREN BOHMER, R.Ph.<br>Licensee | )<br>)<br>)<br>)<br>)<br>)<br>) | Case No. 97-0069(A)<br><br>NOTICE OF PROPOSED DISCIPLINARY ACTION |

The Oregon Board of Pharmacy proposes to take disciplinary action against you pursuant to ORS 689.445 because you violated the Oregon Pharmacy Act and the Board of Pharmacy rules as follows:

On 1/9/97 you dispensed Depakote 250mg for a Depakote 500mg prescription in violation of OAR 855-041-0065, which is grounds for discipline pursuant to ORS 689.405(1)(e)(B).

On 1/18/97 you dispensed lithium 300mg for a thioridazine 100mg prescription in violation of OAR 855-041-0065, which is grounds for discipline pursuant to ORS 689.405(1)(e)(B).

On 4/25/97 you dispensed Lamictal 100mg for a Lamictal 25mg prescription is in violation of OAR 855-041-0065, which is grounds for discipline pursuant to ORS 689.405(1)(e)(B).

On 6/4/97 you dispensed Depakote 250mg for a Depakote 500mg prescription in violation of OAR 855-041-0065, which is grounds for discipline pursuant to ORS 689.405(1)(e)(B).

DATED this 8 day of January, 1998.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

BY: _____
Gary Schnabel, R.N., R.Ph.
Compliance Director

**List of Members, Officers, and Managers of DivvyMed, LLC and Penzo Enterprises, LLC**

Upon the closing of the transaction, Penzo Enterprises, LLC will be the sole member of DivvyMed, LLC and OptumRx Holdings, LLC will be the sole member of Penzo Enterprises, LLC.

The new officers, directors, and managers of **DivvyMed, LLC** will include:

| **List of Officers, Directors and Managers** | **Title and Registered Pharmacist numbers (if any)** | **Home Address** |
|---|---|---|
| Jeffrey David Grosklags | Manager | Timberwolf Circle NW, Prior Lake, MN 55372 |
| John Michael Prince | Manager, President | Harrington Road, Wayzata, MN 55391 |
| Karen Elizabeth Peterson | Secretary<br>IL R.PH 051293213 | V. Seminary Ave. Wheaton, IL 60187 |
| Peter Marshall Gill | Treasurer | Sherwood Bluff, Eden Prairie, MN 55437 |
| Heather Anastasia Lang | Assistant Secretary | Mount Curve Road, Eden Prairie, MN 55347 |
| David John Oberg | Assistant Secretary | Deep Waters Court, Simi Valley, CA 93065 |
| Arvind Movva | CEO | N. Seeley Ave., Chicago, IL 60625 |

The new officers, directors, and managers of **Penzo Enterprises, LLC** will include:

| **List of Officers, Directors and Managers** | **Title and Registered Pharmacist numbers (if any)** | **Home Address** |
|---|---|---|
| Jeffrey David Grosklags | Manager | Timberwolf Circle NW, Prior Lake, MN 55372 |
| John Michael Prince | Manager, CEO, President | Harrington Road, Wayzata, MN 55391 |
| Karen Elizabeth Peterson | Secretary<br>IL R.PH 051293213 | W. Seminary Ave. Wheaton, IL 60187 |
| Peter Marshall Gill | Treasurer | Sherwood Bluff, Eden Prairie, MN 55437 |
| Heather Anastasia Lang | Assistant Secretary | Mount Curve Road, Eden Prairie, MN 55347 |
| David John Oberg | Assistant Secretary | Deep Waters Court, Simi Valley, CA 93065 |

# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DIVVYMED, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DIVVYMED, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF NOVEMBER, A.D. 2014.

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

Jeffrey W. Bullock, Secretary of State

5646047 8300

SR# 20203466190

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

Authentication: 202880002

Date: 05-05-20

*File Number* 0508197-1

# STATE OF ILLINOIS

## OFFICE OF THE SECRETARY OF STATE

## *To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, 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*

DIVVYMED, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON FEBRUARY 05, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

***In Testimony Whereof,*** *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 30TH *day of* MARCH *A.D.* 2020 .

Authentication #: 2009001278 verifiable until 03/30/2021
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

# State of Illinois

## Department of Financial and Professional Regulation

### Division of Professional Regulation

LICENSE NO.
320.011196
054.018976

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:
03/31/2022

## LICENSED CONTROLLED SUBSTANCE

II III IV V

DIVVYMED LLC
DBA DIVVYDOSE
4300 44TH AVE
MOLINE, IL 61265-6755

DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

14312824

# State of Illinois

## Department of Financial and Professional Regulation

### Division of Professional Regulation

LICENSE NO.
054.018976
051.299426

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:
03/31/2022

## LICENSED PHARMACY

COMMUNITY

DIVVYMED LLC
DBA DIVVYDOSE
CHRISTINE STEFFEN
4300 44TH AVE
MOLINE, IL 61265

DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

14228548



divvyDOSE

## divvyDOSE Pharmacist List

| | | |
|---|---|---|
| Allen Koster | IL 051.293392 | Full-Time |
| Jake Vroman | IL 051.294393 | Full-Time |
| Christine Steffen | IL 051.299426 | Full-Time |
| Andrew Peterson | IL 051.291572 | Full-Time |
| Katheryne Stack | IL 051.297168 | Full-Time |
| Debra Slifka | IL 051.300149 | Part-Time |
| Amanda French | IL 051.292771 | Full-Time |
| Daniel French | IL 051.293558 | Full-Time |
| Emily Kwak | IA 20822 | Full-Time |
| Melissa Williams | IA 23148 | Full-Time |

| First Name | Last Name | Worker Category Description | Location City | License/Certification ID | Category Description | Expiration Date |
|---|---|---|---|---|---|---|
| Brian | Bedoun | Full Time | Moline | 49255371/D5M7B4Y7 | Certified Pharmacy Technician | 01/09/2021 |
| Noah | Eads | Full Time | Moline | 49249858/30051722 | Certified Pharmacy Technician | 08/31/2021 |
| Niketa | Patel | Full Time | Moline | 49244766/30053631 | Certified Pharmacy Technician | 09/30/2021 |
| John | Petersen | Full Time | Moline | 49253075/A6D6S3F9 | Certified Pharmacy Technician | 02/28/2022 |
| Amy | Jones | Full Time | Moline | 49266736/F9R6R7E3 | Certified Pharmacy Technician | 02/16/2022 |
| Isaac | Smith | Full Time | Moline | 49255837/Y9J2T6K8 | Certified Pharmacy Technician | 03/01/2022 |
| Krystle | Clark | Full Time | Moline | 49.257183/J2D3H3L8 | Certified Pharmacy Technician | 05/03/2022 |
| Megan | Dunaway | Full Time | Moline | 49.266171/600107000000000 | Certified Pharmacy Technician | 10/31/2020 |
| Dawna | Ewoldt | Full Time | Moline | 49218203/490107000000000 | Certified Pharmacy Technician | 12/31/2021 |
| Kaci | Korthals | Full Time | Moline | 49250632/540107000000000 | Certified Pharmacy Technician | 11/30/2020 |
| Shayla | Smith | Full Time | Moline | 10098939/49.243404 | Certified Pharmacy Technician | 03/31/2021 |
| Christi | Ringdahl | Full Time | Moline | 4924301/G5L2Z7G7 | Certified Pharmacy Technician | 01/03/2022 |
| Sara | Tilp | Full Time | Moline | 49252727/A6C2S4S6 | Certified Pharmacy Technician | 03/02/2021 |
| Jessica | Oler | Full Time | Moline | 49245685/E8C3M8S3 | Certified Pharmacy Technician | 03/28/2022 |
| Cassy | Ruta | Full Time | Moline | 49199817/570107000000000 | Certified Pharmacy Technician | 02/28/2022 |
| Amanda | Smith | Full Time | Moline | 49260827/H5B2Z2E5 | Certified Pharmacy Technician | 02/28/2022 |
| Gabrielle | Hill | Part Time | Moline | 49.222546/10040684 | Certified Pharmacy Technician | 03/31/2022 |
| Kevin | Milloy | Full Time | Moline | 49228180/30019137 | Certified Pharmacy Technician | 08/31/2020 |
| Rachel | Pappas | Full Time | Moline | 49261829/P8Q5B7N9 | Certified Pharmacy Technician | 06/04/2022 |
| Angela | Chase | Full Time | Moline | 49222558/10046465 | Certified Pharmacy Technician | 07/31/2022 |
| Cindy | Goeden | Full Time | Moline | 49263689/W5P9M3X7 | Certified Pharmacy Technician | 02/16/2022 |
| Jamie | Rebello | Full Time | Moline | 49263338/X4T4D6X4 | Certified Pharmacy Technician | 02/27/2022 |
| Angela | Kirchner | Full Time | Moline | 49.239393/6040508 | Certified Pharmacy Technician | 06/14/2022 |
| Jennifer | Paxton | Full Time | Moline | 49248918.W6C9T2T6 | Certified Pharmacy Technician | 01/30/2022 |
| Sabrina | Armstrong | Full Time | Moline | 49246756/N3L5F4D8 | Certified Pharmacy Technician | 08/02/2021 |
| Sarah | Davis | Full Time | Moline | 49255416/P8D3S6C2 | Certified Pharmacy Technician | 02/28/2022 |
| Devon | Hurley | Full Time | Moline | 49243196/P4C2C5F7 | Certified Pharmacy Technician | 04/06/2022 |
| Stephanie | Nelson | Full Time | Moline | 49230840/30008443 | Certified Pharmacy Technician | 05/31/2022 |
| Elizabeth | Selby | Full Time | Moline | 049227841/30005574 | Certified Pharmacy Technician | 03/31/2021 |
| Courtney | Arnold | Full Time | Moline | 49256629/30097056 | Certified Pharmacy Technician | 04/30/2021 |
| Sydney | Shearer | Full Time | Moline | 49246743/30063377 | Certified Pharmacy Technician | 02/28/2022 |
| Gladys | Cole | Full Time | Moline | 49251439/L5H3G7G8 | Certified Pharmacy Technician | 05/04/2021 |
| Sunnie | McCollam | Full Time | Moline | 49255456/K9J8H9E5 | Certified Pharmacy Technician | 02/16/2022 |
| Kelli | Holmes | Full Time | Moline | 49251544/S3X4S3R8 | Certified Pharmacy Technician | 03/15/2022 |
| Ariel | McDowell | Full Time | Moline | 49244083/30030936 | Certified Pharmacy Technician | 01/31/2021 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Ashley | Prunty | Full Time | Moline | 49253532 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Melissa | Dzekunskas | Full Time | Moline | 49267288 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Vickie | Hemm | Full Time | Moline | 49270570 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Kalli | Majewski | Part Time - College | Moline | 49267903 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Melanie | Sanfilippo | Full Time | Moline | 49271663 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Brittany | Short | Part Time | Moline | 49266436 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Susan | Perez | Part Time - College | Moline | 49273535 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Stephen | Moeller | Full Time | Moline | 49270512 | Registered Pharmacy Technician- IL | 05/31/2021 |
| Joella | Jones | Full Time | Moline | 49162668 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Emilee | Dowd | Part Time - College | Moline | 49267127 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Starla | Lawton | Full Time | Moline | 49119813 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Jodi | Kenney | Full Time | Moline | 49264111 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Kitty | Lanman | Full Time | Moline | 49264308 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Danielle | Stone | Full Time | Moline | 49264638 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Lisa | Woods | Full Time | Moline | 49268377 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Elisha | Lindsey | Full Time | Moline | 49266443 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Christopher | Steele | Full Time | Moline | 49266114 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Abbigail | Yodts | Part Time - College | Moline | 49267093 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Rachel | Kelley | Full Time | Moline | 49266952 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Laurie | Gonterman | Full Time | Moline | 49267913 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Mary | Gassman | Full Time | Moline | 49267989 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Jessica | Eversole | Full Time | Moline | 49265649 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Tim | Wright | Full Time | Moline | 49266113 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Danielle | Raymond | Full Time | Moline | 49266640 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Susan | Sherman | Full Time | Moline | 49266657 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Joanna | Martinez | Part Time | Moline | 49265976 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Sarah | Coulter | Full Time | Moline | 49272645 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Nicole | Cram | Full Time | Moline | 49267142 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Adriyela | Bradford | Full Time | Moline | 49259116 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Genevieve | Arellanes | Full Time | Moline | 49268074 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Cynthia | Gustafson | Part Time | Moline | 49268523 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Annette | Eversole | Part Time - College | Moline | 49259943 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Jenna | Taylor | Part Time - College | Moline | 49260584 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Alexandria | Wilder | Part Time | Moline | 49260825 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Zachary | Chriswell | Full Time | Moline | 49262732 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Michelle | Wetterow | Full Time | Moline | 49262081 | Registered Pharmacy Technician- IL | 03/31/2021 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Chastity | Rasnake | Full Time | Moline | 49259467 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Heather | Kilby | Full Time | Moline | 49262752 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Garrett | Salger | Full Time | Moline | 49263690 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Shelly | Meier | Full Time | Moline | 49263207 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Ariana | Alcantar | Part Time - College | Moline | 49267129 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Teanna | Randolph | Part Time | Moline | 49267401 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Spencer | Mason | Full Time | Moline | 49268513 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Adam | Uhde | Full Time | Moline | 49267393 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Jillian | Shellabarger | Full Time | Moline | 49267996 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Andrew | Burger | Full Time | Moline | 49264103 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Ryne | Beuseling | Full Time | Moline | 49263691 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Mary | Wingert | Full Time | Moline | 49127817 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Summer | Lowery | Full Time | Moline | 49263945 | Registered Pharmacy Technician- IL | 03/31/2021 |
| MaKayla | Combs | Part Time - College | Moline | 49264119 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Abby | Wingate | Full Time | Moline | 49275259 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Vanessa | Lynn | Part Time - College | Moline | 49275260 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Blake | Lewis | Full Time | Moline | 49262488 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Mario | MacDonald Huerta | Full Time | Moline | 49271346 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Alexander | Dailing | Full Time | Moline | 49272646 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Daniela | Anderson | Full Time | Moline | 49272908 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Amanda | Crocker | Full Time | Moline | 49271470 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Irma | deJesus | Full Time | Moline | 49271015 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Karen | Cardenas | Full Time | Moline | 49256978 | Registered Pharmacy Technician- IL | 03/31/2019 |
| Victoria | Castelluccio | Full Time | Moline | 49274575 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Emma | Baldwin | Part Time - College | Moline | 49272916 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Sarah | Meyers | Part Time - College | Moline | 49272762 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Courtney | Pool | Full Time | Moline | 49274561 | Registered Pharmacy Technician- IL | 03/31/2021 |
| SandraElizabet | Gonzalez | Part Time | Moline | 49270979 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Rae | Pooley | Part Time - College | Moline | 49273806 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Garrett | Schmidt-McCormack | Full Time | Moline | 49274730 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Mary | Brandt | Full Time | Moline | 49274431 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Katherine | Salazar | Full Time | Moline | 49274216 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Emma | Wiegmann | Part Time - College | Moline | 49273718 | Registered Pharmacy Technician- IL | 03/31/2022 |
| Zana | Danner | Part Time - College | Moline | 30127771 | Certified Pharmacy Technician | 03/31/2022 |
| Theo | Daggett | Full Time | Moline | 49275262 | Registered Pharmacy Technician- IL | 03/31/2021 |
| Isabella | Koutsopanagos | Part Time - College | Moline | 49275253 | Registered Pharmacy Technician- IL | 03/31/2021 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Madison | Dutton | Full Time | Moline | just submitted | new employee | pending |
| Jordan | MacNeil | Part Time - College | Moline | just submitted | new employee | pending |
| Alex | Pearson | Full Time | Moline | just submitted | new employee | pending |
| Erin | Antonson | Part Time - College | Moline | just submitted | new employee | pending |
| Jordan | MacNeil | Part Time - College | Moline | just submitted | new employee | pending |
| Shalynn | Burrage | Full Time | Moline | just submitted | new employee | pending |
| Katelyn | Laraia | Full Time | Iowa City | 30027776 | Certified Pharmacy Technician | 12/31/2020 |
| Safa | Qadoura | Full Time | Iowa City | P2D8F8S8 | Certified Pharmacy Technician | 11/15/2021 |
| Mindy | Eischeid | Full Time | Iowa City | 30037743 | Certified Pharmacy Technician | 03/31/2021 |
| Abigail | Whitaker | Part Time - College | Iowa City | 30130078 | Certified Pharmacy Technician | 06/30/2022 |
| Taylor | Reising | Part Time - College | Iowa City | N2S5F6P4 | Certified Pharmacy Technician | 08/02/2021 |
| Esmee | Belzer | Part Time - College | Iowa City | 30109134 | Certified Pharmacy Technician | 08/31/2021 |
| Mandy | Heilman | Part Time - College | Iowa City | 28644 | Pharmacy Technician Trainee | 09/30/2020 |
| Jessica | May | Part Time - College | Iowa City | 30078534 | Certified Pharmacy Technician | 08/31/2022 |
| Jasmine | Howell | Part Time - College | Iowa City | 7585 | RPH Intern | 05/31/2024 |
| Chi | Nesah | Part Time - College | Iowa City | 7320 | RPH Intern | 05/31/2023 |
| Sanya | Hassan | Part Time - College | Iowa City | 7595 | RPH Intern | 05/31/2024 |
| Jasmina | Arnaut | Part Time - College | Iowa City | 7531 | RPH Intern | 05/31/2024 |
| Lucas | Dinh | Part Time - College | Iowa City | 7537 | RPH Intern | 05/31/2024 |
| Matthew | Hamilton | Part Time - College | Iowa City | 7591 | RPH Intern | 05/31/2024 |
| Emoryan | Foxe | Part Time - College | Iowa City | 7597 | RPH Intern | 05/31/2024 |
| Travis | Johnston | Part Time - College | Iowa City | 7561 | RPH Intern | 05/31/2024 |
| Nicholas | Garza | Part Time - College | Iowa City | 7596 | RPH Intern | 05/31/2024 |
| Komel | Shahid | Part Time - College | Iowa City | 7558 | RPH Intern | 05/31/2024 |
| Keaton | Higgins | Part Time - College | Iowa City | 7612 | RPH Intern | 05/31/2024 |
| Reumina | Cufurovic | Part Time - College | Iowa City | 7546 | RPH Intern | 05/31/2024 |
| Elise | Chang | Part Time - College | Iowa City | 7543 | RPH Intern | 05/31/2024 |
| Keirstin | Broadway | Part Time - College | Iowa City | 7529 | RPH Intern | 05/31/2024 |
| Kamyla | Vargas Freytes | Part Time - College | Iowa City | 7568 | RPH Intern | 05/31/2024 |
| Diana | Theusch | Part Time - College | Iowa City | 6750 | RPH Intern | 05/31/2021 |
| Ann | Mwangi | Part Time - College | Iowa City | 7316 | RPH Intern | 05/31/2023 |
| Kathryn | Fier | Part Time - College | Iowa City | 7276 | RPH Intern | 05/31/2023 |
| Jaywin | Patel | Part Time - College | Iowa City | 7429 | RPH Intern | 05/31/2021 |
| Ayah | Taha | Part Time - College | Iowa City | 7554 | RPH Intern | 05/31/2024 |

# *APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES*

*Addendum to Pharmacy Application*
*(Only required if providing internet services)*

## *GENERAL INFORMATION*

Name of Nevada license pharmacy: divvyMED, LLC d/b/a divvyDOSE

Nevada license number: PH03440

Websites in use or intended to be used: www.divvydose.com

Affiliated websites (websites that link to or otherwise direct users to your website):

## *VIPPS CERTIFICATION*

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be NABP) certified? Please provide a copy with application. Yes ☒ No ☐

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

## *PHARMACIES LACKING VIPPS CERTIFICATION*

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☐ No ☐

**PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.**

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:

A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ☐ No ☐

B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ☐ No ☐

C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ☐ No ☐

D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ☐ No ☐

E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ☐ No ☐

F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ☐ No ☐

G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ☐ No ☐

H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ☐ No ☐

I) That 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? Yes ☐ No ☐

J) That 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? Yes ☐ No ☐

3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ☐ No ☐

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ☐ No ☐

5. Does the pharmacy maintain 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? Yes ☐ No ☐

6. Does the pharmacy comply with applicable federal and state laws regarding the following:

   A) To the dispensing of prescription drugs? Yes ☐ No ☐

   B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ☐ No ☐

   C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes ☐ No ☐

7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ☐ No ☐

8. Does the pharmacy ship 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 Pharmacopoeia, 25th* edition, 2002, which is hereby adopted by reference? Yes ☐ No ☐

**PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.**

The signature below certifies that the answers provided in this application are true, correct and complete.

Karen Peterson — 9/8/20

Signature of Owner — Karen Peterson, Secretary, DivvyMed, LLC — Date

app.us.openbadges.me/view/#!/badge?badgeId=497b960f-c9fd-41f5-b4c5-679650a64962

## Digital Pharmacy

NABP
Accredited
Digital Pharmacy

**ISSUED TO**

DIVVYMED, LLC dba DIVVYDOSE on the 27 March 2020

**ISSUED BY**

NABP
National Association of Boards of Pharmacy

National Association of Boards of Pharmacy

NABP is a not for profit association that protects public health by assisting its member boards of pharmacy for the purpose of protecting the public health and offers programs that promote safe pharmacy practices for the benefit of consumers.

**DESCRIPTION**

Digital Pharmacy Accreditation signifies to patients and payers that the pharmacy has an internet presence and that the pharmacy meets the highest standards of pharmacy care and complies with the licensing requirements of its state and each state to which it practices pharmacy. A Digital Pharmacy Accreditation seal lets patients know that they are on a safe site. For additional information regarding the accreditation program or to identify accredited locations, please visit the Criteria link below.

**CRITERIA**

https://nabp.pharmacy/programs/digital-pharmacy/

**TAGS**

Digital-Pharmacy

openbadges.me

# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PENZO ENTERPRISES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PENZO ENTERPRISES, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF NOVEMBER, A.D. 2014.

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

Jeffrey W. Bullock, Secretary of State

5646044 8300

SR# 20203466193

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

Authentication: 202880003

Date: 05-05-20

Gmail

NABP Solutions Licensing <licensing@nabp.solutions>

# NV Notice of Pending Transaction re: NR pharmacy DivvyMED LLC

**NABP Solutions Licensing** <licensing@nabp.solutions> Wed, Jun 17, 2020 at 2:36 PM
To: pharmacy@pharmacy.nv.gov
Bcc: NABP Solutions Licensing <licensing@nabp.solutions>

Nevada State Board of Pharmacy,

I am writing to provide notice of a pending transaction involving Nevada nonresident pharmacy DivvyMED, LLC.

DivvyMED owns and operates a pharmacy doing business as DivvyDose located at 4300 44th Ave., Moline, IL 61265 and holds a nonresident pharmacy license in the State of Nevada, License No. PH03440. Attached please find the notice letter that details the pending transaction.

- **Current ownership.** DivvyMED, LLC (DivvyMED) is currently owned 99% by Penzo Enterprises, LLC (Penzo) and 1% by an individual owner.
- **Ownership upon change.** Upon closing the transaction, DivvyMED will continue to be owned by Penzo (which will own all 100% of DivvyMED), and OptumRx Holdings LLC will own 100% of Penzo.
- **Corporate officers, managers, and directors will change.** Other than the CEO of DivvyMED who will remain the same, the officers, directors, and managers of both DivvyMED and Penzo will change.
- **All remaining pharmacy operations and store level management will remain the same**. Specifically, the following will remain the same upon the transaction closing:
  - Corporate form of the parent Penzo;
  - Corporate form of pharmacy DivvyMED;
  - Pharmacy name;
  - Tax identification number;
  - Location;
  - NPI;
  - Service offerings;
  - Staff;
  - Pharmacist-in-charge; and
  - Chief Executive Officer

We will follow up with the required documentation for the Board's review. Please review the attached correspondence for additional detail and please do not hesitate to reach out with any questions. Thank you.

Marty

**MARTY ALLAIN** | Executive Director
(p) 847-261-4004
(e) marty@nabp.solutions

**NABP SOLUTIONS** | www.nabp.solutions
Navigating the road to compliance.

**Notice of Change of Control.6.17.20_NV.pdf**
262K

faegre drinker

faegredrinker.com

**Jay A. Warmuth**
Partner
jay.warmuth@faegredrinker.com
+1 612 766 8856 direct

**Faegre Drinker Biddle & Reath LLP**
2200 Wells Fargo Center
90 South Seventh Street
Minneapolis, Minnesota 55402
+1 612 766 7000 main
+1 612 766 1600 fax

June 17, 2020

**VIA ELECTRONIC MAIL**

Nevada Board of Pharmacy

**Re: Notice of Change of Control - Parent Company**
**divvyMED, LLC**

Dear Nevada Board of Pharmacy:

We are writing to notify you of a pending transaction involving Penzo Enterprises, LLC ("**Penzo**"), a Delaware limited liability company and parent company of divvyMED, LLC, a Delaware limited liability company (the "**Pharmacy**"). The Pharmacy (i) is a direct subsidiary of Penzo and (ii) holds the corresponding permit(s) and/or license(s) set forth on Exhibit A hereto in your state.

**Please note that the operating entity of the Pharmacy will remain intact** with the same tax identification number, location, NPI, pharmacist-in-charge, and the operations of the Pharmacy will remain materially the same after the transaction. Furthermore, there are no current plans to make any material change in the Pharmacy's business operations or corporate structure.

Upon the closing of the pending transaction, the Pharmacy will become an indirect, wholly-owned subsidiary of UnitedHealth Group Incorporated, a publicly traded Delaware corporation ("**UHG**"), and OptumRx Holdings, LLC, a Delaware limited liability company and an indirect wholly-owned subsidiary of UHG ("**OptumRx**") (together, the "**Acquiring Parties**"). A simplified pre- and post-closing organizational chart is attached as Exhibit B for ease of reference.

More specifically, pursuant to an Agreement and Plan of Merger dated as of June 15, 2020 (the "**Agreement**") and certain other agreements contemplated thereby, (i) Arvind Movva, an individual, will contribute his one percent (1%) ownership interest in the Pharmacy to Penzo and (ii) Dakota Merger Sub LLC, a Delaware limited liability company and a direct wholly-owned subsidiary of OptumRx ("**Merger Sub**"), will merge with and into Penzo (the "**Merger**"). Immediately upon consummation of the Merger, the separate corporate existence of Merger Sub will cease, and Penzo will continue as the surviving company and as a direct wholly-owned subsidiary of OptumRx (the "**Contemplated Transaction**"). Following the Contemplated

June 17, 2020

Transaction, the Pharmacy will remain a direct subsidiary of Penzo, Penzo will become a direct wholly-owned subsidiary of OptumRx, and UHG accordingly will become the ultimate parent company of Penzo and the Pharmacy.

The Contemplated Transaction is subject to certain customary closing conditions. There are no current plans or proposals to merge or consolidate the Pharmacy with any person or persons, or make any other material change in any of the Pharmacy's business operations or corporate structure.

Additionally, as a result of the Contemplated Transaction, the Pharmacy will undergo changes to certain executive officers and directors. We have enclosed a complete list of the anticipated executive officers and directors of the Pharmacy, which list is attached hereto as Exhibit C.

We appreciate your time and attention to this filing. Please do not hesitate to contact me at (612) 766-8856 or jay.warmuth@faegredrinker.com, or Arvind Movva at (309) 429-6276 or amovva@divvyDOSE.com with any questions.

Sincerely,



Jay A. Warmuth

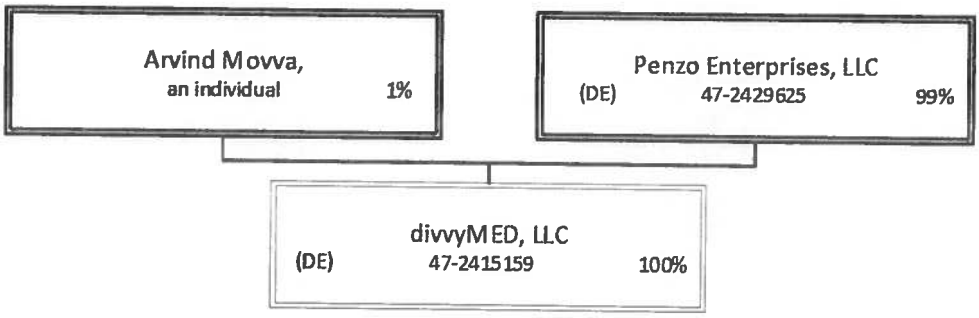
Enclosures

# Exhibit A
# Pharmacy Permit(s) and License(s)

| | |
|---|---|
| Nevada Nonresident Pharmacy License | PH03440 |

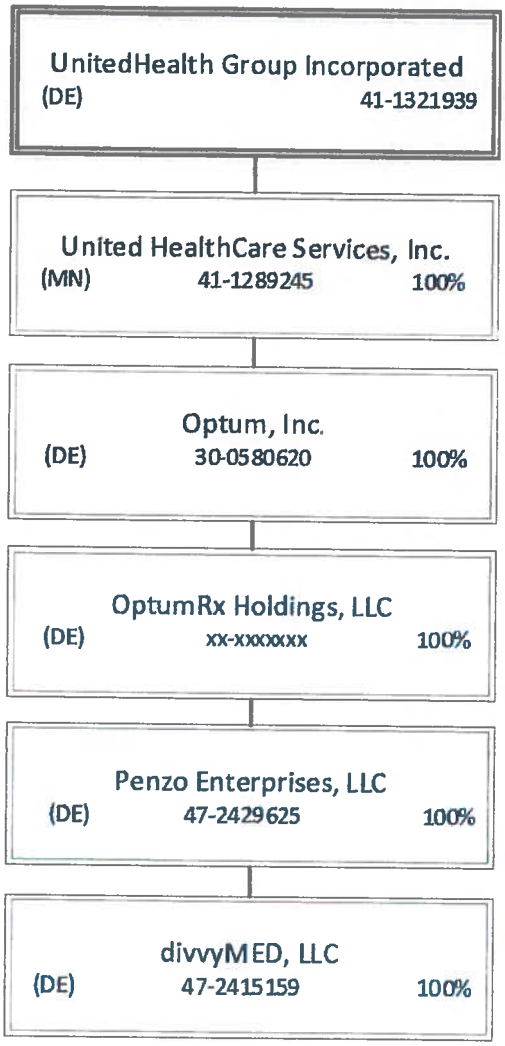
# Exhibit B
# Organization Chart

## Simplified Pre-Closing Organizational Chart



June 17, 2020

# Simplified Post-Closing Organizational Chart



# Exhibit C
# Post-Closing Executive Officers and Directors

The Pharmacy will have the following post-closing executive officers and directors:

| Managers | |
|---|---|
| **Name** | **Title** |
| Grosklags, Jeffrey David | Manager |
| Prince, John Michael | Manager |

| Officers | |
|---|---|
| **Name** | **Title** |
| Movva, Arvind | Chief Executive Officer |
| Prince, John Michael | President |
| Peterson, Karen Elizabeth | Secretary |
| Gill, Peter Marshall | Treasurer |
| Lang, Heather Anastasia | Assistant Secretary |
| Oberg, David John | Assistant Secretary |

# 4H

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy or* ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH_____***

*Check box below for type of ownership and complete all required forms.*

☐ *Publicly Traded Corporation – Pages 1,2,3,8* ☐ *Partnership - Pages 1,2,6,8*

☑ *Non Publicly Traded Corporation – Pages 1,2,4,8* ☐ *Sole Owner – Pages 1,2,7,8*

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: AG Pharmacy LLC dba Eagle Pharmacy

Physical Address: 3322 Holland Road Ste A Virginia Beach VA 23452

Mailing Address: 3322 Holland Road Ste A

City: Virginia Beach State: VA Zip Code: 23452

Telephone: 800-828-9469 Fax: 757-689-4339

Toll Free Number: 800-828-9469 (Required per NAC 639.708)

E-mail: vabeachrxpharmacy@gmail.com Website: N/A

Managing Pharmacist: Adrienne M. Gautier License Number: 0202217377

### TYPE OF PHARMACY AND SERVICES PROVIDED

| Yes/No | | Yes/No | |
|---|---|---|---|
| ☑ | ☐ Retail | ☐ | ☑ Off-site Cognitive Services |
| ☐ | ☑ Hospital (# beds____) | ☐ | ☑ Parenteral ** |
| ☐ | ☑ Internet | ☐ | ☑ Parenteral (outpatient) |
| ☐ | ☑ Nuclear | ☐ | ☑ Outpatient/Discharge |
| ☐ | ☑ Ambulatory Surgery Center | ☒ | ☑ Mail Service |
| ☑ | ☐ Community | ☐ | ☑ Long Term Care |
| ☐ | ☑ Other: _____ | ☐ | ☑ Sterile Compounding ** |
| | | ☐ | ☑ Non Sterile Compounding |
| All boxes must be checked | | ☐ | ☑ Mail Service Sterile Compounding ** |
| For the application to be complete | | ☐ | ☑ Other Services: _____ |

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.**

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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, site 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.

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 pharmacy 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.

Adrienne Gautier
Original Signature of Person Authorized to Submit Application, no copies or stamps

Adrienne M. Gautier
Print Name of Authorized Person

7/21/2020
Date



**Board Use Only** Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: _____

Mailing Address: 3322 Holland Road Ste A

City: Virginia Beach State: VA Zip: 23452

Telephone: 800-828-9469 Fax: 757-689-4339

Contact Person: Adrienne M. Gautier

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Adrienne M. Gautier Cottage Dr Luling LA 70070
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? .01

4) What date did the corporation actually receive the cash assets? 06/21/2019

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

**Hours of Operation for the pharmacy:**

Monday thru Friday 9 am 6 pm Saturday - am - pm

Sunday - am - pm 24 Hours -

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

# STATEMENT OF RESPONSIBILITY
# FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Adrienne M. Gautier

Responsible Person of AG Pharmacy LLC dba Eagle Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Adrienne Gautier
Original Signature of Person Authorized to Submit Application, no copies or stamps

Adrienne M. Gautier
Print Name of Authorized Person

7/21/2020
Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF VIRGINIA )
VIRGINIA BEACH COUNTY ) ss.
)

I, Adrienne M. Gautier, 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 for AG Pharmacy LLC dba Eagle Pharmacy (the 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 sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product 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 AFFIANT SAYETH NOT.

I, Adrienne M. Gautier, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Adrienne Gautier
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
21st day of July, 2020.

NOTARY PUBLIC

Michael Pattrick Theron Bishop
NOTARY PUBLIC
Commonwealth of Virginia
Reg. # 7595260
My Commission Expires July 31, 2023

# Virginia Department of Health Professions
# License Lookup

Current as of 07/10/2020 14:59

## License Information

| | |
|---|---|
| **License Number** | 0201004915 |
| **Occupation** | Pharmacy |
| **Name** | Eagle Pharmacy |
| **Address** | 3322 Holland Road, Suite A<br>Virginia Beach, VA 23452 |
| **Initial License Date** | 08/15/2019 |
| **Expire Date** | 04/30/2021 |
| **License Status** | Current Active |
| **Additional Public Information*** | No |

Back to License Lookup Result

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

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

Back to License Lookup

LISTING OF SECURITY FEATURES ON REVERSE SIDE

# COMMONWEALTH OF VIRGINIA
## DEPARTMENT OF HEALTH PROFESSIONS

*David E. Brown, D.C., Director*

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

## BOARD OF PHARMACY

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

**Pharmacy Permit**

**Eagle Pharmacy**

3322 Holland Road, Suite A
Virginia Beach VA 23452

Number
**0201004915**

**Pharmacist in Charge**
**Adrienne Margaret Gautier**
**0202217377**

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

# Commonwealth of Virginia

## STATE CORPORATION COMMISSION

*Richmond, June 21, 2019*

*This is to certify that the certificate of organization of*

AG PHARMACY LLC

*was this day issued and admitted to record in this office and that the said limited liability company is authorized to transact its business subject to all Virginia laws applicable to the company and its business. Effective date: June 21, 2019*

*State Corporation Commission*
*Attest:*

Joel H. Peck
*Clerk of the Commission*

CISECOM

Owner Information:

Adrienne M. Gautier
' Cottage Dr
Luling, LA 70070
DOB

# 4l

RECEIVED
7-23-2020

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy or* ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** _____

*Check box below for type of ownership and complete all required forms.*

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Partnership - Pages 1,2,6,8*
☑ *Sole Owner – Pages 1,2,7,8*

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Galaxy Pharmacy

Physical Address: 1245 E Anaheim st

Mailing Address: same as Above

City: Long Beach State: CA Zip Code: 90813

Telephone: (562) 599-1301 Fax: (562) 599-1305

Toll Free Number: 833-613-1231 (Required per NAC 639.708)

E-mail: Galaxypharmacy1@gmail.com Website: N/A

Managing Pharmacist: Kenny Vo License Number: 56364

### TYPE OF PHARMACY AND SERVICES PROVIDED

| Yes/No | TYPE OF PHARMACY | Yes/No | SERVICES PROVIDED |
|---|---|---|---|
| ☑ | ☐ Retail | ☐ | ☑ Off-site Cognitive Services |
| ☐ | ☑ Hospital (# beds_____) | ☐ | ☑ Parenteral ** |
| ☐ | ☑ Internet | ☐ | ☑ Parenteral (outpatient) |
| ☐ | ☑ Nuclear | ☐ | ☑ Outpatient/Discharge |
| ☐ | ☑ Ambulatory Surgery Center | ☑ | ☐ Mail Service |
| ☐ | ☑ Community | ☐ | ☑ Long Term Care |
| ☐ | ☑ Other: _____ | ☐ | ☑ Sterile Compounding ** |
| | | ☐ | ☑ Non Sterile Compounding |
| | All boxes must be checked | ☐ | ☑ Mail Service Sterile Compounding ** |
| | For the application to be complete | ☑ | ☐ Other Services: limited Retail non-control mail service only |

****If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,**

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Print Name of Authorized Person

Date 7/15/2020



**Board Use Only** Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A SOLE OWNER.** All information relates to the person listed as the owner.

Owner's Name: Kenny Vo

Business Name: Galaxy Pharmacy

Current Business Address: 1295 E. Anaheim st

City: Long Beach State: CA Zip Code: 90813

Telephone: (562) 599-1301 Fax: (562) 599-1305

List any physician shareholders and percentage of ownership.

Name: Kenny Vo %: 100

Name: %:

Name: %:

Name: %:

**Hours of Operation for the pharmacy:**

Monday thru Friday 9 am 6 pm Saturday 9 am 2 pm

Sunday — am — pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

# STATEMENT OF RESPONSIBILITY
# FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Kenny Vo

Responsible Person of Galaxy Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Kenny Vo

Print Name of Authorized Person

7/15/2020

Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF California )
) ss.
Los Angeles COUNTY )

I, Kenny Vo, 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 for Galaxy Pharmacy (the 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 sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product 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 AFFIANT SAYETH NOT.

I, Kenny Vo, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
16 day of JULY, 2020.

NOTARY PUBLIC

JAVIER MOTA
COMM. # 2266898
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
MY COMM. EXP. DEC. 13, 2022

# Secretary of State
## Certificate of Status

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

| | |
|---|---|
| **Entity Name:** | GALAXY PHARMACY, INC |
| **File Number:** | C3653599 |
| **Registration Date:** | 03/06/2014 |
| **Entity Type:** | DOMESTIC STOCK CORPORATION |
| **Jurisdiction:** | CALIFORNIA |
| **Status:** | ACTIVE (GOOD STANDING) |

As of July 14, 2020 (Certification Date), the entity is authorized to exercise all of 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 Certification Date and does not reflect documents that are pending review or other events that may affect 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 July 15, 2020.

**ALEX PADILLA**
**Secretary of State**

**Certificate Verification Number:** BY6B6VY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at *bebizfile.sos.ca.gov/certification/index*.

# State of California
## Secretary of State

S

## Statement of Information
**(Domestic Stock and Agricultural Cooperative Corporations)**
**FEES (Filing and Disclosure): $25.00.**
**If this is an amendment, see instructions.**
**IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

1 CORPORATE NAME
GALAXY PHARMARCY, INC

2 CALIFORNIA CORPORATE NUMBER
C3653599

This Space for Filing Use Only

**No Change Statement** (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3 **If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.**
☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed **to Item 17**

**Complete Addresses for the Following** (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

| | STREET ADDRESS | CITY | STATE | ZIP CODE |
|---|---|---|---|---|
| 4 PRINCIPAL EXECUTIVE OFFICE | 1295 E. ANAHEIM ST | LONG BEACH | CA | 90813 |
| 5 PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY | 1295 E. ANAHEIM ST | LONG BEACH | CA | 90813 |
| 6 MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4 | | CITY | STATE | ZIP CODE |

**Names and Complete Addresses of the Following Officers** (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

| | NAME | ADDRESS | CITY | STATE | ZIP CODE |
|---|---|---|---|---|---|
| 7 | CHIEF EXECUTIVE OFFICER/ KENNY T. VO | TACOMA ST | GARDEN GROVE | CA | |
| 8 | SECRETARY KENNY T. VO | ACOMA ST | GARDEN GROVE | CA | |
| 9 | CHIEF FINANCIAL OFFICER/ KENNY T. VO | TACOMA ST | GARDEN GROVE | CA | |

**Names and Complete Addresses of All Directors, Including Directors Who are Also Officers** (The corporation must have at least one director. Attach additional pages, if necessary.)

| | NAME | ADDRESS | CITY | STATE | ZIP CODE |
|---|---|---|---|---|---|
| 10 | KENNY T. VO | TACOMA ST | GARDEN GROVE | CA | |
| 11 | | | | | |
| 12 | | | | | |

13 NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY

**Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14 NAME OF AGENT FOR SERVICE OF PROCESS
KENNY T. VO

15 STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL | CITY | STATE | ZIP CODE
TACOMA ST | GARDEN GROVE | CA

**Type of Business**

16 DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
RETAIL SALES - PHARMACY

17 BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

| DATE | TYPE/PRINT NAME OF PERSON COMPLETING FORM | TITLE | SIGNATURE |
|---|---|---|---|
| 5/15/14 | KENNY T. VO | CEO | |

SI-200 (REV 01/2013)

APPROVED BY SECRETARY OF STATE

# State of California
## Secretary of State

S

## Statement of Information
**(Domestic Stock and Agricultural Cooperative Corporations)**
**FEES (Filing and Disclosure): $25.00.**
**If this is an amendment, see instructions.**
**IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

**FV33038**

**FILED**

**In the office of the Secretary of State of the State of California**

**MAR-16 2018**

This Space for Filing Use Only

1. **CORPORATE NAME**
GALAXY PHARMACY, INC

2. **CALIFORNIA CORPORATE NUMBER**
C3653599

**No Change Statement** (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. **If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.**
☑ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed **to Item 17**.

**Complete Addresses for the Following** (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

| | | | | |
|---|---|---|---|---|
| 4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE | | CITY | STATE | ZIP CODE |
| 5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY | | CITY | STATE | ZIP CODE |
| 6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4 | | CITY | STATE | ZIP CODE |

**Names and Complete Addresses of the Following Officers** (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

| | | | | |
|---|---|---|---|---|
| 7. CHIEF EXECUTIVE OFFICER/ | ADDRESS | CITY | STATE | ZIP CODE |
| 8. SECRETARY | ADDRESS | CITY | STATE | ZIP CODE |
| 9. CHIEF FINANCIAL OFFICER/ | ADDRESS | CITY | STATE | ZIP CODE |

**Names and Complete Addresses of All Directors, Including Directors Who are Also Officers** (The corporation must have at least one director. Attach additional pages, if necessary.)

| | | | | |
|---|---|---|---|---|
| 10. NAME | ADDRESS | CITY | STATE | ZIP CODE |
| 11. NAME | ADDRESS | CITY | STATE | ZIP CODE |
| 12. NAME | ADDRESS | CITY | STATE | ZIP CODE |

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

**Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS

| | | | |
|---|---|---|---|
| 15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, **IF AN INDIVIDUAL** | CITY | STATE | ZIP CODE |

**Type of Business**

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

| 03/16/2018 | KENNY VO | CEO | |
|---|---|---|---|
| DATE | TYPE/PRINT NAME OF PERSON COMPLETING FORM | TITLE | SIGNATURE |

SI-200 (REV 01/2013) APPROVED BY SECRETARY OF STATE

# Galaxy Pharmacy

1295 E Anaheim St , Long Beach, CA 90813

July 15, 2020

To: Nevada State Board of Pharmacy

Re: Galaxy Pharmacy

The purpose of this letter is to clarify and facilitate the approval process for Galaxy Pharmacy to obtain licensure for state of Nevada. Galaxy pharmacy operates as a local community pharmacy in Long Beach, California. Galaxy is not a mail order pharmacy. On occasions, our customers relocate and or travels. We are requesting Nevada Board of Pharmacy to grant us licensure to help us facilitate and optimize our patient care without interruptions.

Sincerely,



Kenny Vo, CEO

Galaxy Pharmacy

BOARD OF PHARMACY
1625 NORTH MARKET BLVD., SUITE N-219
SACRAMENTO, CA 95834
(916) 574-7900

Renewal Certificate

# Retail Pharmacy Permit

LICENSE NO. PHY 52022
RECEIPT NO. 92180424

VALID UNTIL OCTOBER 01, 2020

GALAXY PHARMACY
1295 E ANAHEIM ST
LONG BEACH CA 90813

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 (12/31/05) PHY

Remove your new Pocket License from the receipt portion and keep on your person.

Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100

CUT HERE



Board of Pharmacy
2720 Gateway Oaks Drive,
Suite 100
Sacramento, CA 95833
(916) 518-3100



CUT HERE

REGISTERED PHARMACIST

LICENSE NO RPH 56364 EXPIRATION 04/30/22

KENNY THAN VO
1295 E. ANAHEIM ST
LONG BEACH CA 90813

I M P O R T A N T

1. Please include your License Number with any correspondence to this office.
2. Notify the Board of Pharmacy of any name or address change in writing.
3. Report any loss immediately in writing to the Board.
4. Please sign and carry the Pocket License with you.

KENNY THAN VO

Signature _____

RECEIPT NO
00830360

| LICENSE NO | EXPIRATION | RECEIPT NO |
|---|---|---|
| RPH 56364 | 04/30/22 | 00830360 |

Please retain this receipt in a safe location.

PPHRPH 09/30/19

## Candy Nally

**From:** Galaxy Pharmacy <galaxypharmacy1@gmail.com>
**Sent:** Tuesday, August 18, 2020 10:03 AM
**To:** Candy Nally
**Subject:** Re: Toll Free Number

Goodmorning Candy, sorry about that our toll-free number is **1(833)613-1231** if there is anything else that we need to provide? Thank you so much.

On Wed, Aug 12, 2020 at 3:52 PM Candy Nally <cnally@pharmacy.nv.gov> wrote:

> We are in receipt of your out-of-state pharmacy application. Nevada law NAC 639.708 requires a toll free number for all out-of-state pharmacies. Please provide the required toll free number. The application cannot be placed on an agenda until the toll free number has been received.
>
> If you have any questions, please feel free to contact us.
>
> Thanks,
>
> Candy M. Nally
>
> Licensing Specialist
>
> Nevada State Board of Pharmacy
>
> cnally@pharmacy.nv.gov
>
> **This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.**

--

# 4J

VED
8-11-2020

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy* or ☐ ***Ownership Change*** *(Provide current license number if making changes: **PH**_____*
*Check box below for type of ownership and complete all required forms.*

☐ *Publicly Traded Corporation – Pages 1,2,3,7*
☑ *Partnership - Pages 1,2,5,7*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,7*
☐ *Sole Owner – Pages 1,2,6,7*

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: LA Pharmacy LLC

Physical Address: 1048 South Garfield Avenue, Suite 101, Alhambra, CA 91801

Mailing Address: 1048 South Garfield Avenue, Suite 101

City: Alhambra State: CA Zip Code: 91801

Telephone: 626-281-7870 Fax: 626-281-7020

Toll Free Number: 888-700-1048 (Required per NAC 639.708)

E-mail: pharmacyLA@truepill.com Website: N/A

Managing Pharmacist: Thuy Nguyen License Number: CA # 66092

### TYPE OF PHARMACY AND SERVICES PROVIDED

| Yes/No | TYPE OF PHARMACY | Yes/No | SERVICES PROVIDED |
|---|---|---|---|
| ☑ | ☐ Retail | ☐ | ☑ Off-site Cognitive Services |
| ☐ | ☑ Hospital (# beds_____) | ☐ | ☑ Parenteral ** |
| ☐ | ☑ Internet | ☐ | ☑ Parenteral (outpatient) |
| ☐ | ☑ Nuclear | ☐ | ☑ Outpatient/Discharge |
| ☐ | ☑ Ambulatory Surgery Center | ☑ | ☐ Mail Service |
| ☐ | ☑ Community | ☐ | ☑ Long Term Care |
| ☐ | ☐ Other: _____ | ☐ | ☑ Sterile Compounding ** |
| | | ☐ | ☑ Non Sterile Compounding |
| | All boxes must be checked | ☐ | ☑ Mail Service Sterile Compounding ** |
| | For the application to be complete | ☐ | ☐ Other Services: _____ |

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Siddharth Viswanathan

Print Name of Authorized Person

2/20/2020

Date



**Board Use Only** Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PARTNERSHIP** General ✓ Limited _____

Partnership Name: LA Pharmacy LLC

Mailing Address: 1048 South Garfield Avenue, Suite 101

City: Alhambra State: CA Zip Code: 91801

Telephone Number: 626-281-7870 Fax Number: 626-281-7020

Contact Person: Siddharth Viswanathan

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

| Name | G or L | Percentage |
|---|---|---|
| Truepill Inc | G | 100% |
| | | |

List names of 4 largest partners and percentage of ownership:

Name: Truepill Inc %: 100%

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

**Hours of Operation for the pharmacy:**

Monday thru Friday 9 am 5 pm Saturday closed am _____ pm

Sunday closed am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

# STATEMENT OF RESPONSIBILITY
# FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Siddharth Viswanathan

Responsible Person of LA Pharmacy LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Siddharth Viswanathan

Print Name of Authorized Person

2/20/2020

Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF_____ )
) ss.
_____COUNTY )

I, Siddharth Viswanathan, 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 for LA Pharmacy LLC (the 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 sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product 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 AFFIANT SAYETH NOT.

I, Siddharth Viswanathan, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
___day of_____, 20___.

See Attached Notary Certificate

_____
NOTARY PUBLIC

**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)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

*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 San Mateo

Subscribed and sworn to (or affirmed) before me on this 26 day of February, 2026.
by (1) Siddharth Viswanathan
(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.

A. P. KHAWAHIE
Notary Public - California
Alameda County
Commission # 2214850
My Comm. Expires Sep 18, 2027

*Place Notary Seal Above*

Signature _____
*Signature of Notary Public*

**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: NY out of State Pharmacy App. Document Date: 2/26/2026

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

©2016 National Notary Association • www.NationalNotary.org • 1-800-US NOTARY (1-800-876-6827) Item #5910

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY."LA PHARMACY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF JUNE, A.D. 2020.*

Jeffrey W. Bullock, Secretary of State

7527289 8300

SR# 20205367738

Authentication: 203056142

Date: 06-05-20

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
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

July 10, 2020

TRUEPILL
ATTN: LOAN NGUYEN
3121 DIABLO AVE
HAYWARD CA 94545

## California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

**Licensee Name:** LA PHARMACY LLC

**License Type:** PHARMACY

**License Number:** PHY 57474

**Status:** ACTIVE

**Issue Date:** 12/02/2019

**Expiration Date:** 12/01/2020

**Address of Record:** 1048 S GARFIELD AVE STE 101 ALHAMBRA CA 91801

**Disciplinary Action:** NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Executive Officer

By

Barbera Schleicher
Public Inquiry Analyst
(916) 518-3081
Barbera.Schleicher@dca.ca.gov

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

# Board of Pharmacy

ORIGINAL CERTIFICATE

# Retail Pharmacy Permit

LICENSE NO. PHY 57474

ISSUE DATE DECEMBER 02, 2019

LA PHARMACY LLC

1048 S GARFIELD AVE STE 101
ALHAMBRA CA 91801

The above is licensed with the State Board of Pharmacy as a Limited Liability Company.

LIMITED LIABILITY COMPANY
THUY NGUYEN PHARMACIST IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL DECEMBER 01, 2020

RECEIPT NUMBER 00000000

This original license must be kept for the life of the license and posted in public view.

In accordance with the provisions of Chapter 9 of Division 2 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is non transferable. Contact the California State Board of Pharmacy when there is change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change), administrator or pharmacist-in-charge.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

05/29/20
05/29/20

----- POST IN PUBLIC VIEW -----

OPHPY1 09/30/19 PHY

# 4K

RECEIVED
8/18/2020

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy* or ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** _____

*Check box below for type of ownership and complete all required forms.*

☐ *Publicly Traded Corporation – Pages 1,2,3,7*
☒ *Partnership - Pages 1,2,5,7*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,7*
☐ *Sole Owner – Pages 1,2,6,7*

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Magnolia Pharmacy

Physical Address: 2620 Bethelview Dr. Ste 100

Mailing Address: SAME

City: Cumming State: GA Zip Code: 30040

Telephone: 404 476 2273 Fax: 678-807-8812

Toll Free Number: 800-361-2273 (Required per NAC 639.708)

E-mail: _____ Website: MYMAGNOLIARX.COM

Managing Pharmacist: LINDSEY TESSEYMAN License Number: RPH#27175

**TYPE OF PHARMACY AND SERVICES PROVIDED**

| Yes/No | TYPE OF PHARMACY | Yes/No | SERVICES PROVIDED |
|---|---|---|---|
| ☒ | ☐ Retail | ☐ | ☒ Off-site Cognitive Services |
| ☐ | ☒ Hospital (# beds____) | ☐ | ☒ Parenteral ** |
| ☐ | ☒ Internet | ☐ | ☒ Parenteral (outpatient) |
| ☐ | ☒ Nuclear | ☐ | ☒ Outpatient/Discharge |
| ☐ | ☒ Ambulatory Surgery Center | ☒ | ☐ Mail Service |
| ☒ | ☐ Community | ☐ | ☐ Long Term Care |
| ☒ | ☐ Other: Mail Order | ☐ | ☒ Sterile Compounding ** |
| | | ☐ | ☒ Non Sterile Compounding |
| | All boxes must be checked | ☐ | ☒ Mail Service Sterile Compounding ** |
| | For the application to be complete | ☐ | ☐ Other Services: _____ |

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Sarah Roche
Print Name of Authorized Person

8/6/2020
Date



**Board Use Only** Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PARTNERSHIP** General _____ Limited X

Partnership Name: MAGNOLIA PHARMACY SERVICES, LLC

Mailing Address: 2620 BETHELVIEW DR STE 100

City: CUMMING State: GA Zip Code: 30040

Telephone Number: 404 476 2273 Fax Number: 678 807 8812

Contact Person: SARAH ROCHE

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

| Name | G or L | Percentage |
|---|---|---|
| LIST ATTACHED 10 TOTAL PARTNERS | | |
| | | |

List names of 4 largest partners and percentage of ownership:

Name: DOMENIC GATTO %: 36

Name: SHEILA CHAPMAN %: 14

Name: DAVID CHAPMAN %: 12

Name: DAN CHAPMAN %: 12

List any physician shareholders and percentage of ownership.

Name: NONE %: _____

Name: _____ %: _____

Name: _____ %: _____

**Hours of Operation for the pharmacy:**

Monday thru Friday 8:30 am 6 pm Saturday 9 am 12 pm

Sunday — am — pm 24 Hours ON call

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

# STATEMENT OF RESPONSIBILITY
# FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Sarah Roche

Responsible Person of Magnolia Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Sarah Roche
Print Name of Authorized Person

8/6/2020
Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Georgia )
) ss.
Forsyth COUNTY )

I, Sarah Roche, 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 Operations for Magnolia Pharmacy (the 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 sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product 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 AFFIANT SAYETH NOT.

I, Sarah Roche, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
10th day of August, 2020.

Melody Ann Mattox
NOTARY PUBLIC

Melody Ann Mattox
NOTARY PUBLIC
Forsyth County
State of Georgia
My Comm. Expires December 8, 2022

**STATE OF GEORGIA**
**Department of Community Health**
Georgia State Board of Pharmacy
Retail Pharmacy

License No. PHRE010788 Status: Active

**Magnolia Pharmacy**
**2620 Bethelview Drive Ste 100**
**Cumming GA 30040**

Expires: 6/30/2021
Issued: 11/15/2019

Pharmacist in Charge PHRE010788
Lindsey Ellis Tesseyman

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall license to practice your profession. 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 or otherwise need to update your records.

**STATE OF GEORGIA**
**Department of Community Health**
Georgia State Board of Pharmacy
Retail Pharmacy
License No. PHRE010788 - Active

**Magnolia Pharmacy**
**2620 Bethelview Drive Ste 100**
**Cumming GA 30040**

Issued: 11/15/2019
Expires 6/30/2021

Pharmacist in Charge PHRE010788
Lindsey Ellis Tesseyman

Real-time license verification is available at gadch.mylicense.com/verification

GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

# GEORGIA BOARD OF PHARMACY

**Date Mailed**: January 7, 2020

| | |
|---|---|
| Full Name: Magnolia Pharmacy | Date Issued: 11/15/2019 |
| Type of License: Retail Pharmacy | License #: PHRE010788 |
| Obtained By: Application | Expiration Date: 06/30/2021 |
| License Status: Active | Highest Degree: |
| Public Board Orders: none | Profession: Pharmacy |
| Schools: | |

## VERIFICATION OF LICENSURE

The information above is the only licensure certification information provided by this Division. If other information is needed, it must be obtained from the above-named individual or the agency or institution which initially generated the information. If this verification indicates that a board order exists, please visit our website at https://gadch.mylicense.com/verification/Search.aspx?facility=N to obtain a copy of the board order.

THE GEORGIA STATE BOARD OF PHARMACY
ACT 1881
PHARMACY
AMENDED 1889

Tanja D. Battle

**Tanja D. Battle**
**Executive Director**
**Georgia Board of Pharmacy**

Control Number : 18117447

# 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

**Magnolia Pharmacy Services, 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 | : 19479917 |
| Date Inc/Auth/Filed | : 09/19/2018 |
| Jurisdiction | : Georgia |
| Print Date | : 08/06/2020 |
| Form Number | : 211 |




Brad Raffensperger

Brad Raffensperger
Secretary of State

Control Number : 18117447

# STATE OF GEORGIA

## Secretary of State

**Corporations Division**
**313 West Tower**
**2 Martin Luther King, Jr. Dr.**
**Atlanta, Georgia 30334-1530**

## CERTIFIED COPY

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that the attached documents are true and correct copies of documents filed with the Corporations Division of the Office of the Secretary of State of Georgia under the name of

**Magnolia Pharmacy Services, LLC**
**a Domestic Limited Liability Company**

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.

Docket Number : 19479963
Date Inc/Auth/Filed: 09/19/2018
Jurisdiction : Georgia
Print Date : 08/06/2020
Form Number : 215




Brad Raffensperger

Brad Raffensperger
Secretary of State

Control Number : 18117447

# STATE OF GEORGIA

## Secretary of State

**Corporations Division**
**313 West Tower**
**2 Martin Luther King, Jr. Dr.**
**Atlanta, Georgia 30334-1530**

## CERTIFICATE OF ORGANIZATION

I, **Brian P. Kemp**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

**Magnolia Pharmacy Services, LLC**
a **Domestic Limited Liability Company**

has been duly organized under the laws of the State of Georgia on **09/19/2018** by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on **10/01/2018**.

Brian P. Kemp
Secretary of State

# ARTICLES OF ORGANIZATION

*Electronically Filed*
Secretary of State
Filing Date: 9/19/2018 10:57:39 AM

## BUSINESS INFORMATION

| | |
|---|---|
| CONTROL NUMBER | 18117447 |
| BUSINESS NAME | Magnolia Pharmacy Services, LLC |
| BUSINESS TYPE | Domestic Limited Liability Company |
| EFFECTIVE DATE | 09/19/2018 |

## PRINCIPAL OFFICE ADDRESS

| | | | | |
|---|---|---|---|---|
| ADDRESS | Peachtree Parkway, E | St | Cumming, GA, | , USA |

## REGISTERED AGENT

| NAME | ADDRESS | | | COUNTY |
|---|---|---|---|---|
| David Chapman | Peachtree Parkwa<br>USA | TE | Cumming, GA, | Forsyth |

## ORGANIZER(S)

| NAME | TITLE | ADDRESS | | | |
|---|---|---|---|---|---|
| Robert J Kaufman | ORGANIZER | Roswell Road | | Atlanta, GA, | USA |

## OPTIONAL PROVISIONS

N/A

## AUTHORIZER INFORMATION

| | |
|---|---|
| AUTHORIZER SIGNATURE | Robert J. Kaufman |
| AUTHORIZER TITLE | Organizer |

# STATE OF GEORGIA

## Secretary of State

**Corporations Division**
**313 West Tower**
**2 Martin Luther King, Jr. Dr.**
**Atlanta, Georgia 30334-1530**

**Annual Registration**

*Electronically Filed*
Secretary of State
Filing Date: 05/06/2019 14:05:24

**BUSINESS INFORMATION**

| | |
|---|---|
| BUSINESS NAME | : Magnolia Pharmacy Services, LLC |
| CONTROL NUMBER | : 18117447 |
| BUSINESS TYPE | : Domestic Limited Liability Company |

**BUSINESS INFORMATION CURRENTLY ON FILE**

| | |
|---|---|
| PRINCIPAL OFFICE ADDRESS | Peachtree Parkway, Bu , Suit Cumming, GA, , USA |
| REGISTERED AGENT NAME | : David Chapman |
| REGISTERED OFFICE ADDRESS | Peachtree Parkway T Cumming, GA, 1, USA |
| REGISTERED OFFICE COUNTY | : Forsyth |

**UPDATES TO ABOVE BUSINESS INFORMATION**

| | |
|---|---|
| PRINCIPAL OFFICE ADDRESS | Peachtree Parkway, B , Su , Cumming, GA USA |
| REGISTERED AGENT NAME | : David Chapman |
| REGISTERED OFFICE ADDRESS | Peachtree Parkwa 3T Cumming, GA 1, USA |
| REGISTERED OFFICE COUNTY | : Forsyth |

**AUTHORIZER INFORMATION**

| | |
|---|---|
| AUTHORIZER SIGNATURE | : David Chapman |
| AUTHORIZER TITLE | : Organizer |

# STATE OF GEORGIA

## Secretary of State

**Corporations Division**
**313 West Tower**
**2 Martin Luther King, Jr. Dr.**
**Atlanta, Georgia 30334-1530**

**Annual Registration**

*Electronically Filed*
Secretary of State
Filing Date: 01/09/2020 13:48:17

**BUSINESS INFORMATION**

| | | |
|---|---|---|
| **BUSINESS NAME** | : | Magnolia Pharmacy Services, LLC |
| **CONTROL NUMBER** | : | 18117447 |
| **BUSINESS TYPE** | : | Domestic Limited Liability Company |
| **ANNUAL REGISTRATION PERIOD** | : | 2020 |

**BUSINESS INFORMATION CURRENTLY ON FILE**

| | | |
|---|---|---|
| **PRINCIPAL OFFICE ADDRESS** | | Peachtree Parkway, I Su Cumming, G/ USA |
| **REGISTERED AGENT NAME** | : | David Chapman |
| **REGISTERED OFFICE ADDRESS** | | Peachtree Parkway ! ' S Cumming, GA USA |
| **REGISTERED OFFICE COUNTY** | : | Forsyth |

**UPDATES TO ABOVE BUSINESS INFORMATION**

| | | |
|---|---|---|
| **PRINCIPAL OFFICE ADDRESS** | | Bethelview l , Cumming, GA , USA |
| **REGISTERED AGENT NAME** | : | David Chapman |
| **REGISTERED OFFICE ADDRESS** | | Peachtree Parkway l ST 'umming, GA, , USA |
| **REGISTERED OFFICE COUNTY** | : | Forsyth |

**AUTHORIZER INFORMATION**

| | | |
|---|---|---|
| **AUTHORIZER SIGNATURE** | : | sheila chapman |
| **AUTHORIZER TITLE** | : | Organizer |

# 4L

RECEIVED
7/30/2020

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy or* ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH_____***

*Check box below for type of ownership and complete all required forms.*

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☑ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: MedWiseRx

Physical Address: 2202 N Forbes Blvd, Suite 252

Mailing Address: 2202 N Forbes Blvd, Suite 252

City: Tucson State: AZ Zip Code: 85745

Telephone: (520) 526-7822 Fax: (520) 372-7881

Toll Free Number: (844) 866-3735 (Required per NAC 639.708)

E-mail: mwr-tuc@trhc.com Website: sinfoniarx.com

Managing Pharmacist: Kwyn Morales License Number: S017224

| TYPE OF PHARMACY AND | SERVICES PROVIDED |
|---|---|
| Yes/No | Yes/No |
| ☐ ☑ Retail | ☐ ☑ Off-site Cognitive Services |
| ☐ ☑ Hospital (# beds_____) | ☐ ☑ Parenteral ** |
| ☐ ☑ Internet | ☐ ☑ Parenteral (outpatient) |
| ☐ ☑ Nuclear | ☐ ☑ Outpatient/Discharge |
| ☐ ☑ Ambulatory Surgery Center | ☐ ☑ Mail Service |
| ☐ ☑ Community | ☐ ☑ Long Term Care |
| ☑ ☐ Other: Consulting/non-dispensing | ☐ ☑ Sterile Compounding ** |
| | ☐ ☑ Non Sterile Compounding |
| All boxes must be checked | ☐ ☑ Mail Service Sterile Compounding ** |
| For the application to be complete | ☑ ☐ Other Services: Medication Therapy Mgmt |

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Brian W. Adams

Print Name of Authorized Person

2/14/20

Date



**Board Use Only** Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: Tabula Rasa HealthCare, Inc.

Mailing Address: 228 Strawbridge Dr., Suite 100

City: Moorestown State: NJ Zip: 08057

Telephone: 866-648-2767 Fax: (856) 273-0254

Contact Person: Richard Greene, VP Regulatory Affairs

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?
Tabula Rasa HealthCare Group, Inc. owns 100% of the pharmacy called MedWiseRx

a) 228 Strawbridge Dr, Suite 100; Moorestown, NJ 08057
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? $0.0001 per value per share

4) What date did the corporation actually receive the cash assets? 6/30/2014

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

**Hours of Operation for the pharmacy:**

Monday thru Friday 8:00 am 5:30 pm Saturday 9:00 am 12:00 pm

Sunday Closed am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

# STATEMENT OF RESPONSIBILITY
# FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Brian W. Adams

Responsible Person of TRHC OpCo, Inc. dba MedWiseRx

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Brian W. Adams
Print Name of Authorized Person

7/14/20
Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New Jersey )
) ss.
Burlington COUNTY )

I, Brian W. Adams, 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/CFO for MedWiseRx (the 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 sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product 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 AFFIANT SAYETH NOT.

I, Brian W. Adams, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
14th day of July, 2020.

NOTARY PUBLIC

CONNIE H PHILLIPS-DAVIS
NOTARY PUBLIC NEW JERSEY
Comm#2182667
My Commission Expires Feb. 27, 2021

# Delaware

## The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TABULA RASA HEALTHCARE GROUP, 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-THIRD DAY OF JULY, A.D. 2020.

Jeffrey W. Bullock, Secretary of State

4674249 8300

SR# 20206379304

Authentication: 203339011

Date: 07-23-20

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

**ARIZONA STATE BOARD OF PHARMACY**
**P.O. Box 18520 Phoenix, AZ 85005**
**602-771-ASBP (2727)**
**FAX: 602-771-2749**
**http://www.azpharmacy.gov**

Receipt Date: 01/24/2020
Receipt Number: 202081168
Receipt Amount $: 480.00

# Pharmacy - Limited Service

**PERMIT NO**
**Y008306**

**EXPIRES**
**10/31/2021**

Issued to : MedWiseRx
TRHC OpCo, Inc.
228 STRAWBRIDGE DRIVE SUITE 100
MOORESTOWN, NJ 08057

MedWiseRx
2202 N. FORBES BLVD SUITE 252
TUCSON, AZ 85745

Kam Gardin
**EXECUTIVE DIRECTOR**

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : TRHC OpCo, Inc.
LICENSE NUMBER : Y008306
EXPIRES : 10/31/2021

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

## Important Information

**LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)**

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

**PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)**

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

# Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

## CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

**This document is not a license/permit but serves as the primary source of verification.**

| | |
|---|---|
| **Name :** | MedWiseRx |
| **Address :** | 2202 N. Forbes Blvd Suite 252 Tucson AZ 85745 |
| **License No :** | Y008306 |
| **Permit Type :** | Pharmacy |
| **Sub Type :** | Limited Service |
| **Date Issued :** | 03/16/2020 |
| **Expiration Date :** | 10/31/2021 |
| **Status :** | OPEN |
| **Discipline :** | No |

Kam Gandhi

**Kam Gandhi**

Executive Director
Arizona State Board of Pharmacy

Date: 03/16/2020

# Arizona State Board of Pharmacy (/)

Protects the health, safety and welfare of the citizens of Arizona

(/)

Search

## Online Verification

The Arizona State Board of Pharmacy no longer provides hardcopy verifications of licensure, however we are still able to offer this service via our website. Please choose from the following links to verify applications, licenses, and permits:

Click here to verify the status of an application (https://azbop.igovsolution.net/online/Lookups/Application_StatusCheck.aspx)

Click here to verify a license (https://azbop.igovsolution.net/online/Lookups/AZIndividual_Lookup.aspx)

Click here to verify a permit (https://azbop.igovsolution.net/online/Lookups/AZBusiness_Lookup.aspx)

Pursuant to A.R.S. § 32-3214(C), a person may obtain additional public records related to any licensee or certificate holder, including dismissed complaints and nondisciplinary actions and orders, by contacting the Board directly.

Click here to submit a public records request (https://pharmacy.az.gov/public-records-request)



**Board of Pharmacy**
1616 W. Adams St., Suite 120
Phoenix, AZ 85007

**Phone:** (602) 771-2727
**Fax:** (602) 771-2749

Find in Google Maps
(https://www.google.com/maps/place/1616+W+Adams+St,+Phoenix,+AZ+85007/@33.4495549,-112.0960746,17z/data=!3m1!4b1!4m5!3m4!1s0x872b0fb1b5555555:0x5555555555555555!8m2!3d33.4495549!4d-112.0960746)



TabulaRasa
HealthCare Group, Inc.

**MedWiseRx**
**Description of Services**

Patients with chronic illness face a number of challenges managing their day-to-day and long-term health, in part because medications are complex, confusing, costly and potentially dangerous. MedWiseRx was founded to optimize medication use and improve the health of patients with chronic illness by providing through Medication Therapy Management (MTM).

We offer a comprehensive approach to patient care and population health, with our team of dedicated pharmacists solely focused on providing medication reviews and clinical interventions to improve health, wellness and the management of chronic health conditions

MedWiseRx operates a pharmacist-run call center that provides phone-based medication therapy management (MTM) services. This is not retail or mail order pharmacy. It does not purchase, stock, compound, or dispense medications of any kind. Thus, it is not required to have either a state or federal controlled substance license.

The pharmacists make and receive calls to and from patients and physicians Monday through Friday from 8:00 am to 5:30 pm and Saturday from 9:00 am to 12:00 pm EST. However, pharmacist and healthcare providers have access to a pharmacist 24 hours per day, 7 days a week, toll-free at 844-866-3735.

The pharmacy complies with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. All patient records are only available to personnel as needed to provide service to patients. Paper records are kept in a secure storage system within the pharmacy.

TabulaRasa
HealthCare Group, Inc.

Corporate Officers:

Orsula V. Knowlton, PharmD President
Business Address: 228 Strawbridge Drive, Suite 100, Moorestown, NJ 08057
Home Address: Spyglass Circle, Fernandina Beach,
Business Phone: 866-648-2767

Calvin H. Knowlton, BScPharm, MDiv, PhD CEO
Business Address: 228 Strawbridge Drive, Suite 100, Moorestown, NJ 08057
Home Addr Spyglass Circle, Fernandina Beach,
Business Phone: 866-648-2767

Brian W. Adams Secretary
Business Address: 228 Strawbridge Drive, Suite 100, Moorestown, NJ 08057
Home Addre Station Avenue, Haddonfield
Business Phone: 866-648-2767

# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF 'TRHC OPCO, INC.', CHANGING ITS NAME FROM "TRHC OPCO, INC." TO "TABULA RASA HEALTHCARE GROUP, INC.", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2020, AT 10:33 O`CLOCK A.M.

Jeffrey W. Bullock, Secretary of State

4674249 8100
SR# 20205843172

Authentication: 203158771
Date: 06-23-20

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

# CERTIFICATE OF AMENDMENT

# TO THE FOURTH AMENDED AND RESTATED

# CERTIFICATE OF INCORPORATION

# OF

# TRHC OPCO, INC.

TRHC OpCo, Inc., a corporation organized and existing under the laws of the State of Delaware (the "**Corporation**"), hereby certifies as follows:

1. Article First of the Fourth Amended and Restated Certificate of Incorporation of the Corporation is hereby amended and restated in its entirety to read as follows:

> "The name of the Corporation is Tabula Rasa HealthCare Group, Inc. (the "Corporation")."

2. The foregoing amendment was duly adopted in accordance with the provisions of Section 242 of the Delaware General Corporation Law.

[SIGNATURE PAGE FOLLOWS]



State of Delaware
Secretary of State
Division of Corporations
Delivered 10:33 AM 06/23/2020
FILED 10:33 AM 06/23/2020
SR 20205843172 - File Number 4674249

IN WITNESS WHEREOF, the Corporation has caused this certificate to be signed this 23rd day of June, 2020.

TRHC OPCO, INC.

By: _____
Name: Brian W. Adams
Title: Chief Financial Officer and Secretary

F. ANN RODRIGUEZ, RECORDER
Recorded By: SMJ
DEPUTY RECORDER
5017

MAIL
CORPORATION SERVICE COMPANY
8825 N 23RD AVE 100
PHOENIX AZ 85021

SEQUENCE: 20200290204
NO. PAGES: 2
01/29/2020
10:49:53

Corporation Service Company
8825 N. 23rd Avenue
Suite 100
Phoenix, AZ 85021

(this area reserved for county recorder)

# CAPTION HEADING:

**CERTIFICATE OF DOING BUSINESS UNDER FICTITIOUS NAME**

DO NOT REMOVE

This is part of the official document.

# CERTIFICATE OF DOING BUSINESS UNDER FICTITIOUS NAME
GENERAL FORM
PURSUANT TO PROVISION OF A.R.S. SEC.44-1236

KNOWN ALL MEN BY THESE PRESENTS:

1. That TRHC OpCo, Inc. (Name of Owner) whose address is 228 Strawbridge Drive, Ste 100 Moorestown, NJ 08057 (Address of Owner) are conducting a business in Arizona under the name and style of: MedWiseRx (Name of Business)

The General nature of the business is: Provide and coordinate medication management services. (Type of Business)

2. The business will be conducted at 2202 North Forbes Blvd, Suite 252 (Address of Business) city of Tucson, county of Pima, State of Arizona

If corporation, show state of Incorporation: Delaware (Article of Incorporation)

Signed: _____ (Signature of Owner)

By: Brian W. Adams (Printed name of Owner) Its: Chief Financial Officer (Title Owner wants to be known as)

Signed: _____ (Signature of Owner)

By: _____ (Printed name of Owner) Its: _____ (Title Owner wants to be known as)

State of NJ
County of Burlington

Subscribed and sworn before me on this 22nd day of January 2020

Notary Public signature Maureen E Vurgason (seal)

MAUREEN E. VURGASON
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 3/25/2024

Certificate No. 1 For 100 Shares Issued to Tabula Rasa Healthcare, Inc

Transferred from 1/20

| No. Original Certificate | No. Original Shares | No. Of Shares Transferred |
|---|---|---|
| | | |

Dated _____, 20 ____ Receipt acknowledged _____

NUMBER 1

INCORPORATED UNDER THE LAWS OF

SHARES 100

THE STATE
OF DELAWARE

# CAREKINESIS, INC.

*Authorized Common Stock 100 Shares, $0.0001 Par Value Per Share*

This Certifies that **Tabula Rasa Healthcare, Inc.** is the owner of

**One Hundred (100)** fully paid

and non-assessable Shares of the Capital Stock of the above named Corporation transferable only on the books of the Corporation by the holder hereof in person or by duly authorized Attorney upon surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized officers and its Corporate Seal to be hereunto affixed this 30th day of June 20 14

TREASURER/SECRETARY

PRESIDENT

© 2011 ALLSTATE LEGAL® A DIVISION OF ALLSTATE INTERNATIONAL INC www.aslegal.com 800 222 0510 99C13

## EXPLANATION OF ABBREVIATIONS

The following abbreviations, when used in the inscription of ownership on the face of this certificate, shall be construed as if they were written out in full according to applicable laws or regulations. Abbreviations, in addition to those appearing below, may be used.

| | | | |
|---|---|---|---|
| JT TEN | As joint tenants with right of survivorship and not as tenants in common | TEN ENT | As tenants by the entireties |
| TEN COM | As tenants in common | UNIF GIFT MIN ACT | Uniform Gifts to Minors Act |
| | | CUST | Custodian for |
| | | UNIF TRANS MIN ACT | Uniform Transfers to Minors Act |

*For Value Received,* _____ *hereby sell, assign and transfer unto*

PLEASE INSERT SOCIAL SECURITY OR OTHER IDENTIFYING NUMBER OF ASSIGNEE

| |
|---|
| |

_____

_____ *Shares represented by the within Certificate, and do hereby irrevocably constitute and appoint*

_____ *Attorney to transfer the said Shares on the books of the within named Corporation with full power of substitution in the premises.*

*Dated* _____ *20___*

*In presence of*

_____ _____

NOTICE: THE SIGNATURE(S) TO THIS ASSIGNMENT MUST CORRESPOND WITH THE NAME AS WRITTEN UPON THE FACE OF THE CERTIFICATE IN EVERY PARTICULAR WITHOUT ALTERATION OR ENLARGEMENT OR ANY CHANGE WHATEVER




THE SECURITIES REPRESENTED BY THIS CERTIFICATE HAVE NOT BEEN REGISTERED UNDER THE SECURITIES ACT OF 1933, AS AMENDED, OR ANY STATE SECURITIES LAWS. THE SECURITIES REPRESENTED BY THIS CERTIFICATE MAY NOT BE TRANSFERRED EXCEPT (A) PURSUANT TO AN EFFECTIVE REGISTRATION UNDER THE SECURITIES ACT OF 1933, AS AMENDED, AND APPLICABLE STATE SECURITIES LAWS, OR (B) IN A TRANSACTION WHICH IS EXEMPT FROM REGISTRATION UNDER THE SECURITIES ACT OF (1933, AS AMENDED, AND APPLICABLE STATE SECURITIES LAWS.

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "CAREKINESIS, INC.", CHANGING ITS NAME FROM "CAREKINESIS, INC." TO "TRHC OPCO, INC.", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF DECEMBER, A.D. 2019, AT 4:56 O`CLOCK P.M.*

*A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE KENT COUNTY RECORDER OF DEEDS.*

Jeffrey W. Bullock, Secretary of State

4674249 8100
SR# 20198800595

Authentication: 204276857
Date: 12-20-19

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:56 PM 12/20/2019
FILED 04:56 PM 12/20/2019
SR 20198800595 - File Number 4674249

# CERTIFICATE OF AMENDMENT

# TO THE FOURTH AMENDED AND RESTATED

# CERTIFICATE OF INCORPORATION

# OF

# CAREKINESIS, INC.

CareKinesis, Inc., a corporation organized and existing under the laws of the State of Delaware (the "**Corporation**"), hereby certifies as follows:

1. Article First of the Fourth Amended and Restated Certificate of Incorporation of the Corporation is hereby amended and restated in its entirety to read as follows:

"The name of the Corporation is TRHC OpCo, Inc. (the "Corporation")."

2. The foregoing amendment was duly adopted in accordance with the provisions of Section 242 of the Delaware General Corporation Law.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the Corporation has caused this certificate to be signed this 20th day of December, 2019.

CAREKINESIS, INC.

By: _____
Name: Brian W. Adams
Title: Chief Financial Officer and Secretary

TabulaRasa
HealthCare Group, Inc.

**Name Change to Tabula Rasa HealthCare Group, Inc. (formerly) TRHC OpCo, Inc. dba MedWiseRx**

RE: Explanation of Name Change for Applicant Owner of the Pharmacy

On 1/1/2020 CareKinesis, Inc. changed its name to TRHC OpCo, Inc. (FEIN: 26-4642609) On June 23, 2020 TRHC OpCo, Inc. legally changed its name to Tabula Rasa HealthCare Group, Inc. Neither the parent company (Tabula Rasa Health Care, Inc.) nor the officers have changed. This was a name change of the owner of the pharmacy and not a change in ownership.

The name of the pharmacy is MedWiseRx. The physical location of the pharmacy is 2202 N. Forbes Blvd., Suite 252, Tucson, AZ 85745.

MedWiseRx is a non-dispensing pharmacy that provides medication therapy management services.

# 4M

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy or* ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH***_____

*Check box below for type of ownership and complete all required forms.*

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☒ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: MK PHARMACY

Physical Address: 18006 PARK ROW DR, STE 350, HOUSTON, TX 77084

Mailing Address: 18006 PARK ROW DR, STE 350

City: HOUSTON State: TX Zip Code: 77084

Telephone: (346) 322-4998 Fax: (346) 322-4995

Toll Free Number: (866) 507-9419 (Required per NAC 639.708)

E-mail: MKPHARMACYLLC@GMAIL.COM Website: N/A

Managing Pharmacist: MALAK KHOUDAY License Number: 40685

**TYPE OF PHARMACY AND SERVICES PROVIDED**

| Yes/No | TYPE OF PHARMACY | Yes/No | SERVICES PROVIDED |
|---|---|---|---|
| ☑ ☐ | Retail | ☐ ☑ | Off-site Cognitive Services |
| ☐ ☑ | Hospital (# beds_____) | ☐ ☑ | Parenteral ** |
| ☐ ☑ | Internet | ☐ ☑ | Parenteral (outpatient) |
| ☐ ☑ | Nuclear | ☐ ☑ | Outpatient/Discharge |
| ☐ ☑ | Ambulatory Surgery Center | ☑ ☐ | Mail Service |
| ☐ ☑ | Community | ☐ ☑ | Long Term Care |
| ☑ ☐ | Other: MAIL ORDER/NON-RESIDENT | ☐ ☑ | Sterile Compounding ** |
| | | ☐ ☑ | Non Sterile Compounding |
| | All boxes must be checked | ☐ ☑ | Mail Service Sterile Compounding ** |
| | For the application to be complete | ☐ ☑ | Other Services: _____ |

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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, site 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.

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 pharmacy 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.

MALAK

Original Signature of Person Authorized to Submit Application, no copies or stamps

MALAK KHOUDAY
Print Name of Authorized Person

8/25/2020
Date



**Board Use Only** Date Processed:_____ Amount: 500.00

NV

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation: TEXAS

Parent Company if any: MK PHARMACY LLC

Mailing Address: 18006 PARK ROW DR, STE 350

City: HOUSTON State: TX Zip: 77084

Telephone: (346) 322-4998 Fax: (346) 322-4995

Contact Person: MANAL ELAMRAWY

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

**Hours of Operation for the pharmacy:**

Monday thru Friday 9:00 am 6:00 pm Saturday 10:00 am 6:00 pm

Sunday CLOSED am CLOSED pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

# STATEMENT OF RESPONSIBILITY
# FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, MALAK KHOUDAY

Responsible Person of MK PHARMACY

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

MAHAIL

Original Signature of Person Authorized to Submit Application, no copies or stamps

MALAK KHOUDAY
Print Name of Authorized Person

8/25/2020
Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas )
Harris ) ss.
COUNTY )

I, MALAK KHOUDAY, 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 for MK PHARMACY (the 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 sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product 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 AFFIANT SAYETH NOT.

I, MALAK KHOUDAY, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

MALAK
Name

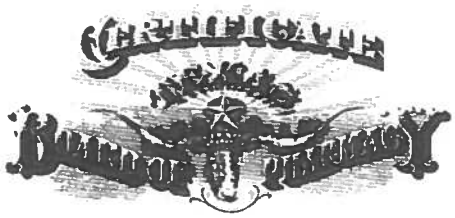
SUBSCRIBED AND SWORN TO
before me, a notary public this
25 day of August, 2020.

NOTARY PUBLIC

LAUREN RAE HORTON
Notary Public, State of Texas
Comm. Expires 05-28-2023
Notary ID 132028134

TEXAS STATE BOARD OF PHARMACY
333 GUADALUPE ST STE 3 500
AUSTIN TX 78701

MK PHARMACY
18006 PARK ROW DR STE 350
HOUSTON TX 77084



This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **32420** Expiration Date: **1/31/2021**

Balances: **1**

**MK PHARMACY**
**18006 PARK ROW DR STE 350**
**HOUSTON TX 77084**

**Allison Vordenbaumen Benz, R.Ph., M.S.**
**Executive Director/Secretary**

**MUST BE DISPLAYED IN FULL PUBLIC VIEW**

# TEXAS STATE BOARD OF PHARMACY

| | |
|---|---|
| **Re:** | MK Pharmacy |
| **Address:** | 18006 Park Row Drive, Suite 350<br>Houston, Texas 77084 |
| **License No.:** | 32420 |
| **Date Issued:** | January 15, 2019 |
| **Licensure Status:** | Active |
| **Expiration Date:** | January 31, 2021 |
| **Type of Pharmacy:** | Community – Class A |
| **Prior Disciplinary Orders:** | No |

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. MK Pharmacy (Texas Pharmacy License #32420) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Megan G. Holloway

Megan G. Holloway
Deputy General Counsel
Texas State Board of Pharmacy

June 11, 2020
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.

TEXAS STATE BOARD OF PHARMACY
333 Guadalupe St., Suite 3-500
Austin, TX 78701
(512) 305-8000

License Number: 40685
01/31/2022
(Date PDF Version Generated: 01/02/2020)

An up-to-date License Verification is always available on the Board's website:
http://www.pharmacy.texas.gov/

**TEXAS STATE BOARD OF PHARMACY**

License No.
**40685**

Expiration Date
**01/31/2022**

**MALAK KHOUDAY**
REGISTERED PHARMACIST

**Allison Vordenbaumen Benz, R.Ph., M.S.**
**Executive Director/Secretary**

- Pharmacists are required to obtain CE as outlined in Rule 295.8, and are subject to random audits by TSBP.
- Update your address and/or employment through your online account at www.pharmacy.texas.gov.

**TEXAS STATE BOARD OF PHARMACY**

License No.
**40685**

Expiration Date
**01/31/2022**

**MALAK KHOUDAY**
REGISTERED PHARMACIST

**Allison Vordenbaumen Benz, R.Ph., M.S.**
**Executive Director/Secretary**

# TEXAS STATE BOARD OF PHARMACY

| | |
|---|---|
| **Re:** | Malak Khouday, R.Ph. |
| **License No.:** | 40685 |
| **Date Issued:** | May 2, 2002 |
| **Licensure Status:** | Active |
| **Expiration Date:** | January 31, 2022 |
| **Granted by:** | Examination |
| **Prior Disciplinary Orders:** | No |

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Malak Khouday, R.Ph. (Texas Pharmacist License #40685) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Megan G. Holloway
Deputy General Counsel
Texas State Board of Pharmacy

June 11, 2020
Date



Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Rolando B. Pablos
Secretary of State

# Office of the Secretary of State

## CERTIFICATE OF FILING
## OF

M K PHARMACY LLC
File Number: 802720539

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 05/12/2017

Effective: 05/12/2017

Rolando B. Pablos
Secretary of State

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 05-15-2017

Employer Identification Number:
82-1531169

Form: SS-4

Number of this notice: CP 575 G

M K PHARMACY LLC
18006 Park Row Dr, STE 350
Houston, TX 77084

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-1531169. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

**IMPORTANT REMINDERS:**

* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is MKPH. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

# MK PHARMACY

18006 PARK ROW DR, STE 350, HOUSTON, TX 77084

P: (346) 322-4998 | F: (346) 322-4995 | TF: (866) 507-9419

OWNER: MK PHARMACY LLC

ADDRESS: 18006 PARK ROW DR, STE 350, HOUSTON, TX 77084

PHONE: (866) 507-9419

FEIN: 82-1531169

OWNERSHIP: 100%

LLC MANAGER: MANAL ELAMRAWY

ADDRESS: WINDSOR LAKES DR, HOUSTON, TX 77094

PHONE:

DOB:

SS:

OWNERSHIP: 100%

PHARMACIST IN CHARGE: MALAK KHOUDAY

ADDRESS: TIVOLI DR, HOUSTON, TX 77077

PHONE

DOB

SS:

TX RPH LICENSE: 40685

# MK PHARMACY

18006 PARK ROW DR, STE 350, HOUSTON, TX 77084

P: (346) 322-4998 | F: (346) 322-4995 | TF: (866) 507-9419

## Pharmacy Description

MK Pharmacy is a retail, community, mail order pharmacy that dispenses retail medications. MK Pharmacy would like to broaden our services to patients who prefer to have their prescriptions delivered to their doorstep. New patients of MK Pharmacy will receive a Welcome Packet that includes the toll-free number, hours of operation and the phone number to the Texas State Board of Pharmacy. MK Pharmacy DOES NOT dispense any controlled substances or compounding. If they pharmacy operations change at any point in time, the board of pharmacy will be notified immediately.

For questions, please email: mkpharmacyllc@gmail.com

# TEXAS STATE BOARD OF PHARMACY

| | |
|---|---|
| **Re:** | MK Pharmacy |
| **Address:** | 18006 Park Row Drive, Suite 350<br>Houston, Texas 77084 |
| **License No.:** | 32420 |
| **Date Issued:** | January 15, 2019 |
| **Licensure Status:** | Active |
| **Expiration Date:** | January 31, 2021 |
| **Type of Pharmacy:** | Community – Class A |
| **Prior Disciplinary Orders:** | No |

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. MK Pharmacy (Texas Pharmacy License #32420) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Megan G. Holloway

Megan G. Holloway
Deputy General Counsel
Texas State Board of Pharmacy

August 31, 2020
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.

# TEXAS STATE BOARD OF PHARMACY

| | |
|---|---|
| **Re:** | Malak Khouday, R.Ph. |
| **License No.:** | 40685 |
| **Date Issued:** | May 2, 2002 |
| **Licensure Status:** | Active |
| **Expiration Date:** | January 31, 2022 |
| **Granted by:** | Examination |
| **Prior Disciplinary Orders:** | No |

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Malak Khouday, R.Ph. (Texas Pharmacist License #40685) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Megan G. Holloway

Megan G. Holloway
Deputy General Counsel
Texas State Board of Pharmacy

August 31, 2020
Date

# 4N

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy or* ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH_____***

*Check box below for type of ownership and complete all required forms.*

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☑ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Morris Apothecary LLC

Physical Address: 69 New Road

Mailing Address: 69 New Road

City: Parsippany State: NJ Zip Code: 07054

Telephone: 973-870-0540 Fax: 973-870-0544

Toll Free Number: 866-588-7756 (Required per NAC 639.708)

E-mail: info@morrisapothecary.com Website: morrisapothecary.com

Managing Pharmacist: Rishi Desai License Number: 28RI03908100

**TYPE OF PHARMACY AND SERVICES PROVIDED**

| Yes/No | TYPE OF PHARMACY | Yes/No | SERVICES PROVIDED |
|---|---|---|---|
| ☑ | ☐ Retail | ☐ | ☑ Off-site Cognitive Services |
| ☐ | ☑ Hospital (# beds_____) | ☐ | ☑ Parenteral ** |
| ☐ | ☑ Internet | ☐ | ☑ Parenteral (outpatient) |
| ☐ | ☑ Nuclear | ☐ | ☑ Outpatient/Discharge |
| ☐ | ☑ Ambulatory Surgery Center | ☑ | ☐ Mail Service |
| ☐ | ☑ Community | ☐ | ☑ Long Term Care |
| ☐ | ☑ Other: _____ | ☐ | ☑ Sterile Compounding ** |
| | | ☐ | ☑ Non Sterile Compounding |
| | All boxes must be checked | ☐ | ☑ Mail Service Sterile Compounding ** |
| | For the application to be complete | ☐ | ☑ Other Services: _____ |

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Anush Amin
Print Name of Authorized Person

8/20/20
Date



**Board Use Only** Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

## OWNERSHIP IS A PARTNERSHIP

General _____ Limited ✓

Partnership Name: Morris Apothecary LLC

Mailing Address: 69 New Road

City: Parsippany State: NJ Zip Code: 07054

Telephone Number: 973-870-0540 Fax Number: 973-870-0544

Contact Person: Nikki Baniewicz

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

| Name | G or L | Percentage |
|---|---|---|
| List of LLC officers attached | | |
| | | |

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

**Hours of Operation for the pharmacy:**

Monday thru Friday 9 am 6 pm Saturday Closed am _____ pm

Sunday Closed am _____ pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

# STATEMENT OF RESPONSIBILITY
# FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Anush Amin

Responsible Person of Morris Apothecary

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Anush Amin
Print Name of Authorized Person

8/20/20
Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New Jersey )
ss.
Essex COUNTY )

I, Krush Amin, 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 / President for Morris Pharmacy LLC (the 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 sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product 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 AFFIANT SAYETH NOT.

I, Krush Amin, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
20 day of August, 2020.

Danielle L. Rocco
NOTARY PUBLIC

DANIELLE L. ROCCO
NOTARY PUBLIC OF NEW JERSEY
Commission # 50118055
My Commission Expires 12/4/2024

# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MORRIS APOTHECARY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JUNE, A.D. 2020.

Jeffrey W. Bullock, Secretary of State

7363385 8300

SR# 20205956516

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

Authentication: 203195940

Date: 06-29-20

PHILIP D. MURPHY
*Governor*

SHEILA Y. OLIVER
*Lt. Governor*

# *New Jersey Office of the Attorney General*

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102

GURBIR S. GREWAL
*Attorney General*

PAUL R. RODRÍGUEZ
*Acting Director*

***Mailing Address:***
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

June 4, 2020

Via email to rishi@apothecopharmacy.com

To Whom It May Concern:

The New Jersey Board of Pharmacy has been requested by MORRIS APOTHECARY to forward a letter of good standing regarding the Pharmacy's registration to practice in the State of New Jersey.

A review of the Board's files indicates that MORRIS APOTHECARY was issued a New Jersey registration 28RS00758500 on or about 10/23/2017 and is currently Active and in good standing with an expiration date of 06/30/2021 . A review of the Board's files further indicates that no public disciplinary action has been taken against this Pharmacy.

Very truly yours,

Anthony Rubinaccio, RPh
Executive Director
Board of Pharmacy

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER. WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

# State Of New Jersey
# New Jersey Office of the Attorney General
# Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
**Board of Pharmacy**

**HAS LICENSED**

MORRIS APOTHECARY
RISHI DESAI
69 New Rd.
Parsippany NJ 07054

**FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy**

**05/18/2020 TO 06/30/2021**
VALID

**28RS00758500**
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

Paul Rodriguez
ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Pharmacy
HAS LICENSED
MORRIS APOTHECARY
Pharmacy

05/18/2020 TO 06/30/2021
VALID

SIGNATURE

28RS00758500
License/Registration/Certificate #

Paul Rodriguez
ACTING DIRECTOR

PLEASE DETACH HERE

**IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:**
Board of Pharmacy
P.O. Box 45013
Newark, NJ 07101

PLEASE DETACH HERE

## Morris Apothecary LLC Officers

1) **Joel Saban – CEO** - 0 %
   Address: Avalon Drive
   Buffalo Grove, IL 60089-4685

2) **Anush Amin - President** - 0 %
   Address Groff Court
   Flemington, NJ 08822-6939

3) **James C. Luthin- CFO** - 0 %
   Address Schiller Ave.
   Wilmette, IL 60091-2329

4) **Nikki Baniewicz – Secretary and Treasurer** - 0 %
   Address Madison St., Ap
   Hoboken, NJ 07030-6364

# 40

RECEIVED 7-29-2020

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy* or ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH_____***

*Check box below for type of ownership and complete all required forms.*

☐ *Publicly Traded Corporation – Pages 1,2,3,7* ☐ *Partnership - Pages 1,2,5,7*

☑ *Non Publicly Traded Corporation – Pages 1,2,4,7* *LLC ☐ *Sole Owner – Pages 1,2,6,7*

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Pharmxpress Limited Liability Company (DBA) Pharmxpress Pharmacy

Physical Address: 507 E Dr. Martin Luther King JR. Blvd Ste #101

Mailing Address: Same as physical

City: Tampa State: Florida Zip Code: 33603

Telephone: 813-406-4491 Fax: 813-406-4493

Toll Free Number: 833-353-6693 (Required per NAC 639.708)

E-mail: mypharmxpress@gmail.com Website: N/A

Managing Pharmacist: Tyler King License Number: PS60436

**TYPE OF PHARMACY** AND **SERVICES PROVIDED**

| Yes/No | TYPE OF PHARMACY | Yes/No | SERVICES PROVIDED |
|---|---|---|---|
| ☑ | ☐ Retail | ☐ | ☑ Off-site Cognitive Services |
| ☐ | ☑ Hospital (# beds_____) | ☐ | ☑ Parenteral ** |
| ☐ | ☑ Internet | ☐ | ☑ Parenteral (outpatient) |
| ☐ | ☑ Nuclear | ☐ | ☑ Outpatient/Discharge |
| ☐ | ☑ Ambulatory Surgery Center | ☑ | ☐ Mail Service |
| ☑ | ☐ Community | ☐ | ☑ Long Term Care |
| ☐ | ☑ Other: _____ | ☐ | ☑ Sterile Compounding ** |
| | | ☐ | ☑ Non Sterile Compounding |
| | All boxes must be checked | ☐ | ☑ Mail Service Sterile Compounding ** |
| | For the application to be complete | ☐ | ☑ Other Services: _____ |

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Sam Knight
Print Name of Authorized Person

06/15/2020
Date



**Board Use Only** Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION** Ownership entity of Pharmacy is an LLC

State of Incorporation: Florida

Parent Company if any: Viking Man Inc

Mailing Address: 507 E Dr. Martin Luther King Jr. Blvd Ste #101

City: Tampa State: Florida Zip: 33603

Telephone: 813-406-4491 Fax: 813-406-4493

Contact Person: Sam Knight

For any corporation non publicly traded, disclose the following: *LLC

1) List top 4 persons to whom the shares were issued by the corporation? Ownership % Not Shares

a) Andrew McCubbins (Name) S Draper Woods Cove, Draper, U (Address) ____ 33%

b) Chad Altman (Name) 14th St N, St Petersburg, F (Address) 33%

c) Greg Warnock (Name) ; Mivu Cir, Sandy, U (Address) 33%

d) _____ (Name) _____ (Address)

2) Provide the number of shares issued by the corporation. No Shares

3) What was the price paid per share? No Shares

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

List any physician shareholders and percentage of ownership.

Name: NA %: _____

Name: N/A %: _____

**Hours of Operation for the pharmacy:**

Monday thru Friday 9:00 am 5:00 pm Saturday 11:00 am 5:00 pm

Sunday On-Call am On-Call pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

# STATEMENT OF RESPONSIBILITY
# FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Sam Knight

Responsible Person of Pharmxpress Limited Liability Company

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Sam Knight

Print Name of Authorized Person

05/07/2020

Date

AC# 9662848

# STATE OF FLORIDA
# DEPARTMENT OF HEALTH
# DIVISION OF MEDICAL QUALITY ASSURANCE

| DATE | LICENSE NO. | CONTROL NO. |
|---|---|---|
| 05/29/2020 | PH 24350 | 116762 |

THE PHARMACY

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

QUALIFICATION(S):
Community Pharmacy
Schedule II & III
2:1 Pharmacy Technician Ratio Approved

Expiration Date: **FEBRUARY 28, 2021**
**PHARMXPRESS LIMITED LIABILITY COMPANY**
**Pharmxpress Pharmacy**
**507 E DR MARTIN LUTHER KING JR BLVD**
**STE 101**
**TAMPA, FL - 33603**

Ron DeSantis
GOVERNOR

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 9662848

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

| DATE | LICENSE NO. | CONTROL NO. |
|---|---|---|
| 05/29/2020 | PH 24350 | 116762 |

THE PHARMACY

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

Expiration Date : FEBRUARY 28, 2021
PHARMXPRESS LIMITED LIABILITY COMPANY
Pharmxpress Pharmacy

QUALIFICATION(S):
Community Pharmacy
Schedule II & III
2:1 Pharmacy Technician Ratio
Approved

REGISTRANT SIGNATURE

## Actively Licensed States

| State | License Date | License Expiration Date | License Number |
|---|---|---|---|
| Arizona | 4/6/2020 | 10/31/2020 | Y008350 |
| Colorado | 4/10/2020 | 10/31/2020 | OSP.0007409 |
| Illinois | 5/14/2020 | 3/31/2022 | 54.021564 |
| Iowa | 6/5/2020 | 12/31/2020 | 5264 |
| Missouri | 6/26/2020 | 10/31/2021 | 2020018815 |
| New York | 6/8/2020 | 5/31/2023 | 038250 |
| Ohio | 4/30/2020 | 3/31/2021 | 0240000175 |
| Pennsylvania | 6/15/2020 | 8/31/2021 | NP001617 |
| Wyoming | 6/23/2020 | 6/30/2021 | NR-51849 |

# State of Florida
## Department of State

I certify from the records of this office that PHARMXPRESS LIMITED LIABILITY COMPANY is a limited liability company organized under the laws of the State of Florida, filed on September 15, 2009.

The document number of this limited liability company is L09000089004.

I further certify that said limited liability company has paid all fees due this office through December 31, 2020, that its most recent annual report was filed on January 24, 2020, 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-second day of April, 2020*

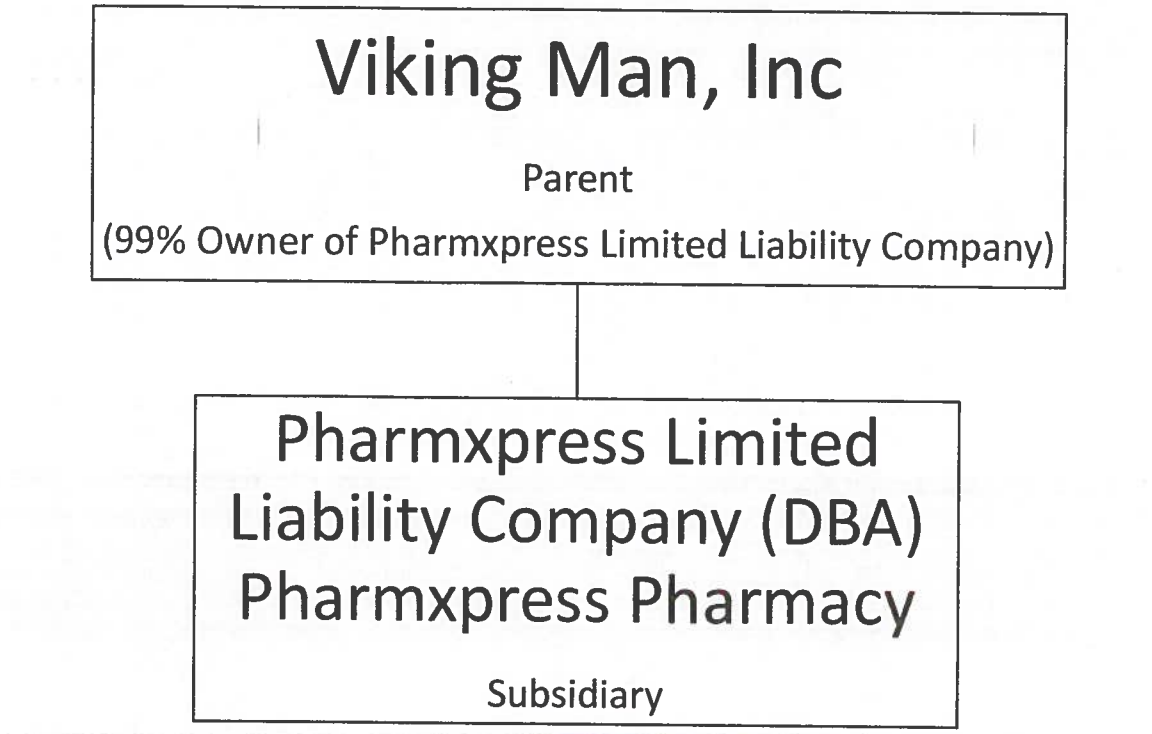
GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

*Secretary of State*

**Tracking Number: 9679483265CU**

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

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




**Viking Man, Inc**

| | |
|---|---|
| **Name** | **Andrew McCubbins – President** |
| Address | S Draper Woods Cove |
| City, State, Zip | Draper, UT 84020 |
| DOB | |
| SS# | |
| Email | Andrew@vikingman.com |
| **Name** | **Greg Warnock - Director** |
| Address | Mivu Cir |
| City, State, Zip | Sandy, UT 84093 |
| DOB | |
| SS# | |
| Email | greg@vikingman.com |
| **Name** | **Chad Altman - Director** |
| Address | St N |
| City, State, Zip | St Petersburg, FL 33703 |
| DOB | |
| SS# | |
| Email | chad@vikingman.com |

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Utah )
) ss.
Salt Lake COUNTY )

I, Sam Knight, 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 Pharmacy Manager for Pharmxpress Pharmacy (the 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 sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product 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 AFFIANT SAYETH NOT.

I, Sam Knight, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
7 day of May, 2020.

NOTARY PUBLIC

CHRISTOPHER JOE DEVER
Notary Public – State of Utah
Comm. No. 699303
My Commission Expires on
Mar 5, 2022

**Mission:**
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH

**Ron DeSantis**
Governor

**Scott A. Rivkees, MD**
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

July 16, 2020

Pharmxpress Limited Liability Company
Jacqueline Phillips
507 E Dr Martin Luther King Jr Blvd, Ste 101
Tampa, FL 33603

RE: License Certification for Pharmxpress Limited Liability Company

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

| | |
|---|---|
| PROFESSION: | Pharmacy |
| LICENSE NUMBER: | PH24350 |
| ORIGINAL CERTIFICATION: | 11/18/2009 |
| EXPIRATION DATE: | 02/28/2021 |
| CURRENT STATUS OF LICENSE: | CLEAR, |
| AGENCY ACTION: | No |

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Gerlisia K. Still
Regulatory Specialist II

/gs

# *APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES*

*Addendum to Pharmacy Application*
*(Only required if providing internet services)*

## *GENERAL INFORMATION*

Name of Nevada license pharmacy: Pharmxpress Limited Liability Company (DBA) Pharmxpress Pharmacy

Nevada license number: PH24350

Websites in use or intended to be used: Parent company website is www.vikingman.com

Affiliated websites (websites that link to or otherwise direct users to your website):

## *VIPPS CERTIFICATION*

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be NABP) certified? Please provide a copy with application. Yes ☐ No ☑

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

## *PHARMACIES LACKING VIPPS CERTIFICATION*

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☑ No ☐

**PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.**

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:

A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ☑ No ☐

B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ☑ No ☐

C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ☑ No ☐

D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ☑ No ☐

E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ☑ No ☐

F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ☑ No ☐

G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ☑ No ☐

H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ☑ No ☐

I) That 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? Yes ☑ No ☐

J) That 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? Yes ☑ No ☐

3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ☑ No ☐

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ☑ No ☐

5. Does the pharmacy maintain 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? Yes ☑ No ☐

6. Does the pharmacy comply with applicable federal and state laws regarding the following:

   A) To the dispensing of prescription drugs? Yes ☑ No ☐

   B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ☑ No ☐

   C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes ☑ No ☐

7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ☑ No ☐

8. Does the pharmacy ship 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 Pharmacopoeia, 25th* edition, 2002, which is hereby adopted by reference? Yes ☑ No ☐

**PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.**

The signature below certifies that the answers provided in this application are true, correct and complete.

Signature of Owner * Pharmacy Manager

05/07/2020
Date

# 4P

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy or* ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH_____***

*Check box below for type of ownership and complete all required forms.*

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☑ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Princeton Medical Pharmacy LLC

Physical Address: 10 Forrestal Road South, Suite 102

Mailing Address: 10 Forrestal Road South, Suite 102

City: Princeton State: NJ Zip Code: 08540

Telephone: 609-503-7731 Fax: 609-503-7732

Toll Free Number: 866-588-7756 (Required per NAC 639.708)

E-mail: info@apothecoprinceton.com Website: apothecoprinceton.com

Managing Pharmacist: Sagar Shah License Number: 28RI03089800

**TYPE OF PHARMACY AND SERVICES PROVIDED**

| Yes/No | TYPE OF PHARMACY | Yes/No | SERVICES PROVIDED |
|---|---|---|---|
| ☑ | ☐ Retail | ☐ | ☑ Off-site Cognitive Services |
| ☐ | ☑ Hospital (# beds____) | ☐ | ☑ Parenteral ** |
| ☐ | ☑ Internet | ☐ | ☑ Parenteral (outpatient) |
| ☐ | ☑ Nuclear | ☐ | ☑ Outpatient/Discharge |
| ☐ | ☑ Ambulatory Surgery Center | ☑ | ☐ Mail Service |
| ☐ | ☑ Community | ☐ | ☑ Long Term Care |
| ☐ | ☑ Other: _____ | ☐ | ☑ Sterile Compounding ** |
| | | ☐ | ☑ Non Sterile Compounding |
| | All boxes must be checked | ☐ | ☑ Mail Service Sterile Compounding ** |
| | For the application to be complete | ☐ | ☑ Other Services: _____ |

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Anush Amin
Print Name of Authorized Person

8/20/20
Date



**Board Use Only** Date Processed:_____ Amount: 50.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PARTNERSHIP** General _____ Limited ✓

Partnership Name: Princeton Medical Pharmacy LLC

Mailing Address: 10 Forrestal Road South, Suite 102

City: Princeton State: NJ Zip Code: 08540

Telephone Number: 609-503-7731 Fax Number: 609-503-7732

Contact Person: Sagar Shah

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

| Name | G or L | Percentage |
|---|---|---|
| List of LLC officers attached | | |
| | | |

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

**Hours of Operation for the pharmacy:**

Monday thru Friday 9 am 6 pm Saturday Closed am _____ pm

Sunday Closed am _____ pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

# STATEMENT OF RESPONSIBILITY
# FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Anush Amin

Responsible Person of Princeton Medical Pharmacy LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Anush Amin
Print Name of Authorized Person

8/20/20
Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New Jersey )
ss.
Essex COUNTY )

I, Arush Arun, 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 : President for West 35th Pharmacy LLC (the 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 sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product 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 AFFIANT SAYETH NOT.

I, Arush Arun, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
20 day of August, 2020.

Danielle L. Rocco
NOTARY PUBLIC

DANIELLE L. ROCCO
NOTARY PUBLIC OF NEW JERSEY
Commission # 50118055
My Commission Expires 12/4/2024

## Officers of Princeton Medical Pharmacy LLC

1) **Joel Saban – CEO** – 0 %
   Address: Avalon Drive
   Buffalo Grove, IL 60089-4685

2) **Anush Amin - President** – 0 %
   Address: Groff Court
   Flemington, NJ 08822-6939

3) **James C. Luthin- CFO** – 0 %
   Address: Schiller Ave.
   Wilmette, IL 60091-2329

4) **Nikki Baniewicz – Secretary and Treasurer** – 0 %
   Address: Madison St., Ap
   Hoboken, NJ 07030-6364

# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRINCETON MEDICAL PHARMACY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JUNE, A.D. 2020.

Jeffrey W. Bullock, Secretary of State

7363407 8300

SR# 20205956430

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

Authentication: 203195925

Date: 06-29-20

PHILIP D. MURPHY
*Governor*

SHEILA Y. OLIVER
*Lt. Governor*

# *New Jersey Office of the Attorney General*

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102

GURBIR S. GREWAL
*Attorney General*

PAUL R. RODRÍGUEZ
*Acting Director*

***Mailing Address:***
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

June 4, 2020

To Whom It May Concern:

The New Jersey Board of Pharmacy has been requested by APOTHECO PHARMACY PRINCETON to forward a letter of good standing regarding the Pharmacy's registration to practice in the State of New Jersey.

A review of the Board's files indicates that APOTHECO PHARMACY PRINCETON was issued a New Jersey registration 28RS00735600 on or about 09/15/2014 and is currently Active and in good standing with an expiration date of 06/30/2021 . A review of the Board's files further indicates that no public disciplinary action has been taken against this Pharmacy.

Very truly yours,

Anthony Rubinaccio, R.Ph.
Executive Director
Board of Pharmacy

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

# State Of New Jersey
# New Jersey Office of the Attorney General
# Division of Consumer Affairs

DCA

THIS IS TO CERTIFY THAT THE
**Board of Pharmacy**

HAS LICENSED

APOTHECO PHARMACY PRINCETON
SAGAR S SHAH
10 Forrestal Rd. S
Princeton NJ 08540

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy

05/18/2020 TO 06/30/2021
VALID

28RS00735600
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

DCA

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Pharmacy
HAS LICENSED
APOTHECO PHARMACY PRINCETON
Pharmacy
05/18/2020 TO 06/30/2021
VALID
SIGNATURE
28RS00735600
License/Registration/Certificate #
ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Board of Pharmacy
P.O. Box 45013
Newark, NJ 07101

PLEASE DETACH HERE

# 4Q

RECEIVED 8-11-2020

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy or* ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** _____

*Check box below for type of ownership and complete all required forms.*

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☒ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Spring Creek Pharmacy, LLC

Physical Address: 1218 E. 9th Street, Suite 1, Edmond, OK 73034

Mailing Address: 1218 E. 9th Street, Suite 1, Edmond, OK 73034

City: _____ State: _____ Zip Code: _____

Telephone: 405-285-9082 Fax: 405-471-6256

Toll Free Number: 833-9761843 (Required per NAC 639.708)

E-mail: scpharmrx@gmail.com Website: _____

Managing Pharmacist: Macvictor Nguyen License Number: 17206

**TYPE OF PHARMACY AND SERVICES PROVIDED**

| Yes/No | TYPE OF PHARMACY | Yes/No | SERVICES PROVIDED |
|---|---|---|---|
| ☑ ☐ | Retail | ☐ ☑ | Off-site Cognitive Services |
| ☐ ☑ | Hospital (# beds____) | ☐ ☑ | Parenteral ** |
| ☐ ☑ | Internet | ☐ ☑ | Parenteral (outpatient) |
| ☐ ☑ | Nuclear | ☑ ☐ | Outpatient/Discharge |
| ☐ ☑ | Ambulatory Surgery Center | ☐ ☑ | Mail Service |
| ☐ ☑ | Community | ☐ ☑ | Long Term Care |
| ☐ ☑ | Other: _____ | ☐ ☑ | Sterile Compounding ** |
| | | ☐ ☑ | Non Sterile Compounding |
| | All boxes must be checked | ☐ ☑ | Mail Service Sterile Compounding ** |
| | For the application to be complete | ☐ ☑ | Other Services: _____ |

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.**

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Kimberly Stuart
Print Name of Authorized Person

7/30/2020
Date



**Board Use Only** Date Processed:_____ Amount: 500.00

**Must be included 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

Dianna Gutierrez

Kimberly Stuart

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A PARTNERSHIP** General _____ Limited ✓

Partnership Name: Spring Creek Pharmacy, LLC

Mailing Address: 1218 E. 9th Street, Suite 1, Edmond, OK 73034

City:_____ State:_____ Zip Code: _____

Telephone Number: 405-285-9082 Fax Number: 405-471-6256

Contact Person: _____

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

| Name | G or L | Percentage |
|---|---|---|
| Dianna Gutierrez | L | 90 |
| Kimberly Stuart | L | 10 |

List names of 4 largest partners and percentage of ownership:

Name:_____ %:_____

Name:_____ %:_____

Name:_____ %:_____

Name:_____ %: _____

List any physician shareholders and percentage of ownership.

Name:_____ %:_____

Name:_____ %:_____

Name:_____ %: _____

**Hours of Operation for the pharmacy:**

Monday thru Friday 9 am 1 pm Saturday CLosed am _____ pm

Sunday Closed am _____ pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

# STATEMENT OF RESPONSIBILITY
# FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Kimberly Stuart

Responsible Person of Spring Creek Pharmacy, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Kimberly Stuart
Print Name of Authorized Person

7/30/2020
Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas )
) ss.
Harris COUNTY )

I, Kimberly Stuart, 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 Officer for Spring Creek Pharmacy, LLC (the 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 sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product 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 AFFIANT SAYETH NOT.

I, Kimberly Stuart, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
3 day of August, 2020.

NOTARY PUBLIC

CARLA STELL
Notary Public, State of Texas
Comm. Expires 01-11-2022
Notary ID 146002-9

Posted April 1, 2020

# OKLAHOMA
## State Board of Pharmacy
2920 N Lincoln Blvd Ste A, Oklahoma City, OK 73105

405-521-3815 • Fax 405-521-3758


**PHARMACY**
**#1-8736**

# RETAIL
# EXPIRES JUL 31, 2021

SPRING CREEK PHARMACY LLC
1218 E 9TH STREET STE 1
EDMOND, OK 73034

**2021**

Amount: $350.00
Receipt: 2021-0054
Date: 7/10/2020

**This License is not transferable.**
**License must be conspicuously displayed in the location to which it is issued.**

## Important Information

- **Change of Location:** This license is not transferable for a change of location. A new license is required.
- **Change of Name:** This license is not transferable for a change of name. A new license is required.
- **Change of Owner:** This license is not transferable for a change of owner. A new license is required when the ownership changes by 20% or more.
- **Forms & Applications, Current Announcements and Laws & Rules are available at the Board's website:** www.pharmacy.ok.gov
- **Board Contact:**

  Email: pharmacy@pharmacy.ok.gov
  Phone: 405-521-3815
  Fax: 405-531-3758

**All changes in any information required for the licensure must be reported to the Board within ten (10) days.**

**It is your responsibility to keep this license current.**

# 4R

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy or* ☐ ***Ownership Change*** *(Provide current license number if making changes: PH_____*
*Check box below for type of ownership and complete all required forms.*

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Partnership - Pages 1,2,6,8*
☐ *Sole Owner – Pages 1,2,7,8*

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Lucile Packard Children's Hospital Outpatient Pharmacy

Physical Address: 725 Welch Road, Palo Alto, CA 94304

Mailing Address: 725 Welch Road #166

City: Palo Alto State: CA Zip Code: 94304

Telephone: 650-497-8289 Fax: 650-497-8974 Toll free # in process

Toll Free Number: _____ (Required per NAC 639.708)

E-mail: CHong@stanfordchildrens.org Website: https://www.stanfordchildrens.org/en/service/pharmacy-services/outpatient-pharmacy

Managing Pharmacist: Carolyn M. Hong License Number: RPH 52573

**TYPE OF PHARMACY AND SERVICES PROVIDED**

| Yes/No | TYPE OF PHARMACY | Yes/No | SERVICES PROVIDED |
|---|---|---|---|
| ☑ | ☐ Retail | ☐ | ☑ Off-site Cognitive Services |
| ☐ | ☑ Hospital (# beds_____) | ☐ | ☑ Parenteral ** |
| ☐ | ☑ Internet | ☑ | ☐ Parenteral (outpatient) |
| ☐ | ☑ Nuclear | ☑ | ☐ Outpatient/Discharge |
| ☐ | ☑ Ambulatory Surgery Center | ☑ | ☐ Mail Service |
| ☑ | ☐ Community | ☐ | ☑ Long Term Care |
| ☐ | ☑ Other: _____ | ☐ | ☑ Sterile Compounding ** |
| | | ☑ | ☐ Non Sterile Compounding |
| | All boxes must be checked | ☐ | ☑ Mail Service Sterile Compounding ** |
| | For the application to be complete | ☐ | ☐ Other Services: _____ |

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.**

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Carolyn M. Hong
Print Name of Authorized Person

Sept 3, 2020
Date



**Board Use Only** Date Processed:_____ Amount: _____

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A SOLE OWNER.** All information relates to the person listed as the owner.

Owner's Name: Lucile Packard Children's Hospital Stanford (100% ownership)

Business Name: Lucile Packard Children's Hospital Outpatient Pharmacy

Current Business Address: 725 Welch Road #166

City: Palo Alto State: CA Zip Code: 94304

Telephone: 650-497-8289 Fax: 650-497-8974

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

**Hours of Operation for the pharmacy:**

Monday thru Friday 08:00 am 7:00 pm Saturday 9:00 am 4:00 pm

Sunday 9:00 am 4:00 pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

# STATEMENT OF RESPONSIBILITY
# FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Carolyn M. Hong

Responsible Person of Lucile Packard Children's Hospital Outpatient Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Carolyn Hong
Print Name of Authorized Person

Sept 3, 2020
Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF CA )
) ss.
Santa Clara COUNTY )

I, Carolyn M Hong, 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 phamacist in charge for Lucile Packard Children's Hospital Outpatient Pharmacy (the 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 sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product 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 AFFIANT SAYETH NOT.

I, Carolyn M. Hong, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

_____
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
___day of_____, 20___.

_____
NOTARY PUBLIC

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 52051
RECEIPT NO. 00166057

VALID UNTIL JUNE 01, 2021

LUCILE PACKARD CHILDRENS HOSPITAL OUTPATIENT PHARMACY
725 WELCH ROAD #166
PALO ALTO CA 94304

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, shareholde more than 10 percent share change) administrator or pharmacist-in-charge.
This permit is valid only at the address shown.

/30/20
/30/20 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)

# 4S

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy* **or** ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** _____

*Check box below for type of ownership and complete all required forms.*

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☒ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Saveway Market Pharmacy

Physical Address: 1200 Shoup Street

Mailing Address: 1200 Shoup Street

City: Salmon State: ID Zip Code: 83467

Telephone: 208.756.1940 Fax: 208.756.1790

Toll Free Number: 1.844.812.2551 (Required per NAC 639.708)

E-mail: pharmacy@savewaymarket.com Website: savewaymarket.com

Managing Pharmacist: Allison Cardona License Number: P7027

**TYPE OF PHARMACY AND SERVICES PROVIDED**

| Yes/No | TYPE OF PHARMACY | Yes/No | SERVICES PROVIDED |
|---|---|---|---|
| ☑ | ☐ Retail | ☐ | ☑ Off-site Cognitive Services |
| ☐ | ☑ Hospital (# beds_____) | ☐ | ☑ Parenteral ** |
| ☐ | ☑ Internet | ☐ | ☑ Parenteral (outpatient) |
| ☐ | ☑ Nuclear | ☐ | ☑ Outpatient/Discharge |
| ☐ | ☑ Ambulatory Surgery Center | ☑ | ☐ Mail Service |
| ☑ | ☐ Community | ☐ | ☑ Long Term Care |
| ☐ | ☑ Other: _____ | ☐ | ☑ Sterile Compounding ** |
| | | ☑ | ☐ Non Sterile Compounding |
| | All boxes must be checked | ☐ | ☑ Mail Service Sterile Compounding ** |
| | For the application to be complete | ☐ | ☑ Other Services: _____ |

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Nathan Bills
Print Name of Authorized Person

8.18.2020
Date



**Board Use Only** Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation: Idaho

Parent Company if any: _____

Mailing Address: 1200 Shoup Street

City: Salmon State: ID Zip: 83467

Telephone: 208.756.2822 Fax: 208.756.6129

Contact Person: Nathan Bills

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

**33.3%** a) Richard J. Bills (Name) N. Fairmont Road, Salmon, ID 83467 (Address)

**33.3%** b) Nathan J. Bills (Name) Island Farm Road, Salmon, ID 83467 (Address)

**33.3%** c) Patrick M. Bills (Name) Meadow Lane, Salmon, ID 83467 (Address)

d) _____ (Name) _____ (Address)

2) Provide the number of shares issued by the corporation. Small, long standing family owned corporation...three partners (father and two sons), each own 33.3%.

3) What was the price paid per share? _____

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

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

**Hours of Operation for the pharmacy:**

| | | | | | |
|---|---|---|---|---|---|
| Monday thru Friday | 9 am | 7 pm | Saturday | 9 am | 6 pm |
| Sunday | _____ am | _____ pm | 24 Hours | _____ | |

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Idaho )
) ss.
Lemhi COUNTY )

I, Allison Cardona, 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 PIC for Saveway Market Pharmacy (the 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 sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product 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 AFFIANT SAYETH NOT.

I, Allison Cardona, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Allison Cardona
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
18 day of August, 2020.

NOTARY PUBLIC

BRIANNE BRUNO NOTARY PUBLIC Comm. No. 63[illegible] STATE OF IDAHO

# STATEMENT OF RESPONSIBILITY
# FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Allison Cardona

Responsible Person of Saveway Market Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Allison Cardona

Original Signature of Person Authorized to Submit Application, no copies or stamps

Allison Cardona

Print Name of Authorized Person

08.18.2020

Date

## Must be included 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.

See State of Idaho Certificate of Corporate Status

List of officers and directors

Richard J Bills, President
Nathan J Bills, Vice President
Patrick M Bills, Vice President
Sandra L Bills, Secretary

0003905747

# STATE OF IDAHO

*Office of the secretary of state, Lawerence Denney*

## ANNUAL REPORT

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: $0.00

*For Office Use Only*

**-FILED-**

File #: 0003905747

Date Filed: 6/10/2020 10:02:03 AM

Entity Name and Mailing Address:

| | |
|---|---|
| Entity Name: | SAVEWAY MARKET, INC. |
| The file number of this entity on the records of the Idaho Secretary of State is: | 0000160182 |
| Address | RICHARD JIM BILLS<br>1200 SHOUP ST<br>SALMON, ID 83467-4300 |

Entity Details:

| | |
|---|---|
| Entity Status | Active - Good Standing |
| This entity is organized under the laws of: | IDAHO |
| If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: | C49489 |

The registered agent on record is:

| | |
|---|---|
| Registered Agent | RICHARD J BILLS<br>Registered Agent<br>Physical Address<br>1200 SHOUP STREET<br>SALMON, ID 83467<br>Mailing Address |

The name and street address of the new registered agent and office in Idaho is:

| | |
|---|---|
| Registered Agent | NATHAN BILLS<br>Registered Agent<br>Physical Address<br>1200 SHOUP STREET<br>SALMON, ID 83467<br>Mailing Address |

☒ I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

Corporate Officers and Directors:

| Name | Title | Business Address |
|---|---|---|
| + Richard J Bills | President | 1200 SHOUP STREET<br>SALMON, ID 83467 |
| + Nathan J Bills | Vice President | 1200 SHOUP STREET<br>SALMON, ID 83467 |
| + Patrick M Bills | Vice President | 1200 SHOUP STREET<br>SALMON, ID 83467 |
| + Sandra L Bills | Secretary | 1200 SHOUP STREET<br>SALMON, ID 83467 |

The annual report must be signed by an authorized signer of the entity.

*Nathan J Bills*
Sign Here

*06/10/2020*
Date

Job Title: Vice President



0516-8777 06/10/2020 10:02 AM Received by ID Secretary of State Lawerence Denney

RECEIVED
AUG 10 2020
IDAHO BOARD
OF PHARMACY

# NEVADA STATE BOARD OF PHARMACY

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

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

## LICENSE VERIFICATION

Name: Saveway Market Pharmacy

Address: 1200 Shoup Street

City: Salmon State: ID Zip: 83467

I hereby authorize the Idaho State Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant [signature]

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

| License Number | License Status | Date License Issued | Date License Expires |
|---|---|---|---|
| 39073RP | Active | 6/18/2015 | 12/31/2020 |

| Has this license been encumbered in any way? | Type of Encumbrance: (if any) |
|---|---|
| ☐ Yes ☒ No | ☐ Revoked ☐ Surrendered ☐ Limited<br>☐ Suspended ☐ Restricted ☐ Probation<br>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 |
|---|---|---|---|---|
| [signature] | Licensing Specialist | Idaho | 8/12/2020 | |

**IDAHO STATE BOARD OF PHARMACY**
P.O. Box 83720 Boise, Idaho 83720-0067
Telephone: (208) 334-2356 FAX: (208) 334-3536

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

**SAVEWAY MARKET PHARMACY**

**Community Pharmacy Registration**
**Registration No: 39073RP**

**Automated Dispensing & Storage System(s)/(ADS)**

**ISSUED: 06/18/2015 EXPIRES: 12/31/2020**
The official status and business address of this license must be verified at Idaho Board of Pharmacy License Verification.
http://bop.idaho.gov

Nicki Chopski

597877
Printed: 12/24/2019

NICKI CHOPSKI PHARMD
EXECUTIVE DIRECTOR

# 4T

RECEIVED 8/6/2020

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**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 MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5
☒ Partnership - Pages 1,2,3,6
☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

**FACILITY INFORMATION**

Facility Name: Bonds Therapeutics LLC

Physical Address: 126 Wulfdr Columbiana, OH 44408
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 126 Wulfdr

City: Columbiana State: OH Zip Code: 44408

Telephone: 937-478-0469 Fax: _____

E-mail: Sales@bondstherapeutics.com Website: Trocarsupplies.com

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5 Fri: 9 to 5 Sat: 0 to 0 Sun: 0 to 0 Holidays: 0 to 0

**MDEG ADMINISTRATOR INFORMATION:** Person in charge on a daily basis

Name: Max Peppel

**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: Medical procedure kit

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name:_____ Telephone: _____

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A _____ _____ _____

_____ _____ _____

_____ _____ _____

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☒ No ☐

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: _____
- Advanced Practitioner of Nursing — Name: _____
- Physician's Assistant — Name: _____
- Physical Therapist — Name: _____
- Occupational Therapist — Name: _____
- Registered Nurse — Name: _____
- Respiratory Therapist — Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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 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.

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 MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Max Peppel
Print Name of Authorized Person

8-4-20
Date

| Board Use Only | Received: | Amount: 500.00 |
|---|---|---|

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

**OWNERSHIP IS A PARTNERSHIP** General_____ Limited X

Partnership Name: Bonds Therapeutics LLC

Mailing Address: 126 Wulf Dr

City: Columbiana State: OH Zip: 44408

Telephone: 937-478-0469 Fax: _____

Contact Person: Max Peppel

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

| Name | G or L | Percentage |
|---|---|---|
| Scott Cheel | | |
| | | |

List names of 4 largest partners and percentage of ownership:

Name:_____ %: _____

Name:_____ %: _____

Name:_____ %: _____

Name:_____ %: _____

BONDS THERAPEUTICS 126 NULF DRIVE COLUMBIANA OH 44408
SALES@BONDSTHERAPEUTICS.COM
937-478-0469

| Name and Title | Business Address | Home Address | Business Phone number | Home Phone number | SSN | DOB |
|---|---|---|---|---|---|---|
| Maxwell Victor Peppel Owner/Officer 37.50% | 126 Nulf Dr, Columbiana OH 44408 | Butcher Rd. Leetonia, OH | (330)-892-0318 | | | |
| Michael Edward Peppel Jr. Owner/Officer 20.83% | 126 Nulf Dr, Columbiana OH 44408 | Butcher Rd. Leetonia, OH | (330)-892-0318 | | | |
| Montgomery Duncan Peppel 20.83% | 126 Nulf Dr, Columbiana OH 44408 | Butcher Rd. Leetonia, OH | (330)-892-0318 | | | |
| Michaela Fiona Peppel 20.83% | 126 Nulf Dr, Columbiana OH 44408 | Butcher Rd. Leetonia, OH | (330)-892-0318 | | | |
| | | | | | | |

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/29/2020

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**
Hub International Northeast
100 Sunnyside Blvd
Woodbury NY 11797

**CONTACT NAME:**
**PHONE (A/C, No, Ext):** 516-677-4700 **FAX (A/C, No):** 516-496-4040
**E-MAIL ADDRESS:**

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Hanover Insurance Company | 22292 |
| INSURER B : Mitsui Sumitomo Insurance USA | 22551 |
| INSURER C : Hartford Insurance Group | 914 |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

**INSURED**
Robert Busse & Co., Inc.
75 Arkay Drive
Hauppauge NY 11788

**COVERAGES** **CERTIFICATE NUMBER:** 115368747 **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 | | | RHYA64791504 | 5/27/2020 | 5/27/2021 | EACH OCCURRENCE | $ 1,000,000 |
| | CLAIMS-MADE [X] OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| | X Primary & Non | | | | | | MED EXP (Any one person) | $ 10,000 |
| | Contributory | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 3,000,000 |
| | POLICY [ ] PRO-JECT [X] LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 3,000,000 |
| | OTHER: | | | | | | | $ |
| B | AUTOMOBILE LIABILITY | | | BVR8406796 | 5/27/2020 | 5/27/2021 | 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) | $ |
| | | | | | | | | $ |
| A | UMBRELLA LIAB X OCCUR | | | UHY-H213474-00 | 5/27/2020 | 5/27/2021 | EACH OCCURRENCE | $ 10,000,000 |
| | X EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | $ 10,000,000 |
| | DED X RETENTION $ 0 | | | | | | | $ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | 31WBAB1Z80 | 4/1/2020 | 4/1/2021 | 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 |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**
RE: Location: 75 Arkay Drive Hauppauge, NY 11788 & 175 Wireless Blvd, Hauppauge, NY 11788
The insurance coverages referred to on this certificate are in force for the protection of the above Named Insured only. This certificate has been issued as a matter of information only.

**CERTIFICATE HOLDER**

Bonds Therapeutics
126 Nulf Drive
Columbiana OH 44408

**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 LICENSES FOR BONDS THERAPEUTICS

| | | | |
|---|---|---|---|
| ARIZONA | W003386. | 1/17/2020 | 10/31/2021 |
| ARKANSAS | WD05387. | 6/10/2020 | 12/31/20 |
| CONNETICUT | CSW.0004695 | 6/19/2020 | 6/30/2021 |
| MISSISSIPPI | 18121/11. | 7/7/2020 | 6/30/2021 |
| OHIO | 0130000151 | 6/30/2019 | 6/30/2021 |
| PENNSYLVANIA | 3000010170 | | |
| SOUTH CAROLINA | 19516 | 07/21/2020 | 6/30/2021 |
| WEST VIRGINIA | WD0560273 | 6/30/2020 | 6/30/2021 |

Ship to:

AZ, AR, CT, FL, IO, MA, MN, MS, NC, OH, PA, SC, TX, WV, WI

STATE OF OHIO
BOARD OF PHARMACY

# LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2021.

**Bonds Therapeutics LLC**

**Bonds Therapeutics LLC**

**126 Nulf Dr**

**Columbiana, OH 44408**

**License Number: 0130000151**

**Wholesaler - Category 2**

**Expiration Date: June 30, 2021**

CLASS: Wholesaler - Category 2
BUSINESS TYPE: FS – Full Service

**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 |
|---|---|
| **MICHAEL PEPPEL JR.** | |

*Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.*

**State of Ohio Board of Pharmacy**
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

# 4U

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**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 MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4
☑ Non Publicly Traded Corporation – Pages 1,2,3,5
☐ Partnership - Pages 1,2,3,6
☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

**FACILITY INFORMATION**

Facility Name: Capital Medical Corporation

Physical Address: 1324 Thomaswood Dr. TLH, FL 32308
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: PO Box 15013

City: Tallahassee State: FL Zip Code: 32317

Telephone: 850 386 1978 Fax: 850 386 3151

E-mail: john@capital-medical.com Website: www.capital-medical.com

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

EST

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5 Fri: 8 to 5 Sat: to Sun: to Holidays: to

**MDEG ADMINISTRATOR INFORMATION:** Person in charge on a daily basis

Name: Lauren Gidus

**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☑ Orthotics and Prosethics
Other: Compression therapy

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name:_____ Telephone: _____

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

MCR 092324 0001 _____ _____

_____ _____ _____

_____ _____ _____

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☑

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☑

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: N/A
- Advanced Practitioner of Nursing — Name: N/A
- Physician's Assistant — Name: N/A
- Physical Therapist — Name: N/A
- Occupational Therapist — Name: N/A
- Registered Nurse — Name: N/A
- Respiratory Therapist — Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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 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.

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 MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

John H. Wood
Print Name of Authorized Person

8/26/2020
Date

| Board Use Only | Received:_____ | Amount: 500.00 |
|---|---|---|

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

**OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION**

State of Incorporation: Florida

Parent Company if any: _____

Corporation Name: Capital Medical Corporation

Mailing Address: Po Box 15013

City: Tallahassee State: FL Zip: 32317

Telephone: 850 386 1978 Fax: 850 386 3151

Contact Person: John H. Wood

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

100% a) John H. Wood (Name) Frank Shaw Rd Tallahassee, FL 32312 (Address)

b) _____ (Name) _____ (Address)

c) _____ (Name) _____ (Address)

d) _____ (Name) _____ (Address)

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? $5.00

4) What date did the corporation actually receive the cash assets? 12/29/1994

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.

John H. Wood, President, Director

# State of Florida

## Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of CAPITAL MEDICAL CORPORATION, a Florida corporation, filed on November 29, 1994, as shown by the records of this office.

The document number of this corporation is P94000086284.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Twenty-ninth day of November, 1994

Jim Smith
Secretary of State

CR2EO22 (2-91)

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

November 29, 1994

JOHN WOOD
919 SHADOWLAWN DRIVE
TALLAHASSEE, FL 32312

The Articles of Incorporation for CAPITAL MEDICAL CORPORATION were filed on November 29, 1994 and assigned document number P94000086284. Please refer to this number whenever corresponding with this office regarding the above corporation. The certification you requested is enclosed.

PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.

**A CORPORATION ANNUAL REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.**

**A FEDERAL EMPLOYER INDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT AT 1-800-829-3676 AND REQUEST FORM SS-4.**

**SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT NOTICES REACH YOU.**

Should you have any questions regarding corporations, please contact this office at the address given below.

Sharon Tala, Document Specialist Supervisor
New Filings Section

Letter Number: 994A00051131

# ARTICLES OF INCORPORATION

# OF

# CAPITAL MEDICAL CORPORATION

FILED
94 NOV 29 PM 12:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Incorporation, a natural person competent to do so, hereby forms a corporation for profit under the laws of the State of Florida.

## ARTICLE I

## NAME

The name of the corporation is Capital Medical Corporation.

## ARTICLE II

## NATURE OF BUSINESS

The general character or nature of the business to be transacted by this Corporation is to engage in any and all lawful business, trades, occupations, and professions, including the transaction of any and all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

## ARTICLE III

## CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any time is one hundred (100) shares of common stock, each share having the par value of Five ($5.00) dollars.

## ARTICLE IV

## INITIAL CAPITAL

The amount of capital with which this Corporation shall begin business is not less than Five Hundred ($500.00) Dollars.

## ARTICLE V

## TERM OF EXISTENCE

This corporation shall have perpetual existence.

## ARTICLE VI

## ADDRESS AND REGISTERED AGENT

The initial street address of the principal office of this Corporation is to be at 919 Shadowlawn Drive, Tallahassee, Florida, 32312. The Board of Directors may from time to time designate such other address and place for the principal office of this Corporation as it may see fit. The registered address for the Corporation shall be 919 Shadowlawn Drive, Tallahassee, Florida, 32312, and the registered agent at such address is John H. Wood.

## ARTICLE VII

## DIRECTORS - INITIAL DIRECTORS

The corporation shall have no more than one (1) director initially, but the number of directors may be increased from time to time by the Bylaws. The name and street address of the initial director, who shall hold office until his successors are elected and have qualified, is as follows:

JOHN H. WOOD
919 Shadowlawn Drive
Tallahassee, Florida 32312

## ARTICLE VIII

## SUBSCRIBERS

The name and street address of each subscriber of these Articles of Incorporation and the number of shares of stock each agrees to take are as follows:

JOHN H. WOOD, 919 Shadowlawn Drive, Tallahassee, Florida, 32312, one hundred (100) shares.

## ARTICLE IX

## EFFECTIVE DATE

These Articles of Incorporation shall be effective upon filing with the Secretary of State of Florida.

## ARTICLE X

## AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Stockholders meeting by a majority of the Stockholders entitled to vote thereon, unless all the Directors and all the Stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, acknowledged and filed the foregoing Articles of Incorporation under the laws of the State of Florida, this 29th day of November, 1994.

JOHN H. WOOD

**REGISTERED AGENT**

In pursuance of and in compliance with the Florida Statutes, the following is submitted:

That CAPITAL MEDICAL CORPORATION, desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation, in the City of Tallahassee, County of Leon, has named JOHN H. WOOD, located at 919 Shadowlawn Drive, City of Tallahassee, County of Leon, State of Florida, as its agent to accept service of process within this State.

Having been named to accept service of process for the above named Corporation, at the place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of law relative to keeping open said office.

JOHN H. WOOD, Registered Agent

FILED
94 NOV 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# State of Florida
## Department of State

I certify from the records of this office that CAPITAL MEDICAL CORPORATION is a corporation organized under the laws of the State of Florida, filed on November 29, 1994.

The document number of this corporation is P94000086284.

I further certify that said corporation has paid all fees due this office through December 31, 2020, that its most recent annual report/uniform business report was filed on January 20, 2020, 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 Twenty-sixth day of August, 2020*




Secretary of State

**Tracking Number: 8219536032CU**

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

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

CAPIMED-02 SVOLZ

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/25/2020

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 License # L000563<br>Demont Insurance Agency, Inc.<br>2400 Mahan Dr<br>Tallahassee, FL 32308 | CONTACT NAME: Graham Demont<br>PHONE (A/C, No, Ext): (850) 942-7760 FAX (A/C, No): (850) 942-7758<br>E-MAIL ADDRESS: documents@demontinsurance.com |
| INSURED<br>Capital Medical Corporation<br>1324 Thomaswood Drive<br>Tallahassee, FL 32308 | INSURER(S) AFFORDING COVERAGE — NAIC #<br>INSURER A : Philadelphia Indemnity Insurance Company — 18058<br>INSURER B : Travelers Indemnity of America — 25666<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>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 | | | PHPK2079820 | 1/1/2020 | 1/1/2021 | EACH OCCURRENCE | $ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| | | | | | | | MED EXP (Any one person) | $ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 3,000,000 |
| | X POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 3,000,000 |
| | OTHER: | | | | | | | $ |
| A | AUTOMOBILE LIABILITY | | | | | | | |
| | ANY AUTO | | | PHPK2079820 | 1/1/2020 | 1/1/2021 | COMBINED SINGLE LIMIT (Ea accident) | $ 1,000,000 |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per person) | $ |
| | HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | $ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED RETENTION $ | | | | | | | $ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | X PER STATUTE OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N | N/A | | UB2J871694 | 3/31/2020 | 3/31/2021 | E.L. EACH ACCIDENT | $ 100,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ 100,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ 500,000 |
| A | Professional | | | PHPK2079820 | 1/1/2020 | 1/1/2021 | Per Occurence | 1,000,000 |
| B | Crime | | | 106654203 | 1/1/2020 | 1/1/2021 | Limit of Liability | 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is listed as an additional insured with respect to the general liability policy when required by written contract.

**CERTIFICATE HOLDER**

National Supplier Clearinghouse
Po Box 100142
Columbia, SC 29202-3143

**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



ACORD 25 (2016/03)

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# 4V

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**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 MDEG ☐ Ownership Change

(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6

■ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

## FACILITY INFORMATION

Facility Name: DJO, LLC

Physical Address: 5919 Sea Otter Place, Ste. 200, Carlsbad CA 92008

(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 7000 Cardinal Place - QRA Facility Licensing

City: Dublin State: OH Zip Code: 43017

Telephone: 614-553-3076 Fax: 614-652-0674

E-mail: licensure@cardinalhealth.com Website: www.djoglobal.com

## DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm Fri: 8am to 5pm Sat: Closed to Sun: Closed to Holidays: Closed to

## MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Joseph G. Martinez

## TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
■ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
■ Orthotics and Prosethics
Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A Telephone: N/A

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A _____ _____ _____

_____ _____ _____

_____ _____ _____

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ■

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ■ No ☐

Are any of the owners health professionals? If yes, please list name.

- ■ Practitioner — Name: N/A
- ■ Advanced Practitioner of Nursing — Name: _____
- ■ Physician's Assistant — Name: _____
- ■ Physical Therapist — Name: _____
- ■ Occupational Therapist — Name: _____
- ■ Registered Nurse — Name: _____
- ■ Respiratory Therapist — Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ■

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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 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.

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 MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Keegan Chamberlain
Print Name of Authorized Person

08/27/2020
Date

| Board Use Only | Received: | Amount: 500.00 |
|---|---|---|

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

**OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: DJO Finance, LLC

Corporation Name: DJO, LLC

Mailing Address: 7000 Cardinal Place - QRA Facility Licensing

City: Dublin State: OH Zip: 43017

Telephone: 614-553-3076 Fax: 614-652-0674

Contact Person: Cynthia Rhodes

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) DJO Finance, LLC (Name) Sea Otter Place, ! Carlsbad CA 92008 (Address)

b) _____ (Name) _____ (Address)

c) _____ (Name) _____ (Address)

d) _____ (Name) _____ (Address)

2) Provide the number of shares issued by the corporation. 100% interest

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.

DJO POWERING MOTION

DJO LLC / 9801 Metric Blvd / Austin, TX 78758 / 512.832.9500 / djoglobal.com

July 28, 2020

**Subject: Delegation of Authorization for DJO, LLC**

To Whom It May Concern,

The undersigned, Joseph G. Martinez, Senior Vice President and General Counsel, an Authorized Employee of DJO, LLC, hereby delegates to Keegan Chamberlain, Director of Quality Management and Cynthia Rhodes, Manager of Quality Management, employees of Cardinal Health 200, LLC, the authority to sign for all documents, applications, submissions and other related instruments required for the licensing and legally required permits filed on behalf of DJO, LLC and that this delegation of authority is subject to revocation by any officer of DJO, LLC at any time and shall occur automatically when Keegan Chamberlain or Cynthia Rhodes ceases to be an employee of Cardinal Health 200, LLC.

The undersigned further approves and ratifies any and all actions taken by Keegan Chamberlain or Cynthia Rhodes prior to this date, in connection with the execution of the above-referenced matters.

Respectfully,

Joseph G. Martinez
Senior Vice President and General Counsel

CardinalHealth

5919 Sea Otter Place, Ste. 200
Carlsbad, California 92008

| Officer Name | Title | Company |
|---|---|---|
| Michael C. Eklund | Chief Operating Officer/Chief Financial Officer | DJO, LLC |
| Joseph G. Martinez | Senior Vice President & Assistant General Counsel | DJO, LLC |
| Brady Rodgers Shirley | President and CEO | DJO, LLC |
| Bradley J. Tandy | Executive Vice President, General Counsel & Secretary | DJO, LLC |

The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/27/2020

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

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

**PRODUCER**
MARSH USA, INC.
445 SOUTH STREET
MORRISTOWN, NJ 07960-6454
Attn: morristown.certrequest@marsh.com Fax 212-948-0979

CN102317258-DJO-GAWU-20-21

**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 : Federal Insurance Company | 20281 |
| INSURER C : N/A | N/A |
| INSURER D : Pacific Indemnity Company | 20346 |
| INSURER E : N/A | N/A |
| INSURER F : | |

**INSURED**
DJO Global, Inc.
1430 Decision Street
Vista, CA 92081

**COVERAGES** **CERTIFICATE NUMBER:** NYC-010815058-05 **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 | | |
|---|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | OGL G2570132A | 05/31/2020 | 05/31/2021 | EACH OCCURRENCE | $ | 5,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ | 100,000 |
| | | | | | | | MED EXP (Any one person) | $ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY | $ | 5,000,000 |
| | X POLICY PRO-JECT LOC | | | | | | GENERAL AGGREGATE | $ | 10,000,000 |
| | OTHER: | | | | | | PRODUCTS - COMP/OP AGG | $ | EXCLUDED |
| | | | | | | | | $ | |
| B | AUTOMOBILE LIABILITY | | | 73551172 | 05/31/2020 | 05/31/2021 | 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) | $ | |
| | | | | | | | | $ | |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | $ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | $ | |
| | DED RETENTION $ | | | | | | | $ | |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | 71737407 | 05/31/2020 | 05/31/2021 | X PER STATUTE OTH-ER | | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (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 |

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

**CERTIFICATE HOLDER**

DJO, LLC
5919 Sea Otter Place, Ste 200
Carlsbad, CA 92008

**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.

Manashi Mukherjee Manashi Mukherjee

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AGENCY CUSTOMER ID: CN102317258
LOC #: New York

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| MARSH USA, INC. | DJO Global, Inc.<br>1430 Decision Street<br>Vista, CA 92081 |
| 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

Name Insured Schedule:
DJO Global, Inc.
DJO Incorporated
DJO Surgical
DJO, LLC
Chattanooga Group, Inc.
Compex Technologies
Empi, Inc.
Empicare, Inc.
Encore Medical Corporation
ReAble Therapeutics, Inc.
Rehabilicare
Saunders Group, Inc.
Osteoimplant Technology, Inc.
EMPI Canada, Inc.
DJ Ortho Canada, Inc.
dj Orthopaedics, Pty Ltd (Australia)
DJO Australasia Pty Ltd
DJO France
Dr. Comfort
Elastic Therapy Inc.
Elastic Therapy LLC
Speetec Implantate GmbH
Speetec Implantate AG
DJO Consumer, LLC
Exos, LLC
DJ Orthopedics LLC
DJO Surgical Services, LLC
Surgi-Care, Inc.
Ortho Pros Express
DJO UK, LTD

EXCESS AUTO LIABILITY:
CARRIER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA
POLICY NO: ZUP-71M20824-20-NF
EFFECTIVE: 01/01/2020 - 01/01/2021
COMBINED SINGLE LIMIT: $4,000,000


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# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DJO, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF AUGUST, A.D. 2020.

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

Jeffrey W. Bullock, Secretary of State

3019890 8300

SR# 20206576358

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

Authentication: 203406139

Date: 08-04-20

# STATE OF CALIFORNIA

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

## HOME MEDICAL DEVICE RETAIL LICENSE

DJO, LLC
5919 Sea Otter Place Suite 200
Carlsbad, CA 92008

**LICENSE NUMBER: 104927**
**EXPIRATION DATE: 1/30/2021**

Instate Retail Firm

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 provisions of Division 104, Chapter 6, Article 6 of 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: 1/30/2020

# 4W

RECEIVED
7-30-2020

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**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 MDEG ■ Ownership Change

(Please provide current license number if making changes: MP or MW MP 00792 )

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6

☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

## FACILITY INFORMATION

Facility Name: GORDIAN MEDICAL, INC.

Physical Address: 17595 CARTWRIGHT ROAD, IRVINE, CA 92614

(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 17595 CARTWRIGHT ROAD

City: IRVINE State: CA Zip Code: 92614

Telephone: 714-556-0200 Fax: 877-232-9366

E-mail: licensure@amtwoundcare.com Website: www.amtwoundcare.com

## DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 am to 5 pm Tue: 8 am to 5 pm Wed: 8 am to 5 pm Thu: 8 am to 5 pm Fri: 8 am to 5 pm Sat: Closed to Closed Sun: Closed to Closed Holidays: Closed to Closed

**MDEG ADMINISTRATOR INFORMATION:** Person in charge on a daily basis

Name: GLORIA KARNES

## TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: Ostomy, Urological, Tracheostomy and Surgical Dressings

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

| | | |
|---|---|---|
| See attached. | | |
| | | |
| | | |

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☑ No ☐

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☑ No ☐

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: N/A
- Advanced Practitioner of Nursing — Name: N/A
- Physician's Assistant — Name: N/A
- Physical Therapist — Name: N/A
- Occupational Therapist — Name: N/A
- Registered Nurse — Name: N/A
- Respiratory Therapist — Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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 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.

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 MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

CHERYL WARD
Print Name of Authorized Person

7/25/20
Date

| Board Use Only | Received: | Amount: 500.00 |
|---|---|---|

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

**OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION**

State of Incorporation: NEVADA

Parent Company if any: AMT BUYER CORP

Corporation Name: GORDIAN MEDICAL, INC.

Mailing Address: 17595 CARTWRIGHT ROAD

City: IRVINE State: CA Zip: 92614

Telephone: 714-556-0200 Fax: 877-232-9268

Contact Person: STONEY HARVILLE

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) AMT BUYER CORP, 17595 CARTWRIGHT ROAD, IRVINE, CA 92614
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 103,000,000

3) What was the price paid per share? N/A (stock transferred to AMT Buyer Corp. through a stock transfer transaction)

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 N/A

**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.

# Gordian Medical, Inc.
## dba American Medical Technologies
17595 Cartwright Road Irvine, CA 92614
PHONE: (714) 556-0200 FAX (877) 232-9268


**Gordian Medical II, Inc.**
5834 Louetta Road, Suite D
Spring, TX 77379

**Gordian Medical IV, Inc.**
1430 3rd Street #6
Riverside, CA 92507

**Gordian Medical V, Inc.**
9894 Bissonnet St., Suite 420
Houston, TX 77036

**Gordian Medical VI, Inc.**
17901 Von Karman Ave., Suite 600
Irvine, CA 92614

**Gordian Medical VIII, Inc.**
7226 Taft St.
Hollywood, FL 33024

**Gordian Medical X, Inc.**
1097 Weston Drive, Suite B
Mount Juliet, TN 37122

# Gordian Medical, Inc.
## dba American Medical Technologies
17595 Cartwright Road Irvine, CA 92614
PHONE: (714) 556-0200 FAX (877) 232-9268


### Directors and Officers

| | |
|---|---|
| Director/Officer: | Suresh Muppalla, *Chief Executive Officer* |
| Ownership: | 0% |
| DOB: | |
| Mailing Address: | 17595 Cartwright Road Irvine, CA 92614 |
| SSN: | |
| Telephone: | (714) 556-0200 |
| | |
| Director/Officer: | Cheryl L. Ward, *Chief Operating Officer* |
| Ownership: | 0% |
| DOB: | |
| Mailing Address: | 17595 Cartwright Road Irvine, CA 92614 |
| SSN: | |
| Telephone: | (714) 556-0200 |

SECRETARY OF STATE

STATE OF NEVADA

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, 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, corporation soles, 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 following is a list of all organizational documents on file in this office for

GORDIAN MEDICAL, INC.

| Organizational Documents on File | Filing Date |
|---|---|

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, GORDIAN MEDICAL, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/16/2007, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/23/2020

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200723945491
You may verify this certificate online at http://www.nvsos.gov

## GORDIAN MEDICAL, INC.

### MEDICARE PTAN
6112960001

| MEDICAID STATE | MEDICAID PROVIDER NO. |
|---|---|
| Alabama | 104474 |
| Alaska | 1021467 |
| Arizona | 375389 |
| Arkansas | 173356741 |
| California | 1013124213 |
| Colorado | 36420859 |
| Connecticut | 8002173 |
| Florida | 009429200 |
| Georgia | 583748890A |
| Hawaii | 1013124213 |
| Hawaii -MedQuest | 630922 |
| Idaho | 1013124213 |
| Illinois | 320198007-001 |
| Indiana | 200914330A |
| Iowa | 1013124213 |
| Kansas | 200570340A |
| Kansas | 200570340B |
| Kentucky | 7100072610 |
| Louisiana | 1886211 |
| Maine | 1013124213 |
| Maryland | 8420400 |
| Massachusetts | 110087981A |
| Michigan | 1013124213 FAO |
| Minnesota | 1013124213 |
| Mississippi | 06336001 |
| Missouri | 626489801 |
| Montana | 1013124213 |
| Nebraska | 1013124213 |
| New Jersey | 0239631 |
| New Mexico | 28123387 |
| New York | 3156521 |
| North Carolina | 2449249 |
| Ohio | 2876311 |
| Oklahoma | 200211020A |
| Oregon | 500621516 |
| Pennsylvania | 102324539-0001 |
| Rhode Island | GM72832 |
| South Carolina | DM1312 |
| South Dakota | 9164030 |
| Tennessee | 1508028 |
| Texas | 196219302 |
| Utah | 1013124213 |
| Vermont | 1030817 |
| Virginia | 1013124213 |
| Washington | 9063322 |
| West Virginia | 1013124213 |
| Wisconsin | 1013124213 |
| Wyoming | 1013124213 |

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/1/2020

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

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

| PRODUCER | CONTACT NAME: Arcon Service |
|---|---|
| ARCON' Insurance Brokers<br>4533 MacArthur Blvd.<br>#5126<br>Newport Beach CA 92660 | PHONE (A/C, No, Ext): (866) 661-2345 FAX (A/C, No):<br>E-MAIL ADDRESS: contact@arconinsurance.com |

| INSURED | INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|---|
| Gordian Medical, Inc.<br>DBA: American Medical Technologies<br>17595 Cartwright Road<br>Irvine CA 92614 | INSURER A: Pharmacist Mutual Insurance Company | 13714 |
| | INSURER B: Landmark American Insurance Company | 33138 |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

**COVERAGES** **CERTIFICATE NUMBER:** 2020 Master Certificate **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<br>[ ] CLAIMS-MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>[X] POLICY [ ] PRO-JECT [ ] LOC<br>[ ] OTHER: | | | BOP 0165706 00 | 4/1/2020 | 4/1/2021 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>Employee Benefits | $ 1,000,000<br>$ 50,000<br>$ 10,000<br>$ INCLUDED<br>$ 2,000,000<br>$ EXCLUDED<br>$ 1,000,000 |
| | AUTOMOBILE LIABILITY<br>[ ] ANY AUTO<br>[ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS<br>[ ] HIRED AUTOS [ ] NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)<br>[ ] | $<br>$<br>$<br>$<br>$ |
| A | X UMBRELLA LIAB [ ] OCCUR<br>[ ] EXCESS LIAB [ ] CLAIMS-MADE<br>[ ] DED [X] RETENTION $ 10,000 | | | UCL 0162880 00 | 4/1/2020 | 4/1/2021 | EACH OCCURRENCE<br>AGGREGATE<br>[ ] | $ 4,000,000<br>$ 4,000,000<br>$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] N/A<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | | [ ] PER STATUTE [ ] OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$<br>$<br>$ |
| B | PROFESSIONAL LIABILITY | | | LHM839929 | 4/1/2020 | 4/1/2021 | PER OCCURRENCE<br>AGGREGATE | $2,000,000<br>$5,000,000 |

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

COMMERCIAL CRIME POLICY - HISCOX INSURANCE COMPANY NAIC# 10200 - 04/01/2020 TO 04/01/2021 - $1,000,000 LIMIT - POLICY NUMBER UC24090420.20.

CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED.

**CERTIFICATE HOLDER**

NATIONAL SUPPLIER CLEARING HOUSE-AG-
495PALMETTO GBA
P.O. BOX 100142
COLUMBIA, SC 29202-3142

**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

Graham Harvey/H001

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The ACORD name and logo are registered marks of ACORD

# Gordian Medical, Inc.

**17595 CARTWRIGHT ROAD, IRVINE, CA 92614-5847**
**PHONE: (714) 556-0200 FAX: (714) 556-0300**


July 25, 2020

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

Via U.S. Priority Mail
With Delivery Confirmation
Tracking No. 9470103699300051497274

**RE: Application for Transfer of Ownership for DME Permit**
**Gordian Medical, Inc. dba American Medical Technologies**
**EIN: 32-0198007**

To Whom it May Concern:

On behalf of Gordian Medical Inc. dba American Medical Technologies, I submit the enclosed Application for Transfer of Ownership for DME Permit along with payment in the amount of $500.00 with required documentation.

The purpose of this letter is to notify the Nevada Board of Pharmacy of a proposed transaction (the "Transaction") with respect to the ownership of Licensee (as defined above). As part of the Transaction, which is expected to occur on or around July 31, 2020, AMT Buyer Corp. plans to purchase 100% of the common stock of Gordian Medical, Inc. (Licensee). The Transaction is not expected to result in any changes to Licensee's name, tax identification number, locations, National Provider Identifier ("NPI") or policies and procedures. While Licensee believes that no other action is necessary with respect to its licensure, please promptly notify us if the Board of Pharmacy requires any additional information or forms to be filed.

If you have any questions or concerns regarding the Transaction, please do not hesitate to contact Stoney Harville at 951-398-5910 or stoney.harville@amtwoundcare.com. If for any reason the Transaction is not consummated, this letter will have no force or effect.

Respectfully,

Cheryl Ward
Chief Operating Officer

Attachments:
- Proof of Insurance
- Certificate of Corporate Status
- List of Officers and Directors
- List of Medicare & Medicaid Provider Numbers

# 4X

RECEIVED 8-3-2020

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**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 MDEG ☒ Ownership Change

(Please provide current license number if making changes: MP or MW MP 02980 )

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6

☒ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

## FACILITY INFORMATION

Facility Name: GORDIAN MEDICAL II, INC.

Physical Address: 5834 LOUETTA ROAD, SUITE D, SPRING, TX 77379-7884

(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 17595 CARTWRIGHT ROAD

City: IRVINE State: CA Zip Code: 92614

Telephone: 714-556-0200 Fax: 877-232-9268

E-mail: licensure@amtwoundcare.com Website: www.amtwoundcare.com

## DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 am to 3 pm Tue: 9 am to 3 pm Wed: 9 am to 3 pm Thu: 9 am to 3 pm Fri: 9 am to 3 pm Sat: to Sun: to Holidays: to

**MDEG ADMINISTRATOR INFORMATION:** Person in charge on a daily basis

Name: APRIL CHURCH

## TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: Ostomy, Urological, Tracheostomy, Surgical Dressings

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Telephone:

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

| | | |
|---|---|---|
| See Attached | | |
| | | |
| | | |

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☑ No ☐

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☑ No ☐

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: N/A
- Advanced Practitioner of Nursing — Name: N/A
- Physician's Assistant — Name: N/A
- Physical Therapist — Name: N/A
- Occupational Therapist — Name: N/A
- Registered Nurse — Name: N/A
- Respiratory Therapist — Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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 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.

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 MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

CHERYL WARD
Print Name of Authorized Person

7/28/20
Date

| Board Use Only | Received: | Amount: 500.00 |
|---|---|---|

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

**OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION**

State of Incorporation: TEXAS

Parent Company if any: GORDIAN MEDICAL, INC

Corporation Name: GORDIAN MEDICAL II, INC.

Mailing Address: 17595 CARTWRIGHT ROAD

City: IRVINE State: CA Zip: 92614

Telephone: 714-556-0200 Fax: 877-232-9268

Contact Person: STONEY HARVILLE

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) GORDIAN MEDICAL, INC., 17595 CARTWRIGHT ROAD, IRVINE, CA 92614
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 1,000

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.

# Gordian Medical II, Inc.

Louetta RD. Spring TX 77379
PHONE: (. FAX: (281) 205-7093


## Directors and Officers

| | |
|---|---|
| Director/Officer: | Suresh Muppalla, *Chief Executive Officer* |
| Ownership: | 0% |
| DOB: | |
| Mailing Address: | 17595 Cartwright Road Irvine, CA 92614 |
| SSN: | |
| Telephone: | (714) 556-0200 |
| Director/Officer: | Cheryl L. Ward, *Chief Operating Officer* |
| Ownership: | 0% |
| DOB: | |
| Mailing Address: | 17595 Cartwright Road Irvine, CA 92614 |
| SSN: | |
| Telephone: | (714) 556-0200 |

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Ruth R. Hughs
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 Gordian Medical II, Inc. (file number 801536663), a Domestic For-Profit Corporation, was filed in this office on January 19, 2012.

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 July 23, 2020.

Ruth R. Hughs
Secretary of State

# GORDIAN MEDICAL II, INC.

## MEDICARE PTAN

7565280001

| MEDICAID STATE | MEDICAID PROVIDER NO. |
|---|---|
| Alabama | 1063771798 |
| Alaska | 1703530 |
| Arizona | 228661 |
| California Crossover | 1063771798 |
| Colorado | 9000143125 |
| Connecticut | 1063771798 |
| Idaho | 1063771798 |
| Illinois | 1063771798 |
| Indiana | 300003799 |
| Iowa | 1063771798 |
| Kansas | 201149250A |
| Kentucky | 7100477670 |
| Maryland | 4244362 00 |
| Michigan | 1063771798 |
| Minnesota | 1063771798 |
| Mississippi | 9722542 |
| Montana | 1063771798 |
| Nebraska | 10026638400 |
| New Hampshire | 3108874 |
| New Mexico | 58080708 |
| North Carolina | 1063771798 |
| Oklahoma | 200699500A |
| Oregon | 1063771798 |
| Pennsylvania | 103234178 0001 |
| South Carolina | DM1648 |
| Tennessee | Q030405 |
| Texas | 149338 |
| Utah | 3001875 |
| Vermont | 1029386 |
| Washington | 2149270 |
| West Virginia | 1063771798 |
| Wyoming | 1063771798 |

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/8/2020

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 | CONTACT NAME: Arcon Service | |
|---|---|---|
| ARCON Insurance Brokers<br>4533 MacArthur Blvd.<br>#5126<br>Newport Beach CA 92660 | PHONE (A/C, No, Ext): (866) 661-2345 | FAX (A/C, No): |
| | E-MAIL ADDRESS: contact@arconinsurance.com | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A: Pharmacist Mutual Insurance Company | 13714 |
| INSURED<br>Gordian Medical II, Inc.<br>Better Balance Pharmacy<br>5834 Louetta Road, Suite D<br>Spring TX 77379 | INSURER B: Landmark American Insurance Company | 33138 |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

**COVERAGES** **CERTIFICATE NUMBER:** Gordian Medical II BBP **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<br>CLAIMS-MADE X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY PRO-JECT LOC<br>OTHER: | | | BOP 0165706 00 | 4/1/2020 | 4/1/2021 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>Employee Benefits | $ 1,000,000<br>$ 100,000<br>$ 5,000<br>$ INCLUDED<br>$ 2,000,000<br>$ EXCLUDED<br>$ 1,000,000 |
| | AUTOMOBILE LIABILITY<br>ANY AUTO<br>ALL OWNED AUTOS<br>SCHEDULED AUTOS<br>HIRED AUTOS<br>NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $<br>$<br>$<br>$ |
| A | X UMBRELLA LIAB OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED X RETENTION $ 10,000 | | | UCL 0162880 00 | 4/1/2020 | 4/1/2021 | EACH OCCURRENCE<br>AGGREGATE | $ 4,000,000<br>$ 4,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $<br>$<br>$ |
| B | PROFESSIONAL LIABILITY | | | LHM839929 | 4/1/2020 | 4/1/2021 | EACH OCCURRENCE<br>AGGREGATE | $2,000,000<br>$5,000,000 |

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

COMMERCIAL CRIME POLICY - HISCOX INSURANCE COMPANY NAIC# 10200 - 04/01/2020 TO 04/01/2021 - $1,000,000 LIMIT - POLICY NUMBER UC24090420.20.

**CERTIFICATE HOLDER**

NATIONAL SUPPLIER CLEARING HOUSE-AG-
495 PALMETTO GBA
P.O. BOX 100142
COLUMBIA, SC 29202-3142

**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

Graham Harvey/H001

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The ACORD name and logo are registered marks of ACORD

# Gordian Medical II, Inc.

5834 Louetta RD. Suite D, Spring TX 77379
PHONE: (281) 205-7091 FAX: (281) 205-7093


July 25, 2020

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

Via U.S. Priority Mail
With Delivery Confirmation
Tracking No. 9470103699300051497274

**RE: Application for Transfer of Ownership for DME Permit**
**Gordian Medical, Inc. dba American Medical Technologies**
**EIN: 32-0198007**

To Whom it May Concern:

On behalf of Gordian Medical II, Inc. dba American Medical Technologies, I submit the enclosed Application for Transfer of Ownership for DME Permit along with payment in the amount of $500.00 with required documentation.

The purpose of this letter is to notify the Nevada Board of Pharmacy of a proposed transaction (the "Transaction") with respect to the ownership of Licensee (as defined above). As part of the Transaction, which is expected to occur on or around July 31, 2020, AMT Buyer Corp. plans to purchase 100% of the common stock of Gordian Medical, Inc., which is the 100% direct owner of Licensee. The Transaction is not expected to result in any changes to Licensee's name, tax identification number, locations, National Provider Identifier ("NPI") or policies and procedures. While Licensee believes that no other action is necessary with respect to its licensure, please promptly notify us if the Board of Pharmacy requires any additional information or forms to be filed.

If you have any questions or concerns regarding the Transaction, please do not hesitate to contact Stoney Harville at 951-398-5910 or stoney.harville@amtwoundcare.com. If for any reason the Transaction is not consummated, this letter will have no force or effect.

Respectfully,

Cheryl Ward
Chief Operating Officer

Attachments:

- Proof of Insurance
- Certificate of Corporate Status
- List of Officers and Directors
- List of Medicare & Medicaid Provider Numbers

# 4Y

RECEIVED
7-30-2020

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**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 MDEG ☒ Ownership Change
(Please provide current license number if making changes: MP or MW MP 01403 )

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5
☐ Partnership - Pages 1,2,3,6
☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

## FACILITY INFORMATION

Facility Name: GORDIAN MEDICAL IV, INC.

Physical Address: 1430 3RD STREET, SUITE #6, RIVERSIDE, CA 92507-3498
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 17595 CARTWRIGHT ROAD

City: IRVINE State: CA Zip Code: 92614

Telephone: 714-556-0200 Fax: 877-232-9268

E-mail: licensure@amtwoundcare.com Website: www.amtwoundcare.com

## DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 am to 2 pm Tue: 8 am to 2 pm Wed: 8 am to 2 pm Thu: 8 am to 2 pm Fri: 8 am to 2 pm Sat: to Sun: to Holidays: to

## MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: JANET SOLORZANO

## TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: Ostomy, Urological, Tracheostomy, and Surgical Dressings

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

| | | |
|---|---|---|
| See Attached | | |
| | | |
| | | |

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☑ No ☐

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☑ No ☐

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: N/A
- Advanced Practitioner of Nursing — Name: N/A
- Physician's Assistant — Name: N/A
- Physical Therapist — Name: N/A
- Occupational Therapist — Name: N/A
- Registered Nurse — Name: N/A
- Respiratory Therapist — Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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 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.

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 MDEG provider or wholesaler 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.

Cheryl Ward

Original Signature of Person Authorized to Submit Application, no copies or stamps

CHERYL WARD

Print Name of Authorized Person

4/26/20

Date

| Board Use Only | Received: | Amount: 500.00 |
|---|---|---|

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

**OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION**

State of Incorporation: NEVADA

Parent Company if any: GORDIAN MEDICAL, INC

Corporation Name: GORDIAN MEDICAL IV, INC.

Mailing Address: 17595 CARTWRIGHT ROAD

City: IRVINE State: CA Zip: 92614

Telephone: 714-556-0200 Fax: 877-232-9268

Contact Person: STONEY HARVILLE

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) GORDIAN MEDICAL, INC, 17595 CARTWRIGHT ROAD, IRVINE, CA 92614
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 1,500

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 N/A

**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.

# Gordian Medical IV, Inc.

Street Ste Riverside, CA 92507

Phon FAX (951) 934-0106


## Directors and Officers

| | |
|---|---|
| Director/Officer: | Suresh Muppalla, *Chief Executive Officer* |
| Ownership: | 0% |
| DOB: | |
| Mailing Address: | 17595 Cartwright Road Irvine, CA 92614 |
| SSN: | |
| Telephone: | (714) 556-0200 |
| | |
| Director/Officer: | Cheryl L. Ward, *Chief Operating Officer* |
| Ownership: | 0% |
| DOB: | |
| Mailing Address: | 17595 Cartwright Road Irvine, CA 92614 |
| SSN: | |
| Telephone: | (714) 556-0200 |

SECRETARY OF STATE

STATE OF NEVADA

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified 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, corporation soles, 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, **GORDIAN MEDICAL IV, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 28, 2015, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 3, 2017.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20170703-1335
You may verify this electronic certificate online at **http://www.nvsos.gov/**

# GORDIAN MEDICAL IV, INC.

## MEDICARE PTAN

7599760001

| MEDICAID STATE | MEDICAID PROVIDER NO. |
|---|---|
| Alabama | 1992162911 |
| California | 1992162911 |
| Colorado | 1992162911 |
| Idaho | 1992162911 |
| Kansas | 201159940A |
| Louisiana | 2449249 |
| Maryland | 300286100 |
| Michigan | 1992162911 |
| Mississippi | 8724809 |
| Montana | 1992162911 |
| Nebraska | 10026672800 |
| New York | 3156521 |
| North Carolina | 1992162911 |
| Ohio | 228912 |
| Oklahoma | 200711680A |
| Oregon | 500775991 |
| Pennsylvania | 103356288 0001 |
| South Carolina | DM1587 |
| Vermont | 1030817 |
| Washington | 2083657 |
| Wyoming | 146619400 |

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/1/2020

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

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

| PRODUCER | CONTACT NAME: Arcon Service |
|---|---|
| ARCON Insurance Brokers<br>4533 MacArthur Blvd.<br>#5126<br>Newport Beach CA 92660 | PHONE (A/C, No, Ext): (866) 661-2345 FAX (A/C, No):<br>E-MAIL ADDRESS: contact@arconinsurance.com |

| INSURED | INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|---|
| Gordian Medical IV, Inc.<br>DBA: American Medical Technologies<br>17595 Cartwright Road<br>Irvine CA 92614 | INSURER A: Pharmacist Mutual Insurance Company | 13714 |
| | INSURER B: Landmark American Insurance Company | 33138 |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

**COVERAGES** CERTIFICATE NUMBER: 2020 Cert for Gordian IV 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<br>CLAIMS-MADE / X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY / PRO-JECT / LOC<br>OTHER: | | | BOP 0165706 00 | 4/1/2020 | 4/1/2021 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>Employee Benefits | $ 1,000,000<br>$ 100,000<br>$ 5,000<br>$ INCLUDED<br>$ 2,000,000<br>$ EXCLUDED<br>$ 1,000,000 |
| | AUTOMOBILE LIABILITY<br>ANY AUTO<br>ALL OWNED AUTOS / SCHEDULED AUTOS<br>HIRED AUTOS / NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $<br>$<br>$<br>$ |
| A | X UMBRELLA LIAB / OCCUR<br>EXCESS LIAB / CLAIMS-MADE<br>DED X RETENTION $ 10,000 | | | UCL 0162880 00 | 4/1/2020 | 4/1/2021 | EACH OCCURRENCE<br>AGGREGATE | $ 4,000,000<br>$ 4,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | | PER STATUTE / OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $<br>$<br>$ |
| B | PROFESSIONAL LIABILITY | | | LHM839929 | 4/1/2020 | 4/1/2021 | EACH OCCURRENCE<br>AGGREGATE | $2,000,000<br>$5,000,000 |

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

COMMERCIAL CRIME POLICY - HISCOX INSURANCE COMPANY NAIC# 10200 - 04/01/2020 TO 04/01/2021 - $1,000,000 LIMIT - POLICY NUMBER TBD.

LOCATION: 1430 3RD STREET, SUITE #6, RIVERSIDE, CA 92507

**CERTIFICATE HOLDER**

NATIONAL SUPPLIER CLEARING HOUSE-AG-
495PALMETTO GBA
P.O. BOX 100142
COLUMBIA, SC 29202-3142

**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

Graham Harvey/H001

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The ACORD name and logo are registered marks of ACORD

# Gordian Medical IV, Inc.

**1430 3rd Street Ste. 6 Riverside, CA 92507**
**Phone (951) 736-9000 FAX (951) 934-0106**


July 24, 2020

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

Via U.S. Priority Mail
With Delivery Confirmation
Tracking No. 9470103699300051497366

**RE: Application for Transfer of Ownership for DME Permit**
**Gordian Medical IV, Inc. dba American Medical Technologies**
**EIN: 81-0934780**

To Whom it May Concern:

On behalf of Gordian Medical IV, Inc. dba American Medical Technologies, I submit the enclosed *Application for Transfer of Ownership for DME Permit* along with payment in the amount of $500.00 with required documentation.

The purpose of this letter is to notify the Nevada Board of Pharmacy of a proposed transaction (the "Transaction") with respect to the ownership of Licensee (as defined above). As part of the Transaction, which is expected to occur on or around July 31, 2020, AMT Buyer Corp. plans to purchase 100% of the common stock of Gordian Medical, Inc., which is the 100% direct owner of Licensee. The Transaction is not expected to result in any changes to Licensee's name, tax identification number, locations, National Provider Identifier ("NPI") or policies and procedures. While Licensee believes that no other action is necessary with respect to its licensure, please promptly notify us if the Board of Pharmacy requires any additional information or forms to be filed.

If you have any questions or concerns regarding the Transaction, please do not hesitate to contact Stoney Harville at 951-398-5910 or stoney.harville@amtwoundcare.com. If for any reason the Transaction is not consummated, this letter will have no force or effect.

Respectfully,

Cheryl Ward
Chief Operating Officer

Attachments:
- Proof of Insurance
- Certificate of Corporate Status
- List of Officers and Directors
- List of Medicare & Medicaid Provider Numbers

# 4Z

RECEIVED 7-30-2020

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**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 MDEG ■ Ownership Change

(Please provide current license number if making changes: MP or MW MP 01520 )

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6

☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

## FACILITY INFORMATION

Facility Name: GORDIAN MEDICAL V, INC.

Physical Address: 9894 BISSONNET STREET, SUITE 420, HOUSTON, TX 77036-8242

(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 17595 CARTWRIGHT ROAD

City: IRVINE State: CA Zip Code: 92614

Telephone: 714-556-0200 Fax: 877-232-9268

E-mail: licensure@amtwoundcare.com Website: www.amtwoundcare.com

## DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 am to 5 pm Tue: 9 am to 5 pm Wed: 9 am to 5 pm Thu: 9 am to 5 pm Fri: 9 am to 5 pm Sat: to Sun: to Holidays: to

**MDEG ADMINISTRATOR INFORMATION:** Person in charge on a daily basis

Name: TYRONE LAGRIA

## TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: Ostomy, Urological, Tracheostomy and Surgical Dressings

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Telephone:

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

| | | |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☑ No ☐

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☑ No ☐

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: N/A
- Advanced Practitioner of Nursing — Name: N/A
- Physician's Assistant — Name: N/A
- Physical Therapist — Name: N/A
- Occupational Therapist — Name: N/A
- Registered Nurse — Name: N/A
- Respiratory Therapist — Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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 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.

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 MDEG provider or wholesaler 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.

Cheryl Ward

Original Signature of Person Authorized to Submit Application, no copies or stamps

CHERYL WARD

Print Name of Authorized Person

1/26/20

Date

| Board Use Only | Received: | Amount: 500.00 |
|---|---|---|

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

**OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION**

State of Incorporation: TEXAS

Parent Company if any: GORDIAN MEDICAL, INC.

Corporation Name: GORDIAN MEDICAL V, INC.

Mailing Address: 17595 CARTWRIGHT ROAD

City: IRVINE State: CA Zip: 92614

Telephone: 714-556-0200 Fax: 877-232-9268

Contact Person: STONEY HARVILLE

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) GORDIAN MEDICAL, INC., 17595 CARTWRIGHT ROAD, IRVINE, CA 92614
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 1,000

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 N/A

**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.

# Gordian Medical V, Inc.
## dba Agra Health Medical Supply
**9894 Bissonnet Street Ste. 420 Houston, TX 77036**
**Phone (832) 365-5117**


### Directors and Officers

| | |
|---|---|
| Director/Officer: | Suresh Muppalla, *Chief Executive Officer* |
| Ownership: | 0% |
| DOB: | |
| Mailing Address: | 17595 Cartwright Road Irvine, CA 92614 |
| SSN: | |
| Telephone: | (714) 556-0200 |
| | |
| Director/Officer: | Cheryl L. Ward, *Chief Operating Officer* |
| Ownership: | 0% |
| DOB: | |
| Mailing Address: | 17595 Cartwright Road Irvine, CA 92614 |
| SSN: | |
| Telephone: | (714) 556-0200 |

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Ruth R. Hughs
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 Gordian Medical V, Inc. (file number 802160156), a Domestic For-Profit Corporation, was filed in this office on February 17, 2015.

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 July 23, 2020.

Ruth R. Hughs
Secretary of State

## GORDIAN MEDICAL V, INC.

### MEDICARE PTAN
7543020001

| MEDICAID STATE | MEDICAID PROVIDER NO. |
|---|---|
| Alabama | 10247322 |
| California | 1225413743 |
| Michigan | 1225413743 |
| New Mexico | 1331701 |
| North Carolina | 1225413743 |
| South Carolina | DM1650 |
| Texas | 362093201 |
| Utah | 1225413743 |
| Washington | 2155882 |
| Wyoming | 155146900 |

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/13/2020

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

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

| PRODUCER | CONTACT NAME: Arcon Service |
|---|---|
| ARCON Insurance Brokers<br>4533 MacArthur Blvd.<br>#5126<br>Newport Beach CA 92660 | PHONE (A/C, No, Ext): (866) 661-2345 FAX (A/C, No):<br>E-MAIL ADDRESS: contact@arconinsurance.com |

| INSURED | INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|---|
| Gordian Medical V, Inc.<br>DBA: Agra Health Medical Supply<br>9894 Bissonnet Street, Suite 420<br>Houston TX 77036 | INSURER A: Pharmacist Mutual Insurance Company | 13714 |
| | INSURER B: Landmark American Insurance Company | 33138 |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

**COVERAGES** **CERTIFICATE NUMBER:** Gordian V Cert **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<br>CLAIMS-MADE X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY PRO-JECT LOC<br>OTHER: | | | BOP 0165706 00 | 4/1/2020 | 4/1/2021 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>Employee Benefits | $ 1,000,000<br>$ 100,000<br>$ 5,000<br>$ INCLUDED<br>$ 2,000,000<br>$ EXCLUDED<br>$ 1,000,000 |
| | AUTOMOBILE LIABILITY<br>ANY AUTO<br>ALL OWNED AUTOS<br>SCHEDULED AUTOS<br>HIRED AUTOS<br>NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $<br>$<br>$<br>$ |
| A | X UMBRELLA LIAB OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED X RETENTION $ 10,000 | | | UCL 0162880 00 | 4/1/2020 | 4/1/2021 | EACH OCCURRENCE<br>AGGREGATE | $ 4,000,000<br>$ 4,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $<br>$<br>$ |
| B | PROFESSIONAL LIABILITY | | | LHM839929 | 4/1/2020 | 4/1/2021 | EACH OCCURRENCE<br>AGGREGATE | $2,000,000<br>$5,000,000 |

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

COMMERCIAL CRIME POLICY - HISCOX INSURANCE COMPANY NAIC# 10200 - 04/01/2020 TO 04/01/2021 - $1,000,000 LIMIT - POLICY NUMBER UC24090420.20.

**CERTIFICATE HOLDER**

NSC
P.O. BOX 100142
COLUMBIA, SC 29202-3142

**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

Graham Harvey/H001

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The ACORD name and logo are registered marks of ACORD

# Gordian Medical V, Inc.
## dba Agra Health Medical Supply
**9894 Bissonnet Street Ste. 420 Houston, TX 77036**
**Phone (832) 365-5117**


July 24, 2020

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

Via U.S. Priority Mail
With Delivery Confirmation
Tracking No. 9470103699300051497410

**RE: Application for Transfer of Ownership for DME Permit**
**Gordian Medical V, Inc. dba Agra Health Medical Supply**
**EIN: 47-3146745**

To Whom it May Concern:

On behalf of Gordian Medical V, Inc. dba Agra Health Medical Supply, I submit the enclosed *Application for Transfer of Ownership for DME Permit* along with payment in the amount of $500.00 with required documentation.

The purpose of this letter is to notify the Nevada Board of Pharmacy of a proposed transaction (the "Transaction") with respect to the ownership of Licensee (as defined above). As part of the Transaction, which is expected to occur on or around July 31, 2020, AMT Buyer Corp. plans to purchase 100% of the common stock of Gordian Medical, Inc., which is the 100% direct owner of Licensee. The Transaction is not expected to result in any changes to Licensee's name, tax identification number, locations, National Provider Identifier ("NPI") or policies and procedures. While Licensee believes that no other action is necessary with respect to its licensure, please promptly notify us if the Board of Pharmacy requires any additional information or forms to be filed.

If you have any questions or concerns regarding the Transaction, please do not hesitate to contact Stoney Harville at 951-398-5910 or stoney.harville@amtwoundcare.com. If for any reason the Transaction is not consummated, this letter will have no force or effect.

Respectfully,

Cheryl Ward
Chief Operating Officer

Attachments:
- Proof of Insurance
- Certificate of Corporate Status
- List of Officers and Directors
- List of Medicare & Medicaid Provider Numbers

# 4AA

RECEIVED 7-30-2020

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**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 MDEG ☒ Ownership Change

(Please provide current license number if making changes: MP or MW MP 01418 )

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6

☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

## FACILITY INFORMATION

Facility Name: GORDIAN MEDICAL VI, INC.

Physical Address: 17901 VON KARMAN AVENUE, SUITE #600, IRVINE, CA 92614

(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 17595 CARTWRIGHT ROAD

City: IRVINE State: CA Zip Code: 3:30

Telephone: 714-556-0200 Fax: 877-232-9268

E-mail: licensure@amtwoundcare.com Website: www.amtwoundcare.com

## DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 am to 3:30 Tue: 9 am to 3:30 pm Wed: 9 am to 3:30pm Thu: 9 am to 3:30pm Fri: 9 am to 3:30 pm Sat: to Sun: to Holidays: to

## MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: ANGELICA VILLA

## TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: Ostomy, Urological, Tracheostomy and Surgical Dressings

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Telephone:

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

| | | |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☑ No ☐

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☑ No ☐

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: N/A
- Advanced Practitioner of Nursing — Name: N/A
- Physician's Assistant — Name: N/A
- Physical Therapist — Name: N/A
- Occupational Therapist — Name: N/A
- Registered Nurse — Name: N/A
- Respiratory Therapist — Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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 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.

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 MDEG provider or wholesaler 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.

Cheryl Ward

Original Signature of Person Authorized to Submit Application, no copies or stamps

CHERYL WARD

Print Name of Authorized Person

7/24/20

Date

| Board Use Only | Received: | Amount: 500.00 |
|---|---|---|

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

**OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION**

State of Incorporation: CALIFORNIA

Parent Company if any: GORDIAN MEDICAL, INC.

Corporation Name: GORDIAN MEDICAL VI, INC.

Mailing Address: 17595 CARTWRIGHT ROAD

City: IRVINE State: CA Zip: 92614

Telephone: 714-556-0200 Fax: 877-232-9268

Contact Person: STONEY HARVILLE

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) GORDIAN MEDICAL, INC., 17595 CARTWRIGHT ROAD, IRVINE, CA 92614
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 10,000

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 N/A

**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.

## GORDIAN MEDICAL VI, INC.

### MEDICARE PTAN
6471690001

| MEDICAID STATE | MEDICAID PROVIDER NO. |
|---|---|
| Arizona | 262317 |
| CA Crossover | 1033436746 |
| Colorado | 1033436746 |
| Idaho | 1033436746 |
| Iowa | 1033436746 |
| Kansas | 201155740A |
| Michigan | 1033436746 |
| Nebraska | 10026664300 |
| New Mexico | 66276322 |
| North Carolina | 1033436746 |
| Ohio | 024281 |
| Oklahoma | 200703340A |
| Oregon | 1033436746 |
| South Carolina | DM1586 |
| Utah | 1033436746 |
| Vermont | 1031033 |
| Washington | 2082372 |
| Wisconsin | 1033436746 |

# Gordian Medical VI, Inc.
## dba Quality Medical Equipment & Supply

Von Karman Ave, Irvine CA 92614
Phone ax

### Directors and Officers

| | |
|---|---|
| Director/Officer: | Suresh Muppalla, *Chief Executive Officer* |
| Ownership: | 0% |
| DOB: | |
| Mailing Address: | 17595 Cartwright Road Irvine, CA 92614 |
| SSN: | |
| Telephone: | (714) 556-0200 |
| | |
| Director/Officer: | Cheryl L. Ward, *Chief Operating Officer* |
| Ownership: | 0% |
| DOB: | |
| Mailing Address: | 17595 Cartwright Road Irvine, CA 92614 |
| SSN: | |
| Telephone: | (714) 556-0200 |

# State of California
## Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

GORDIAN MEDICAL VI, INC.

| | |
|---|---|
| FILE NUMBER: | C3282412 |
| FORMATION DATE: | 03/03/2010 |
| TYPE: | DOMESTIC CORPORATION |
| JURISDICTION: | CALIFORNIA |
| STATUS: | ACTIVE (GOOD STANDING) |

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, 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 September 16, 2016.

ALEX PADILLA
Secretary of State

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/1/2020

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

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

**PRODUCER**
ARCON Insurance Brokers
4533 MacArthur Blvd.
#5126
Newport Beach CA 92660

**CONTACT NAME:** Arcon Service
**PHONE (A/C, No, Ext):** (866) 661-2345 **FAX (A/C, No):**
**E-MAIL ADDRESS:** contact@arconinsurance.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A: Pharmacist Mutual Insurance Company | |
| INSURER B: Landmark American Insurance Company | 33138 |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |
| INSURER F: | |

**INSURED**
Gordian Medical VI,Inc.
DBA: Quality Medical Equipment & Supply
17901 Von Karman Ave, Suite #600
Irvine CA 92614

**COVERAGES** **CERTIFICATE NUMBER:** 2020 Cert for Quality Med **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<br>CLAIMS-MADE X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY PRO-JECT LOC<br>OTHER: | | | BOP 0165706 00 | 4/1/2020 | 4/1/2021 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>Employee Benefits | $ 1,000,000<br>$ 50,000<br>$ 10,000<br>$ INCLUDED<br>$ 2,000,000<br>$ EXCLUDED<br>$ 1,000,000 |
| | AUTOMOBILE LIABILITY<br>ANY AUTO<br>ALL OWNED AUTOS<br>HIRED AUTOS<br>SCHEDULED AUTOS<br>NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $<br>$<br>$<br>$ |
| A | X UMBRELLA LIAB OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED X RETENTION $ 10,000 | | | UCL 0162880 00 | 4/1/2020 | 4/1/2021 | EACH OCCURRENCE<br>AGGREGATE | $ 4,000,000<br>$ 4,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $<br>$<br>$ |
| B | PROFESSIONAL LIABILITY | | | LHM839929 | 4/1/2020 | 4/1/2021 | EACH OCCURRENCE<br>AGGREGATE | $2,000,000<br>$5,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
COMMERCIAL CRIME POLICY - HISCOX INSURANCE COMPANY NAIC# 10200 - 04/01/2020 TO 04/01/2021 - $1,000,000 LIMIT - POLICY NUMBER UC24090420.20.

**CERTIFICATE HOLDER**
NATIONAL SUPPLIER CLEARING HOUSE-AG-
495PALMETTO GBA
P.O. BOX 100142
COLUMBIA, SC 29202-3142

**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**
Graham Harvey/H001

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The ACORD name and logo are registered marks of ACORD

# Gordian Medical VI, Inc.
## dba Quality Medical Equipment & Supply
17901 Von Karman Ave, Suite 600, Irvine, CA 92614
Phone (949) 287-8022 Fax (949) 874-3088


July 25, 2020

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

Via U.S. Priority Mail
With Delivery Confirmation
Tracking No. 9470103699300051497465

**RE: Application for Transfer of Ownership for DME Permit**
**Gordian Medical VI, Inc. dba Quality Medical Equipment & Supplies**
**EIN: 80-0554481**

To Whom it May Concern:

On behalf of Gordian Medical VI, Inc. dba Quality Medical Equipment & Supplies, I submit the enclosed Application for Transfer of Ownership for DME Permit along with payment in the amount of $500.00 with required documentation.

The purpose of this letter is to notify the Nevada Board of Pharmacy of a proposed transaction (the "Transaction") with respect to the ownership of Licensee (as defined above). As part of the Transaction, which is expected to occur on or around July 31, 2020, AMT Buyer Corp. plans to purchase 100% of the common stock of Gordian Medical, Inc., which is the 100% direct owner of Licensee. The Transaction is not expected to result in any changes to Licensee's name, tax identification number, locations, National Provider Identifier ("NPI") or policies and procedures. While Licensee believes that no other action is necessary with respect to its licensure, please promptly notify us if the Board of Pharmacy requires any additional information or forms to be filed.

If you have any questions or concerns regarding the Transaction, please do not hesitate to contact Stoney Harville at 951-398-5910 or stoney.harville@amtwoundcare.com. If for any reason the Transaction is not consummated, this letter will have no force or effect.

Respectfully,

Cheryl Ward
Chief Operating Officer

Attachments:
- Proof of Insurance
- Certificate of Corporate Status
- List of Officers and Directors
- List of Medicare & Medicaid Provider Numbers

# 4BB

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**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 MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW_____)

☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

## FACILITY INFORMATION

Facility Name: Hanger Prosthetics & Orthotics, Inc. dba Hanger Clinic

Physical Address: 5316 South Woodrow Street, Suite 101, Salt Lake City, UT. 84107-5838
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: PO Box 82308

City: Austin State: TX Zip Code: 78708-2308

Telephone: 512-777-3654 Fax: 303-395-1310

E-mail: shscott@hanger.com Website: www.hangerclinic.com

## DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5 Fri:
8 to 5 Sat: to Sun: to Holidays: to

**MDEG ADMINISTRATOR INFORMATION:** Person in charge on a daily basis

Name: Wendy J. Remington

## TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☒ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☒ Orthotics and Prosethics
Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name:_____ Telephone: _____

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

Medicare: 414330358 _____ _____

UT Medicaid: 870524023000 _____ _____

WY Medicaid: 154355500 _____ _____

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name.

- Practitioner Name: _____
- Advanced Practitioner of Nursing Name: _____
- Physician's Assistant Name: _____
- Physical Therapist Name: _____
- Occupational Therapist Name: _____
- Registered Nurse Name: _____
- Respiratory Therapist Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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 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.

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 MDEG provider or wholesaler 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.

Shanie Scott

Original Signature of Person Authorized to Submit Application, no copies or stamps

Shanie Scott

Print Name of Authorized Person

8/31/2020

Date

**Board Use Only** Received:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

**OWNERSHIP IS A PUBLICLY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: Hanger, Inc

Corporation Name: Hanger Prosthetics & Orthotics, Inc.

Mailing Address:

City: Austin State: TX Zip: 78708-2308

Telephone: 512-777-3654 Fax: 303-395-1310

License Contact Person: Shanie Scott

Ownership Information – Complete Section 1 or 2

**Do not use N/A in this section – Section 1 or 2 must be completed.**

**Section 1:** List the corporations four largest shareholders:
(Name and percentage of ownership)

1. The Vanguard Group, Inc. %: 5.56 %
2. William Blair Investment %: 4.93%
3. Hotchkis & Wiley Capital %: 4.57 %
4. SCW Capital Management LP %: 3.71 %

**Section 2:** If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 03/03/1988

Registration number issued: 001-10670

Stock Exchange: NYSE

**Include with the application for a publicly traded corporation**

List of officers and directors.

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

# 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, 2019**

**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 1-10670**

# HANGER, INC.
(Exact name of registrant as specified in its charter)

| | |
|---|---|
| **Delaware**<br>(State or other jurisdiction of incorporation or organization) | **84-0904275**<br>(I.R.S. Employer Identification No.) |
| **10910 Domain Drive, Suite 300, Austin, TX**<br>(Address of principal executive offices) | **78758**<br>(Zip Code) |

Registrant's phone number, including area code **(512) 777-3800**

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 | HNGR | New York Stock Exchange |

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

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☐ Accelerated filer ☒ Non-accelerated filer ☐ Smaller reporting company ☐ Emerging growth company ☐

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

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of common stock held by non-affiliates on June 30, 2019, was approximately $629.1 million.

As of February 29, 2020 the registrant had 37,429,065 shares of its Common Stock outstanding.

## DOCUMENTS INCORPORATED BY REFERENCE

Part III of this Form 10-K incorporates information by reference from the registrant's definitive proxy statement or amendment hereto to be filed within 120 days after the close of the fiscal year covered by this annual report.

# State Of Delaware

Entity Details

8/31/2020 3:36:41PM

File Number: 2153738
Entity Name: HANGER, INC.
Entity Kind: Corporation
Residency: Domestic
Status: Good Standing

Incorporation Date / Formation Date: 3/3/1988
Entity Type: General
State: DELAWARE
Status Date: 4/17/2019

**Registered Agent Information**

Name: CORPORATION SERVICE COMPANY
Address: 251 LITTLE FALLS DRIVE
City: WILMINGTON
State: DE
Phone: 302-636-5401

Country:
Postal Code: 19808

Hanger
Empowering Human Potential

HANGER, INC

BOARD OF DIRECTORS 2020

| NAME | ADDRESS | Phone Number | SOCIAL SECURITY | BIRTHDATE | MEMBER SINCE |
|---|---|---|---|---|---|
| Vinit K. Asar | Dawn River Cove Autin,TX 78732 | | | | 5/21/2012 |
| Asif Ahmad | . Bridle Oak Court Spring,TX 77380 | | | | 8/13/2014 |
| Christopher Bruce Begley | Ashbury Lane Libertyville,IL 60048 | | | | 11/21/2013 |
| Tom Freyman | Lake Street, Libertyville, IL 60048 | | | | 11/1/2017 |
| John Fox | one Pine Road, Bloomfield Hills, MI 48304 | | | | 11/1/2017 |
| Kathryn Sullivan | N. Lake Shore Drive,#2309,Chicago IL 60611 | | | | 12/18/2015 |
| Stephen Edward Hare | Gabal Palm Drive Boca Raton,FL 33432 | | | | 2/5/2010 |
| Cynthia L. Lucchesse | Statesmen Drive Indianapolis,IN 46250 | | | | 5/14/2015 |
| Richard R. Pettingill | Las Casas Drive San Rafael,CA 94901 | | | | 2/6/2014 |

Hanger
Empowering Human Potential

**Hanger, Inc.**
**Managing Officers/Employees**
**2020**

**Managing Officers**

| Title | Name | Home Address | Date of Birth | EIN SS Number | Phone # |
|---|---|---|---|---|---|
| Owner | Hanger, Inc | Domain Drive Ste 300, Austin, TX. 78758 | NA | | 512-777-3800 |
| Chief Executive Officer | Vinit Asar | Dawn River Cove, Austin, TX 78732-1987 | | | 512-777-3800 |
| President/COO | Sam Liang | Domain Drive Austin, TX. 78758 | | | 512-777-3800 |
| SVP & Chief Compliance Officer | Mitchell Dobson | E. Stony Point School Rd Grain Valley, MO 64029 | | | 512-777-3800 |
| Executive Vice President/ CFO/Secretary | Thomas Kiraly | North Capitol of Texas Highway, Apt. E240 Austin, TX. 78746 | | | 512-777-3800 |
| Vice President - HR | Keri Jolly | Fairway Cove, Austin, TX 78732-1713 | | | 512-777-3800 |
| Vice President/General Counsel/Asst Sec | Thomas E. Hartman | Calistoga Ct Austin,TX 78732-2449 | | | 512-777-3800 |
| Assistant Secretary | Scott Rowe | Grand Oaks Loop, Cedar Park, TX. 78613-4368 | | | 512-777-3800 |

**Managing Employee**

| | | | | | |
|---|---|---|---|---|---|
| Director State Compliance | Shanie Scott | MacDonough St Brooklyn, NY. 11216-5395 | | | 512-777-3654 |

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/29/2008

PRODUCER
Aon Risk Services ,Inc. of Washington, D.C./ Hunti
1120 20th Street NW
Washington DC 20036 USA

PHONE - (866) 283-7122 FAX - (847) 953-5390

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
Hanger Orthopedic Group, Inc.
& all its wholly owned subsidiaries
Two Bethesda Metro Center
Suite 1200
Bethesda MD 20814 USA

| INSURERS AFFORDING COVERAGE | | NAIC # |
|---|---|---|
| INSURER A: | Noetic Specialty Insurance Co | 17400 |
| INSURER B: | American Guarantee & Liability Ins Co | 26247 |
| INSURER C: | Travelers Property Cas Co of America | 25674 |
| INSURER D: | Hartford Fire Insurance Co. | 19682 |
| INSURER E: | | |

## COVERAGES

SIR applies per terms and conditions of the policy

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

| INSR LTR | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE(MM/DD/YY) | POLICY EXPIRATION DATE(MM/DD/YY) | LIMITS | |
|---|---|---|---|---|---|---|---|
| D | | GENERAL LIABILITY<br>[X] COMMERCIAL GENERAL LIABILITY<br>[ ] CLAIMS MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER<br>[X] POLICY [ ] PRO-JECT [ ] LOC | 39UENAC9992<br>General Liability | 01/01/09 | 01/01/10 | EACH OCCURRENCE | $1,000,000 |
| | | | | | | DAMAGE TO RENTED PREMISES (Ea occurence) | $300,000 |
| | | | | | | MED EXP (Any one person) | $10,000 |
| | | | | | | PERSONAL & ADV INJURY | $1,000,000 |
| | | | | | | GENERAL AGGREGATE | $2,000,000 |
| | | | | | | PRODUCTS - COMP/OP AGG | |
| D | | AUTOMOBILE LIABILITY<br>[X] ANY AUTO<br>[ ] ALL OWNED AUTOS<br>[ ] SCHEDULED AUTOS<br>[ ] HIRED AUTOS<br>[ ] NON-OWNED AUTOS<br>[X] Comp Deductible $1,000<br>[X] Collision Deductible $1,00 | 39UENAC9992<br>Auto Liability | 01/01/09 | 01/01/10 | COMBINED SINGLE LIMIT (Ea accident) | $1,000,000 |
| | | | | | | BODILY INJURY (Per person) | |
| | | | | | | BODILY INJURY (Per accident) | |
| | | | | | | PROPERTY DAMAGE (Per accident) | |
| | | GARAGE LIABILITY<br>[ ] ANY AUTO | | | | AUTO ONLY - EA ACCIDENT | |
| | | | | | | OTHER THAN AUTO ONLY: EA ACC | |
| | | | | | | AGG | |
| B | | EXCESS/UMBRELLA LIABILITY<br>[ ] OCCUR [ ] CLAIMS MADE<br>[ ] DEDUCTIBLE<br>[ ] RETENTION | AUC591799003<br>Umbrella Liability | 01/01/09 | 01/01/10 | EACH OCCURRENCE | $5,000,000 |
| | | | | | | AGGREGATE | $5,000,000 |
| C | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | TC2JUB823K600409TIL<br>WC - All Other States | 01/01/09 | 01/01/10 | [X] WC STATUTORY LIMITS [ ] OTHER | |
| C | | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | TRJUB823K602809TIL<br>WC - MA, OR, WI | 01/01/09 | 01/01/10 | E.L. EACH ACCIDENT | $1,000,000 |
| | | | | | | E.L. DISEASE-EA EMPLOYEE | $1,000,000 |
| | | | | | | E.L. DISEASE-POLICY LIMIT | $1,000,000 |
| A | | OTHER<br>Misc Med Prof | N09MD380001<br>Professional & Products | 01/01/09 | 01/01/10 | Per Occurrence | $10,000,000 |
| | | | | | | Policy Aggregate | $10,000,000 |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Products/Completed Ops coverage is included in the Professional/Products referenced above.

## CERTIFICATE HOLDER

Evidence of Insurance
.
. MD . USA

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE Aon Risk Services, Inc. of Washington, D.C. Huntington, P.



Holder Identifier : Certificate o : 5700 ( (

# 4CC

# NEVADA STATE BOARD OF PHARMACY

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

**APPLICATION FOR OUT-OF-STATE MDEG LICENSE** => EFFECTIVE OCT. 1, 2020 (NOT BEFORE)

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**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 MDEG ☐ Ownership Change

(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6

☒ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

## FACILITY INFORMATION

Facility Name: MENDTRONIX INC. (3PL)

Physical Address: 12250 IAVELLI WAY, POWAY CA 92064

(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 12250 IAVELLI WAY

City: POWAY State: CA Zip Code: 92064

Telephone: 858.726.0200 X202 Fax: 858.386.4218

E-mail: STEVE.STARR@MENDTRONIX.COM C: 858.449.9929 Website: MENDTRONIX.COM

## DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5 Fri: 8 to 5

Sat: NA to Sun: NA to Holidays: NA to

**MDEG ADMINISTRATOR INFORMATION:** Person in charge on a daily basis

Name: ANGELA TAYLOR 858.726.0200 X219, EMAIL: ANGELA.TAYLOR@MENDTRONIX.COM

## TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
☒ Other: GENERAL PHARMA SUPPLIES (NO DRUGS)

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name:_____ Telephone: _____

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

NA

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? WOLF MEDICAL SUPPLY - SEE NEVADA LIC. ENCLOSED Yes ☒ No ☐

Are any of the owners health professionals? If yes, please list name. NO.

- Practitioner
- Advanced Practitioner of Nursing
- Physician's Assistant
- Physical Therapist
- Occupational Therapist
- Registered Nurse
- Respiratory Therapist

Name: NA
Name:
Name:
Name:
Name:
Name:
Name:

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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 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.

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 MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

STEPHEN STORR
Print Name of Authorized Person

SEPTEMBER 3, 2020
Date

| Board Use Only | Received: | Amount: 500.00 |
|---|---|---|

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

**OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION**

State of Incorporation: CALIFORNIA

Parent Company if any: NA

Corporation Name: MENDTRONIX INC.

Mailing Address: 13880 STOWE DRIVE

City: POWAY State: CA Zip: 92064

Telephone: 858.726.0200 X202 Fax: 858.386.4218

Contact Person: STEPHEN STORR

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) STEPHEN F. STORR — HICKORY MILL LANE, MILTON GA 30004
Name Address

b) REGINA M. STORR — HICKORY MILL LANE, MILTON GA 30004
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 10,000

3) What was the price paid per share? $1.00

4) What date did the corporation actually receive the cash assets? FEB. 4, 2005

5) Provide a copy of the corporation's stock register evidencing the above information
NOTE: NAME CHANGE TO MENDTRONIX INC. FEB. 28, 2012.

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. ENCLOSED.

List of officers and directors.

STEPHEN F. STORR - PRESIDENT/CEO
REGINA M. STORR - SECRETARY

# Secretary of State
## Certificate of Status

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

| | |
|---|---|
| **Entity Name:** | MENDTRONIX, INC. |
| **File Number:** | C2669283 |
| **Registration Date:** | 08/04/2004 |
| **Entity Type:** | DOMESTIC STOCK CORPORATION |
| **Jurisdiction:** | CALIFORNIA |
| **Status:** | ACTIVE (GOOD STANDING) |

As of September 2, 2020 (Certification Date), the entity is authorized to exercise all of 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 Certification Date and does not reflect documents that are pending review or other events that may affect 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 September 3, 2020.

**ALEX PADILLA**
**Secretary of State**

**Certificate Verification Number:** RM3DA3Z

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at *bebizfile.sos.ca.gov/certification/index*.

# Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 01/24/2019
Amount:
License #: WH02499

Wolf Medical Supply
13951 Northwest 8th St
Sunrise FL 33325

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Wholesaler
Expires:10/31/2020
Wolf Medical Supply
13951 Northwest 8th St
Sunrise FL 33325

License #
WH02499
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

---

NEVADA
**STATE BOARD OF PHARMACY**

**Wholesaler**

License Type: Wholesaler
License #: WH02499

Expires: 10/31/2020
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Wolf Medical Supply
13951 Northwest 8th St
Sunrise FL 33325

**NONTRANSFERABLE**

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Reprinted: 01/24/2019.

A0725597

CERTIFICATE OF AMENDMENT OF ARTICLES OF INCORPORATION
OF
PROJECTOR DOCTOR, INC.
a California Corporation

**ENDORSED - FILED**
In the office of the Secretary of State
of the State of California

FEB 29 2012

TO THE SECRETARY OF STATE
STATE OF CALIFORNIA:

Pursuant to the provisions of the General Corporation Law of the State of California, the undersigned Officers of the Corporation hereinafter named do hereby certify as follows:

1. Article I of the Corporation's Articles of Incorporation, which relates to the name of the Corporation, is hereby amended to read as follows:

The name of the corporation is MENDTRONIX, INC.

3. The Amendment herein provided for has been approved by the Corporation's Board of Directors.

4. The Amendment has been approved by the required vote of the Shareholders in accordance with Section 902 of the California Corporation Code. The Corporation has only one class of shares, each outstanding share is entitled to one vote. The Corporation has 10,000 shares outstanding, hence 10,000 shares are entitled to vote. The number of shares voting in favor of the Amendment was 10,000 or 100% of the outstanding shares.

Signed: February 28, 2012

Stephen F. Storr, President

Regina M. Storr, Secretary

Each of the undersigned declares under penalty of perjury that the matters set forth in the foregoing Certificate are true and correct of both their own knowledge and that this Declaration was executed on February 28, 2012 at San Diego, California.

Stephen F. Storr, President

Regina M. Storr, Secretary

ACORD

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/01/2020

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<br>Rubin Insurance Agency Inc.<br>CA Lic 0645355<br>5075 Shoreham Place, Suite 100<br>San Diego, CA 92122<br>Stuart Rubin<br>858-457-5720 | CONTACT NAME: Kathy Kelly<br>PHONE (A/C, No, Ext): 858-457-5720 FAX (A/C, No): 858-457-5729<br>E-MAIL ADDRESS: kathy@rubininsurance.com |
| INSURED Mendtronix Inc<br>12250 Iavelli Way<br>Poway, CA 92064 | INSURER(S) AFFORDING COVERAGE — NAIC #<br>INSURER A : Great American E&S Ins Co — 37532<br>INSURER B : Ohio Security Insurance Co — 24082<br>INSURER C : Zenith Insurance Company — 13269<br>INSURER D :<br>INSURER E :<br>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<br>CLAIMS-MADE X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY PRO-JECT LOC<br>OTHER: | Y | | PL2258320-02 | 02/04/2020 | 02/04/2021 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $ 1,000,000<br>$ 500,000<br>$ 20,000<br>$ 1,000,000<br>$ 2,000,000<br>$ 2,000,000 |
| B | AUTOMOBILE LIABILITY<br>ANY AUTO<br>OWNED AUTOS ONLY SCHEDULED AUTOS<br>X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | BAS59306678 | 02/04/2020 | 02/04/2021 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $ 1,000,000<br>$<br>$<br>$ |
| A | UMBRELLA LIAB X OCCUR<br>X EXCESS LIAB CLAIMS-MADE<br>DED X RETENTION $ 0 | | | XS2258321-02 | 02/04/2020 | 02/04/2021 | EACH OCCURRENCE<br>AGGREGATE | $ 4,000,000<br>$ 4,000,000 |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N N / A<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | | M1030510 | 02/04/2020 | 02/04/2021 | X PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $ 1,000,000<br>$ 1,000,000<br>$ 1,000,000 |

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

Pomerado Leasing No 2 LP and its respective officers, directors, shareholders, agents, contractors and employees are named as additional insured with respects to general liability of the named insured. Re: 12131 Community Rd Ste A-2, Poway CA 92064. Blanket general liability additional insured and primary and non-contributory wording endorsement ESG3206(0116)

CERTIFICATE HOLDER

POMER65

Pomerado Leasing No 2 LP
Attn: Eric Dye
1320 Columbia St Ste 300
San Diego, CA 92101

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

Stuart Rubin



© 1988-2015 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

# Board of Pharmacy

ORIGINAL CERTIFICATE

# Third-Party Logistics Provider

LICENSE NO. TPL 1249

ISSUE DATE JUNE 04, 2020

MENDTRONIX INC

12250 IAVELLI WY
POWAY CA 92064

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL JUNE 01, 2021

RECEIPT NUMBER 00000000

This original license must be kept for the life of the license and posted in public view.

In accordance with section 4160 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is NONTRANSFERABLE and must be renewed annually on or before the indicated date. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer(s), shareholder (more than 10 percent share change), responsible manager. If you are planning to change location or responsible manager, the approval must be in advance of the change.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

----- POST IN PUBLIC VIEW -----

# 4DD

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**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 MDEG ☐ Ownership Change

(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6

☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☑ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

## FACILITY INFORMATION

Facility Name: Nexel Services LLC, DBA Nexel Health

Physical Address: 810 S Mason Road Suite 205

(This must be a business address, we cannot issue a license to a home address)

Mailing Address: Same

City: Katy State: TX Zip Code: 77450

Telephone: 855-586-3935 Fax: 832-201-7548

E-mail: info@nexelheatlh.com Website: www.nexelhealth.com

## DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm Fri:

Fri: 9am to 5pm Sat: Closed to Sun: Closed to Holidays: Closed to

**MDEG ADMINISTRATOR INFORMATION:** Person in charge on a daily basis

Name: Kashif Ijaz

## TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☑ Diabetic Supplies
☑ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☑ Orthotics and Prosethics
Other: Urology supplies, hot & cold applicaitons, UV light devices and supplies

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A Telephone: _____

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

| | | |
|---|---|---|
| Medicare | 7807110001 | |
| TX Medicaid | Pending enrollment | |
| | | |

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☑

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☑

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: N/A
- Advanced Practitioner of Nursing — Name: N/A
- Physician's Assistant — Name: N/A
- Physical Therapist — Name: N/A
- Occupational Therapist — Name: N/A
- Registered Nurse — Name: N/A
- Respiratory Therapist — Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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 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.

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 MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Kashif Ijaz
Print Name of Authorized Person

09/04/2020
Date

| Board Use Only | Received:_____ | Amount: 500.00 |
|---|---|---|

**APPLICATION FOR OUT-OF-STATE MDEG LICENSE**

**OWNERSHIP IS A SOLE OWNER.** All information relates to the person listed as the owner.

Owner's Name: Kashif Ijaz

List all previous names: _____

Social Security Number: _____

Date of Birth: _____

Place of Birth: City: Rawalpindi State: Punjab Country: Pakistan

Citizenship: USA x other _____

If applicable, list Naturalization Number: _____ Passport Number: _____

Current residence address Stilton Lake Lane City: Katy

State: TX Zip Code: 77494 Telephone Number: [illegible] Fax Number: N/A

Previous address (last 5 years):
Address: 9991 Willow Falls Land City: Brookshire State: TX Zip Code: 77423

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

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

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

Business Name: Nexel Services LLC

Current Business Address: 810 S Mason Road Suite 205

City: Katy State: TX Zip Code: 77450

Telephone Number: 855-586-3935 Fax Number: 832-201-7548

Previous Employment (last 5 years):

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/06/2020

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<br>Thumann Agency, Inc.<br>12770 Coit Road Suite 110,<br>Suite 110<br>Dallas TX 75251 | CONTACT NAME: CSR HOUSE<br>PHONE (A/C, No, Ext): (972) 991-9100 FAX (A/C, No): (972) 690-1733<br>E-MAIL ADDRESS: |
| INSURED<br>Nexel Services LLC<br>610 S Mason Rd Ste 210<br>Katy TX 77450 | INSURER(S) AFFORDING COVERAGE / NAIC #<br>INSURER A : Ohio Security Insurance Co 24082<br>INSURER B :<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F : |

COVERAGES CERTIFICATE NUMBER: GL REVISION NUMBER:

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | ☒ COMMERCIAL GENERAL LIABILITY<br>☐ CLAIMS-MADE ☒ OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>☐ POLICY ☐ PRO-JECT ☐ LOC<br>☐ OTHER: | | | BLS57359507 | 05/26/2020 | 05/26/2021 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>Package Modification | $ 1,000,000<br>$ 1,000,000<br>$ 15,000<br>$ 1,000,000<br>$ 2,000,000<br>$ 2,000,000<br>$ |
| | AUTOMOBILE LIABILITY<br>☐ ANY AUTO<br>☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS<br>☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $<br>$<br>$<br>$ |
| | ☐ UMBRELLA LIAB ☐ OCCUR<br>☐ EXCESS LIAB ☐ CLAIMS-MADE<br>☐ DED ☐ RETENTION $ | | | | | | EACH OCCURRENCE<br>AGGREGATE | $<br>$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N ☐<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | | ☐ PER STATUTE ☐ OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $<br>$<br>$ |

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

CERTIFICATE HOLDER

B.O.C. (Board of Certification/Accredition)
10461 Mill Run Circle
Suite 1250
Owingsmills MI 21117

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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# 4EE

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**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 MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5
☑ Partnership - Pages 1,2,3,6
☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

## FACILITY INFORMATION

Facility Name: Next Level Medical Supply LLC

Physical Address: 2900 W Cypress Creek Road Suite 6
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 2900 W Cypress Creek Road Suite 6

City: Ft. Lauderdale State: FL Zip Code: 33309

Telephone: 954-653-8313 Fax: 954-623-7700

E-mail: kdisorbo@nextlevelmedicalsupply.com Website: www.nextlevelmedicalsupply.com

## DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 4:30pm Tue: 9am to 4:30pm Wed: 9am to 4:30pm Thu: 9am to 4:30pm Fri:

Closed to Sat: Closed to Sun: Closed to Holidays: Closed to

**MDEG ADMINISTRATOR INFORMATION:** Person in charge on a daily basis

Name: Kristopher DiSorbo

## TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☑ Diabetic Supplies
☑ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☑ Orthotics and Prosethics
Other: UV Lights, ostomy/urological supplies, Surgical dressing, breast prostheses, NMES, Pneumatic compression dev., TENS, diabetic shoe inserts

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A Telephone: _____

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

| | | |
|---|---|---|
| Medicare | 7809960001 | |
| FL Medicaid Pending | ATN#801990 | |
| | | |

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☑

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☑

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: N/A
- Advanced Practitioner of Nursing — Name: N/A
- Physician's Assistant — Name: N/A
- Physical Therapist — Name: N/A
- Occupational Therapist — Name: N/A
- Registered Nurse — Name: N/A
- Respiratory Therapist — Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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 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.

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 MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Kristopher DiSorbo
Print Name of Authorized Person

8/31/2020
Date

| Board Use Only | Received:_____ | Amount: 500.00 |
|---|---|---|

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

**OWNERSHIP IS A PARTNERSHIP** General x Limited ____

Partnership Name: Next Level Medical Supply LLC

Mailing Address: 2900 W Cypress Creek Road Suite 6

City: Ft. Lauderdale State: FL Zip: 33309-1715

Telephone: 954-653-8313 Fax: 954-623-7700

Contact Person: Kristopher DiSorbo

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

| Name | G or L | Percentage |
|---|---|---|
| Mark Kokonas | G | 50% |
| Kristopher DiSorbo | G | 50% |

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Policy Number: NPP8657088

Date Entered: 01/27/2020

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/27/2020

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<br>Provider Professional Insurance<br>4345 SW 72ND AVE STE A<br>MIAMI, FLORIDA 33155 | CONTACT NAME:<br>PHONE (A/C, No, Ext): (305)740-5319 FAX (A/C, No): (305)740-3459<br>E-MAIL ADDRESS: gofarril01@gmail.com | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A: UNDERWRITERS AT LLOYDS | |
| INSURED NEXT LEVEL MEDICAL SUPPLY, LLC<br>2900 W CYPRESS CREEK ROAD STE 6<br>FORT LAUDERDALE, FL 33309 | 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 | |
|---|---|---|---|---|---|---|---|---|
| | [X] COMMERCIAL GENERAL LIABILITY<br>[ ] CLAIMS-MADE [X] OCCUR<br>[X] PROFESSIONAL LIABILITY<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>[ ] POLICY [ ] PRO-JECT [ ] LOC<br>[ ] OTHER: | | | NPP8657088 | 01/24/2020 | 01/24/2021 | EACH OCCURRENCE | $ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 50,000 |
| | | | | | | | MED EXP (Any one person) | $ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | $ 3,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | $ INCLUDED |
| | | | | | | | | $ |
| | AUTOMOBILE LIABILITY<br>[ ] ANY AUTO<br>[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS<br>[ ] 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<br>[ ] EXCESS LIAB [ ] CLAIMS-MADE<br>[ ] DED [ ] RETENTION $ | | | | | | EACH OCCURRENCE | $ |
| | | | | | | | AGGREGATE | $ |
| | | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)<br>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)

**CERTIFICATE HOLDER**

AGENCY FOR HEALTHCARE ADMINISTRATION
2727 MAHAN DRIVE
TALLAHASSEE, FLORIDA 32308

**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

MARIO O'FARRILL

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# 4FF

RECEIVED 8/18/2020

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**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 MDEG ☐ Ownership Change

(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6

☒ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

## FACILITY INFORMATION

Facility Name: Permobil, Inc.

Physical Address: 300 Duke Drive
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 300 Duke Drive

City: Lebanon State: TN Zip Code: 37090

Telephone: 800-736-0925 Fax: 800-231-3256

E-mail: Ivan.Fernandez@permobil.com Website: www.permobilus.com

## DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 6am to 6pm Tue: 6am to 6pm Wed: 6am to 6pm Thu: 6am to 6pm Fri: 6am to 6pm Sat: - to - Sun: - to - Holidays: - to -

**MDEG ADMINISTRATOR INFORMATION:** Person in charge on a daily basis

Name: Chuck Witkowski

## TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: Powered Wheelchairs

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Ivan Fernandez Telephone: 800-736-0925

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? There are no shareholders. Yes ☐ No ☑

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☒ No ☐

Are any of the owners health professionals? If yes, please list name.

- Practitioner Name: N/A
- Advanced Practitioner of Nursing Name: N/A
- Physician's Assistant Name: N/A
- Physical Therapist Name: N/A
- Occupational Therapist Name: N/A
- Registered Nurse Name: N/A
- Respiratory Therapist Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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 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.

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 MDEG provider or wholesaler 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.

Christopher C. Javillonar

Original Signature of Person Authorized to Submit Application, no copies or stamps

Christopher C. Javillonar

Print Name of Authorized Person

8/14/2020

Date

| Board Use Only | Received: | Amount: 500.00 |
|---|---|---|

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

**OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION**

State of Incorporation: Tennessee

Parent Company if any: Permobil Holding AB

Corporation Name: Permobil, Inc.

Mailing Address: 300 Duke Drive

City: Lebanon State: TN Zip: 37090

Telephone: 800-736-0925 Fax: 800-231-3256

Contact Person: Ivan Fernandez

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
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 N/A

## 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.

**COMMERCIAL GENERAL LIABILITY DECLARATIONS**
**OCCURRENCE**

Liberty Mutual. INSURANCE

Issued By Liberty Mutual Fire Insurance Co.

| | | | |
|---|---|---|---|
| Policy Number | TB2-691-468704-010 | Issuing Office | BOSTON, MA-157 |
| Renewal Of | TB2-691-468704-019 | Issue Date | 2020-04-27 |
| Account Number | 9-468704 | Sub Account | 0002 |

Named Insured and Mailing Address
Permobil Inc.
300 Duke Drive
Lebanon TN 37090-8115

Form of Business: Corporation

Policy Period: The policy period is from 04/01/2020 to 04/01/2021 12:01 A.M. standard time at the Insured's mailing address.

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

LIMITS OF INSURANCE

| | | | |
|---|---|---|---|
| Each Occurrence Limit | $ | 3,000,000 | |
| Damage to Premises Rented to You Limit | $ | 100,000 | Any one premises |
| Medical Expense Limit | $ | 5,000 | Any one person |
| Personal & Advertising Injury Limit | $ | 3,000,000 | |
| General Aggregate Limit | $ | 3,000,000 | |
| Products-Completed Operations Aggregate Limit | $ | 3,000,000 | |

SCHEDULE

The declarations are completed on the accompanying "Declarations Extension Schedule(s)".

| | | |
|---|---|---|
| Commercial General Liability Coverage Part Premium | $ | 322,857 |
| Total Estimated Premium Policywriting minimum premium is charged | $ | 322,857 |
| Other Charge(s) | $ | |

Policywriting Minimum Premium $ 1,000

Forms Applicable: See Attached Inventory

IMA INC 0002013464
IMA INC
6200 LYNDON B JOHNSON FWY
STE 200
DALLAS TX 752406331



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## Permobil, Inc. Officers

Name: Chuck Witkowski
Title: President
D/O/
SSN
Address Duke Dr.
City, State, Zip: Lebanon, TN
Phone Numbe
Email Address: permobil.com

Name: Todd Walling
Title: Vice President
D/O/
SSN
Address Duke Dr.
City, State, Zip: Lebanon
Phone Numbe
Email Address permobil.com

Name: Christopher Javillonar
Title: Secretary
D/O/B
SSN:
Address Duke Dr.
City, State, Zip: Lebanon, T
Phone Number:
Email Address permobil.com

Name: Aron Hjertberg
Title: Treasurer
D/O/B
SSN: 1
Address Duke Dr.
City, State, Zip: Lebanon,
Phone Numb
Email Address: permobil.com

FDA

FDA Home[3] Medical Devices[4] Databases[5]

## Establishment Registration & Device Listing

New Search Back To Search Results

**Establishment:**
PERMOBIL, INC
300 Duke Dr
LEBANON , TN 37090
**Registration Number:** 1221084
**FEI Number*:** 1221084
**Status:** Active
**Initial Distributor/Importer:** Yes
*Note Firm May Have Additional Establishment Types. Please Review Listings For Further Information
**Date Of Registration Status:** 2019

**Owner/Operator:**
PERMOBIL AB[6]
300 Duke Drive
Lebanon, TN 37090
**Owner/Operator Number:** 8030931[7]

**Official Correspondent:**
Ivan Fernandez
300 Duke Drive
Lebanon, TN 37090
**Phone:** 1-615-5853169

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

**Links on this page:**

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/MedicalDevices/default.htm
5. https://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/Databases/default.htm
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=8030931&OwnerOperatorNa
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=8030931&OwnerOperatorNa

Page Last Updated: 10/07/2019

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyol Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies

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

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

U.S. Department of Health & Human Services

**Links on this page:**

27458

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000005855
EXPIRATION DATE: 12/31/2021

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

PHARMACY BOARD
MANUFACTURER
PERMOBIL, INC.

COMMISSIONER OF HEALTH

IVAN FERNANDEZ
PERMOBIL, INC.
300 DUKE DRIVE
LEBANON TN 37090-8115

State of Tennessee
Department of Health

11944802
27458

TENNESSEE BOARD OF PHARMACY
MANUFACTURER
PERMOBIL, INC.
300 DUKE DRIVE
LEBANON TN 37090

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

ID NUMBER: 0000005855
EXPIRATION DATE: 12/31/2021

DIRECTOR, HEALTH RELATED BOARDS

COMMISSIONER

Tre Hargett
Secretary of State

**Division of Business Services**
**Department of State**
State of Tennessee
312 Rosa L. Parks AVE. 6th FL
Nashville, TN 37243-1102

**ADAM LATONDRESS**
816 GENERAL WESTMORELAND CT
MURFREESBORO, TN 37129-1350

April 30, 2020

**Request Type: Certificate of Existence/Authorization**
Request # 0363143

Issuance Date: 04/30/2020
Copies Requested: 1

**Document Receipt**

Receipt # : 005522627

Filing Fee: $20.00

Payment-Check/MO - ADAM LATONDRESS, MURFREESBORO, TN $20.00

**Regarding:** **PERMOBIL, INC.**
Filing Type: For-profit Corporation - Domestic
Formation/Qualification Date: 08/22/2000
Status: Active
Duration Term: Perpetual
Business County: WILSON COUNTY

Control # : 394528
Date Formed: 08/22/2000
Formation Locale: TENNESSEE
Inactive Date:

## 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

**PERMOBIL, INC.**

* is a Corporation duly incorporated 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

Processed By: Deborah Chaney

**Verification #: 039428234**

# 4GG

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**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 MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4
☒ Non Publicly Traded Corporation – Pages 1,2,3,5
☐ Partnership - Pages 1,2,3,6
☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

## FACILITY INFORMATION

Facility Name: SourceMark, LLC

Physical Address: 1605 Worldwide Blvd. Hebron, KY 41048
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 302 Innovation Drive Ste 410

City: Franklin State: TN Zip Code: 37067

Telephone: 615-269-6010 Fax: 615-324-8426

E-mail: rmanson@sourcemarkusa.com Website: sourcemarkusa.com

## DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5 Fri: 8 to 5 Sat: NA to Sun: NA to Holidays: NA to

**MDEG ADMINISTRATOR INFORMATION:** Person in charge on a daily basis

Name: Richard Manson

## TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: Medical Devices

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name:_____ Telephone: _____

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

| | | |
|---|---|---|
| NA | | |
| | | |
| | | |

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: No
- Advanced Practitioner of Nursing — Name: No
- Physician's Assistant — Name: No
- Physical Therapist — Name: No
- Occupational Therapist — Name: No
- Registered Nurse — Name: No
- Respiratory Therapist — Name: No

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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 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.

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 MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Richard Manson
Print Name of Authorized Person

8/25/2020
Date

| Board Use Only | Received:_____ | Amount: 500.00 |
|---|---|---|

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

**OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION**

State of Incorporation: Tennessee

Parent Company if any: _____

Corporation Name: SourceMark, LLC

Mailing Address: 302 Innovation Drive Ste 410

City: Franklin State: TN Zip: 37067

Telephone: 615-269-6010 Fax: 615-324-8426

Contact Person: Richard Manson

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Lawrence Jackson (Name) Elliston Place #451 Nashville, TN 37203 (Address)

b) Heritage Group Holdings, GP (Name) Burton Hills Blvd., . Nashville, TN 37215 (Address)

c) WBR Family Ltd Partnership (Name) Ellendale Avenue Nashville, TN 37205-3402 (Address)

d) Richard Manson (Name) Close Circle Nashville, TN 37205 (Address)

2) Provide the number of shares issued by the corporation. NA

3) What was the price paid per share? NA

4) What date did the corporation actually receive the cash assets? NA

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.

**SourceMark, LLC**

1. **Certificate of Good Standing**
    a. Control # 000427733

2. **Officers**
    a. Dan Blucher – CEO
    b. Richard Manson – President
    c. Michelle Anderson – CFO

3. **Board of Directors**
    a. Lawrence Jackson – Chairman
    b. David Anderson
    c. Brian Reames
    d. Richard Manson
    e. Michelle Anderson

Tre Hargett
Secretary of State

**Division of Business Services**
**Department of State**
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

**RICHARD MANSON**
410
302 INNOVATION DRIVE
FRANKLIN, TENNESSEE, 37067, TN 37067

July 14, 2020

**Request Type: Certificate of Existence/Authorization**
Request #: 0372881

Issuance Date: 07/14/2020
Copies Requested: 1

**Document Receipt**

Receipt # : 005664179
Filing Fee: $20.00
Payment-Credit Card - State Payment Center - CC #: 3785486788 $20.00

**Regarding:** **SOURCEMARK, LLC.**
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 05/30/2002
Status: Active
Duration Term: Perpetual
Business County: WILLIAMSON COUNTY

Control # : 427733
Date Formed: 05/30/2002
Formation Locale: TENNESSEE
Inactive Date:

## 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

**SOURCEMARK, 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

Processed By: Cert Web User

**Verification #: 040623322**

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/14/2020

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<br>Willis Towers Watson Southeast, Inc.<br>c/o 26 Century Blvd<br>P.O. Box 305191<br>Nashville, TN 372305191 USA | CONTACT NAME: Willis Towers Watson Certificate Center<br>PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378<br>E-MAIL ADDRESS: certificates@willis.com |
| INSURED<br>SourceMark LLC<br>302 Innovation Drive<br>Suite 41<br>Franklin, TN 37067 USA | INSURER(S) AFFORDING COVERAGE — NAIC #<br>INSURER A: Travelers Property Casualty Company of Ame — 25674<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |

**COVERAGES** **CERTIFICATE NUMBER:** W16464996 **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<br>CLAIMS-MADE X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY PRO-JECT LOC<br>OTHER: | | | ZLP-14R47612-19-I6 | 05/17/2020 | 05/17/2021 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $ 1,000,000<br>$ 300,000<br>$ 10,000<br>$ 1,000,000<br>$ 2,000,000<br>$ 0 |
| | AUTOMOBILE LIABILITY<br>ANY AUTO<br>OWNED AUTOS ONLY<br>HIRED AUTOS ONLY<br>SCHEDULED AUTOS<br>NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $<br>$<br>$<br>$ |
| A | X UMBRELLA LIAB X OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED X RETENTION $ 10,000 | | | CUP-1N75197A-19-I6 | 05/17/2020 | 05/17/2021 | EACH OCCURRENCE<br>AGGREGATE | $ 9,000,000<br>$ 9,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $<br>$<br>$ |
| A | Product Liability | | | ZPP-14R47624-19-I6 | 05/17/2020 | 05/17/2021 | Each Occurrence<br>Aggregate | $5,000,000<br>$5,000,000 |

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

Umbrella Liability Policy is excess over the General Liability only.

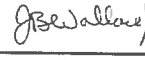
**CERTIFICATE HOLDER**

Evidence of Insurance

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE



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SR ID: 19617011 BATCH: 1680077

# 4HH

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
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 1,2,3,4
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: Exelead, Inc.

Physical Address: 6925 Guion Road

City: Indianapolis State: IN Zip Code: 46268

Telephone Number: (317) 612-2900 Fax Number: (317) 612-2922

Toll Free Number: N/A

E-mail: EXL@slsny.com Website: Exeleadbiopharma.com

Facility Manager: John Paul Rigg

Professional qualifications and experience of facility manager: CEO of company since May 2014.
Manufacturing Site Head for manufacturing facility, responsible for Operations, Quality, Engineering and Scientific functions.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Manufacturers

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☒ Other: Biologics
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Leadiant Biosciences, Inc
Address: 9841 Washingtonian Blvd Ste 500 Gaithersburg, MD 20878-7352

Name: Servier Pharmaceuticals LLC
Address: 200 Pier Four Blvd. Boston, MA 02210

Name: Teva Pharmaceuticals USA, Inc.
Address: 1090 Horsham Ave. North Wales, PA 19454-1505

Name: Horizon Pharmaceuticals
Address: 150 Saunders Rd, Ste 400 Lake Forest, IL 60045-2509

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

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 ☒

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Bradley Jay Wynja
Print Name of Authorized Person

6 MAY 2020
Date

| Board Use Only | Date Processed: | Amount: 500.00 |
|---|---|---|

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: Essetifin S.p.A.

Mailing Address: Via Sudafrica 20, CAP 00144

City: Rome State: Country: Italy Zip:

Telephone: +39 06 542 77332 Fax: N/A

Contact Person: Lorenza Laureti

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Paolo Cavazza (Name) — via Sudafrica 20, Rome, Italy (Business Address)

b) Enrico Cavazza (Name) — same as above (Business Address)

c) Silvia Cavazza (Name) — same as above (Business Address)

d) Francesca Cavazza (Name) — same as above (Business Address)

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? $0.01

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

## Include with the application for a non-publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

# 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. POA1003038

Application/License No. _____

Exelead, Inc (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 6925 Guion Rd., Indianapolis, IN 46268 (Address of Applicant/Principal), as PRINCIPAL, and Seneca Insurance Company, Inc. (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 160 Water Street, New York, NY 10038 - 4922 (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 July 17, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $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 July, 20 20.

APPLICANT/PRINCIPAL
Exelead, Inc

_____
Authorized Representative

SURETY COMPANY
Seneca Insurance Company, Inc.

_____
Surety Company's Representative

Joshua Sanford, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness Brendan Fletcher

_____
Witness

_____
Witness Phillip Knower

Countersigned by:

_____
Nevada*Resident Agent Aimee R Perondine
*NON- License No. 3134182

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
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 17th day of July ,20 20

Good Standing (Incorp State)

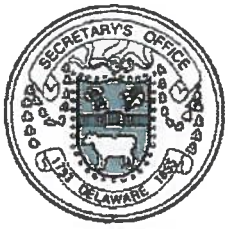


# Delaware

## The First State

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXELEAD INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JULY, A.D. 2020.*

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







4748764 8300

SR# 20206167172

Authentication: 203287824

Date: 07-15-20

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

# Exelead, Inc.

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

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

**FACILITY INFORMATION**

| Code | Address | FDA | DEA | DUNS | VAWD | Phone | Fax |
|---|---|---|---|---|---|---|---|
| 6925 | Guion Road<br>Indianapolis, I<br>County: Mario,, | 1000517970 | N/A | 961822389 | No | (317) 612-2900 | (317) 612-2922 |

**FACILITY DESIGNATED REPRESENTATIVES**

| Name | Address | Title | Prescribing Authority | SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|
| John Paul Rigg | Irishmans Run Lane<br>Zionsville, IN 46077 | Chief Executive Officer | No | | | |

**OWNERSHIP**

| Name | Address | Title | Percent of Ownership | Prescribing Authority | FEIN/SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|---|
| Essetifin S.p.A. | Via Sudafrica<br>CA<br>Rome ,<br>Italy | N/A | 100% | N/A | N/A | N/A | N/A |

**LIST OF OFFICERS**

| Name | Address | Title | Prescribing Authority | SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|
| John Paul Rigg | Irishmans Run Lane<br>Zionsville, IN | Chief Executive Officer | No | | | IN |
| Bradley Jay Wynja | Bluefin Court<br>Indianapolis, IN | Chief Financial Officer and Treasurer | No | | | |
| John Barry Landis | Sugar Pine Lane<br>Zionsville | President and Chairman of the Board | No | | | |

**REGISTERED AGENT IN ALL APPLICABLE STATES**

| Name | SSN | DOB | Driver's License |
|---|---|---|---|
| CSC | | | |



Company Partnership
463

We work to keep you working
IPLA
Professional Licensing Agency

**Indiana Board of Pharmacy**
**402 West Washington Street, Room W072**
**Indianapolis, Indiana 46204**
**Telephone: (317) 234-2067**
**Fax: (317) 233-4236**
**Website: www.bop.IN.gov**

**Governor Mitchell E. Daniels, Jr.**

June 23, 2011

To Whom It May Concern:

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

**Sigma-Tau PharmaSource, Inc**
**6925 Guion Road**
**Indianapolis, Indiana 46268**

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

Indiana Code 25-26-14-1 states, "(a) This chapter applies to any individual, partnership, limited liability company, corporation, or business firm: (1) located in or outside Indiana; and (2) engaging in the wholesale distribution of legend drugs in Indiana... (b) Except as required by federal law or regulation, the requirements of this chapter do not apply to a manufacturer that is approved by the federal Food and Drug Administration." [emphasis added].

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

If there is any question or clarification necessary regarding the status of this company, please contact Indiana Board of Pharmacy staff for further assistance.

Sincerely,

Amy M. Phillips
Assistant Director
Indiana Board of Pharmacy

Home State Exemption
Update - COVID-19

Exelead
Complex Drug Product Formulations

April 16, 2020

To Whom It May Concern,

Due to the current COVID 19 situation, Exelead has been unable to obtain an updated letter of exemption from the Indiana Board of Pharmacy. We certify that Exelead continues to meet the requirements to remain exempt as stated in the attached letter, which indicated that Exelead is not required to hold a Wholesale Drug Distributor (WDD) license in the State of Indiana in order to distribute legend drugs to licensed entities in the state as the company is an FDA approved manufacturer and therefore exempt from licensure requirements in Indiana.

Sincerely,

John Rigg
CEO
Exelead, Inc.

# Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&TITLE=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&DESCRIPTION=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM) PRINT

**New Search (default.cfm)**

Search Results for **Exelead**

**CSVExcel**

**Filter:**

| Firm Name | FDA Establishment Identifier | DUNS | Business Operations | Address | Expiration Date |
|---|---|---|---|---|---|
| Exelead, Inc. | 1000517970 | 961822389 | ANALYSIS; LABEL; MANUFACTURE; PACK; RELABEL; REPACK; | 6925 Guion Road, Indianapolis, Indiana (IN) 46268, United States (USA) | 12/31/2020 |

Verified 8/10/20 MS

Showing 1 to 1 of 1 entries
Previous1Next
Data Current through: Wednesday, Nov 13, 2019

**Return to Drug Firm Annual Registration Status Home Page (default.cfm)**

# John Rigg

Irishmans Run Lane, Zionsville, Indian: Tel. | Email gmail.com

## Education

**BACHELOR SCIENCE, | 1993 | JOHN MOORES UNIVERSITY, LIVERPOOL, UK**

- Major: Applied Chemistry (Hons)

## Skills & Abilities

### LEADERSHIP

- Gained a deep understanding of Biotechnology Active Pharmaceutical Ingredient (API) and Biologic (drug product) manufacturing through leadership assignments within General Management, Operations, Technical Services (Manufacturing Sciences and Technology), Quality Assurance, and Quality Control.
- Responsible for the successful development and of a bio similar insulin, an orally delivered biologic drug product, and commercialization of numerous E.coli produced drug substances and pegylated drug products.
- Network leader within Biotech API manufacturing required the demonstration of strong interpersonal skills with individuals at all levels of the organization within Manufacturing, Development and with External Business Partners.
- Proven track record of building strong organizations by recognizing talent through both the development of existing employees, and the recruitment of Scientists from targeted Universities.
- Driven productivity and significant GMP change agendas, across multiple culturally different sites (United Kingdom, United States, Puerto Rico), and with Contract Manufacturing Organizations.

### TECHNICAL

- Comprehensive understanding of E.coli and transgenic rice derived protein manufacturing, from fermentation and field harvest through to final purified API. Managed the change agendas and ongoing operations for large scale (+2000Kg per annum) insulin purification facilities, and small scale (10 Kg per annum) hormone production units.
- Ever increasing levels of leadership skills developed from foundational and fist line supervisory assignments within Manufacturing, Development and Quality functions to Vice President and General Manger Responsibilities, have provided a comprehensive knowledge of GMP manufacturing, Quality Systems.
- Developed, implemented, and refined manufacturing Control Strategies for multiple biotechnology products, ensuring manufacturing robustness and minimizing factory losses.
- Lead and participated in due diligence reviews for new Business Opportunities, Contract Manufacturing Organizations and Raw Material Suppliers.
- Demonstrated high learning agility and pragmatic approach to understanding and solving complex technical and business problems that have ensured business growth no interruption to product supply.

### COMMUNICATION

- Successfully facilitated relationships across the development, manufacturing and commercialization nodes of a Diabetes Business Unit, to successfully lead the transfer and development of API from phase 2 to commercial scale batches.
- In a supply constrained environment, developed a significant Technical Agenda across the Science, Quality, and Operations functions by calling on perspectives gained while working within each function. Put in place a four tier governance process that incorporated a dashboard set of metrics to track and communicate progress to all levels of the organization.
- Accountable person for multiple interactions with regulatory agencies from both a GMP inspection of the manufacturing facilities, and CMC submission for an aggressive change agenda standpoint.

**DIRECTOR QUALITY, INDIANAPOLIS | ELI LILLY &CO | SEP 2005 – JUN 2006**

- Site Quality functional leader that provided manufacturing oversight to two insulin commercial drug substances.
- Lead the site through two successful EMA and FDA inspections.
- Implemented a Triage system for CAPA investigations to improve Quality and Science within manufacturing, and significantly reduce the number of manufacturing deviations and associated backlog.

**NUMEROUS LEADERSHIP POSITIONS, SPEKE OPERATIONS, UK| ELI LILLY &CO | 1995–2005**

- Site Leader for MS&T responsible for the internal and external manufacture of 2 human health and 24 animal health drug substance and drug product items.
- Site Six Sigma champion with responsibility for the Black Belts and Green Belts.
- QCL Manager responsible for the in process and batch release testing of all site and externally manufactured products.
- Lead a site project to successfully implement Site Operational Standards for Supply Chain Excellence (OSSCE).
- Production Leader for hGH manufacturing facility.
- Shift leader for a bulk fermentation manufacturing facility (22 x 225K liter vessels).

# 411

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable** and **non-transferable checks only)**

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
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 1,2,3,4
☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

### GENERAL INFORMATION to be completed be all types of ownership

Facility Name: RVL Pharmaceuticals, Inc.

Physical Address: 2500 Main Street Extension, Suite 6

City: Sayreville State: NJ Zip Code: 08872

Telephone Number: (908) 809-1300 Fax Number: (908) 809-1302

Toll Free Number: N/A

E-mail: RVLstatelicense@osmotica.com Website: _____

Facility Manager: Cassia Riccioni

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Specialty Pharmacies

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: N/A
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

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 ☒

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Christopher Klein
Print Name of Authorized Person

8/5/2020
Date

**Board Use Only** Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: Osmotica Pharmaceutical Corp.

Mailing Address: 895 Sawyer Road

City: Marietta State: GA Zip: 30062

Telephone: 9088091300 Fax: _____

Contact Person: Christopher Klein

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

## Include with the application for a non-publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

# NEW JERSEY DEPARTMENT OF HEALTH
# CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0741276

P.O. Box 369, Trenton, New Jersey 08625-0369

## DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 – "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

2500 MAIN STREET EXT, STE 6 SAYREVILLE, NJ 08872-

Reg. No.
5005820

OSMOTICA PHARMACEUTICAL CORP
RVL PHARMACEUTICALS, INC.
2500 MAIN STREET EXT, STE 6
SAYREVILLE, NJ 08872-

**ISSUED PURSUANT TO**
**N.J.S.A. 24:6B**

**EXPIRES: January 31, 2021**

*Establishment Copy*

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 8/25/2020

---

**Registration Number:** 5005820 **Registered as:** Wholesale

**Parent Company Name:** OSMOTICA PHARMACEUTICAL CORP

**Trade Name:** RVL PHARMACEUTICALS, INC.

**Original Issue Date:** 08/18/2020 **Expiration Date:** 01/31/2021

**Current Issue Date:** 08/18/2020

**Disciplines:** No

# RVL PHARMACEUTICALS, INC.

## Ownership Information

Osmotica Pharmaceutical Corp.
400 Crossing Blvd.
Bridgewater, NJ 08807

Owns 100% of RVL Pharmaceuticals, Inc.

## Corporate Officers

Brian Markison, CEO
400 Crossing Blvd.
Bridgewater, NJ 08807
Ownership 0%

Andrew Einhorn, CFO
400 Crossing Blvd.
Bridgewater, NJ 08807
Ownership 0%

James Schaub, Vice President
400 Crossing Blvd.
Bridgewater, NJ 08807
Ownership 0%

Chris Klein, General Counsel and Secretary
400 Crossing Blvd.
Bridgewater, NJ 08807
Ownership 0%

RVL
PHARMACEUTICALS, INC.

## Description of Operations

RVL Pharmaceuticals, Inc. ("RVL") is wholly owned by Osmotica Pharmaceutical Corp., which is a privately held corporation. RVL's products are manufactured and packaged by a contract manufacturer and will be distributed to specialty pharmacies.

Verified 8/22/20 NS

**Labeler Code: 73687**

RVL Pharmaceuticals, Inc. distributes its own products from their facilities located at:
2500 Main Street Extension, Suite 6
Sayreville, NJ 08872

**Contract Manufacturer:**
We are using the following contract manufacturer to produce our product:

**Nephron Pharmaceuticals Corporation**
4500 12th Street Extension
West Columbia, SC 29172
FEIN: 3011158388

**Products:**
The above contract manufacturers produce RVL's product and packages finished product. At no time do they own the product, contract with RVL's customers, invoice, nor sell an RVL product. RVL's products are not Controlled Substances.

RVL's hours of operation are 8:00 a.m. – 5:00 p.m. (Eastern Time), Monday through Friday

# Delaware

## The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RVL PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF AUGUST, A.D. 2020.*

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

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RVL PHARMACEUTICALS, INC." WAS INCORPORATED ON THE NINTH DAY OF AUGUST, A.D. 2011.*

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

Jeffrey W. Bullock, Secretary of State

5022283 8300

SR# 20206916272

Authentication: 203529933

Date: 08-25-20

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

**From:** CDER Electronic Drug Registration and Listing
**To:** Teriko Molina
**Cc:** Joann Stavole
**Subject:** RE: RevitaLid Labeler Code Request
**Date:** Friday, April 3, 2020 5:26:33 PM
**Attachments:** image002.png

Your labeler code was assigned on March 6, 2020 and we have been waiting for you all to confirm your labeler code. Once you confirm it you can begin listing.

Email

Back

| | |
|---|---|
| Status : | Assigned |
| Assigned Code : | 73687 |
| Labeler Name : | RevitaLid, Inc. |
| DUNS : | 081365086 |
| SPL Root ID : | 9fa6ac5a-7ea9-1366-e053-2995a90a6760 |
| Contact Name : | George Wagner |
| Contact Phone : | 1-908-809-1357 |
| Contact Email : | gwagner@osmotica.com |
| Contact Address : | 400 Crossing Blvd |
| Contact City : | Bridgewater |
| Contact State : | NJ |
| Contact Zip : | 08807 |
| Contact Country : | USA |
| Physical Name : | RevitaLid, Inc. |
| Physical DUNS : | 081365086 |
| Physical Address : | 400 Crossing Blvd |
| Physical City : | Bridgewater |
| Physical State : | NJ |
| Physical Zip : | 08807 |

Physical Country : USA

Business Operations : distributes drug products under own private label - Distributes human prescription drug products

eDRLS - Electronic Drug Registration & Listing System

Current Date: 06-MAR-2020
Labeler DUNS: 081365086
Labeler Name: RevitaLid, Inc.
Labeler Code: 73687

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) § 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

**From:** Teriko Molina <molina@osmotica.com>
**Sent:** Friday, April 03, 2020 4:24 PM
**To:** CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>

**Cc:** Joann Stavole <jstavole@osmotica.com>
**Subject:** RevitaLid Labeler Code Request

Good Evening,

I completely understand that we have public health emergency and that you all are busy with the hand sanitizer issues at hand. We are trying to begin labeling for our product that is NOT a hand sanitizer and need a labeler code in order to do so. I submitted a labeler code request for our company RevitaLid, Inc. on Friday, February 28th. Any kind of estimate of a response would help us to be able to put a timeline together for our team. Thank you so much for your time.

Ps. I have also reached out to cderdirect@fda.hhs.gov as well and haven't heard back. I'm sure everyone is busy with this situation.

**Teri Molina**
Regulatory Associate, Labeling

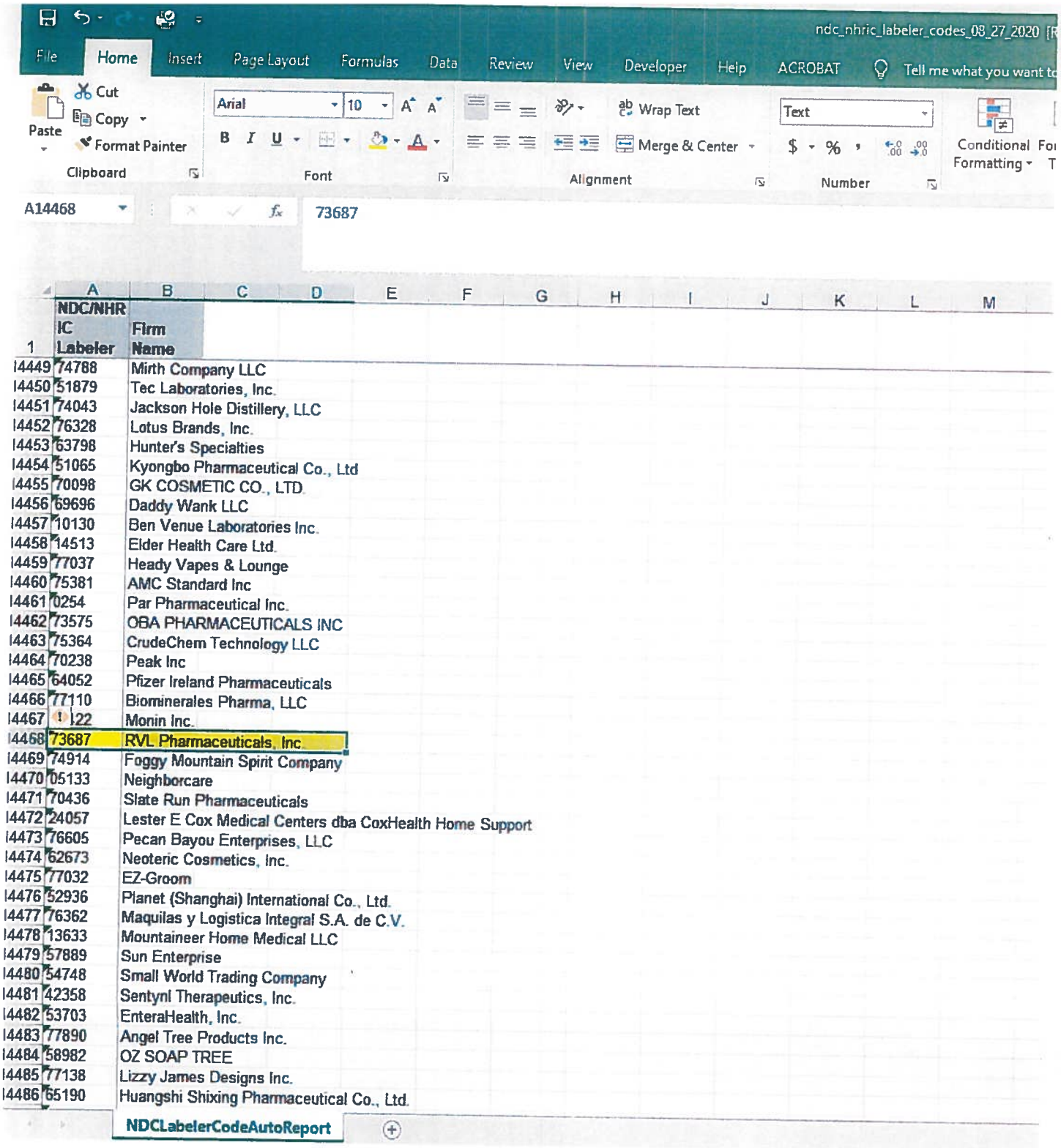
**Osmotica Pharmaceuticals**
1904 Eastwood Road, Suite 205
Wilmington, NC 28403
**Office:** (770) 509-4603
**Fax:** (910) 509-0121
**Email:** molina@osmotica.com

www.osmotica.com

Banner



**CONFIDENTIALITY NOTE: This e-mail and any files transmitted are intended only for the use of the individual or entity to whom they are addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of any of the information is PROHIBITED.**




| | NDC/NHRIC Labeler | Firm Name |
|---|---|---|
| 14449 | 74788 | Mirth Company LLC |
| 14450 | 51879 | Tec Laboratories, Inc. |
| 14451 | 74043 | Jackson Hole Distillery, LLC |
| 14452 | 76328 | Lotus Brands, Inc. |
| 14453 | 63798 | Hunter's Specialties |
| 14454 | 51065 | Kyongbo Pharmaceutical Co., Ltd |
| 14455 | 70098 | GK COSMETIC CO., LTD. |
| 14456 | 69696 | Daddy Wank LLC |
| 14457 | 10130 | Ben Venue Laboratories Inc. |
| 14458 | 14513 | Elder Health Care Ltd. |
| 14459 | 77037 | Heady Vapes & Lounge |
| 14460 | 75381 | AMC Standard Inc |
| 14461 | 0254 | Par Pharmaceutical Inc. |
| 14462 | 73575 | OBA PHARMACEUTICALS INC |
| 14463 | 75364 | CrudeChem Technology LLC |
| 14464 | 70238 | Peak Inc |
| 14465 | 64052 | Pfizer Ireland Pharmaceuticals |
| 14466 | 77110 | Biominerales Pharma, LLC |
| 14467 | 122 | Monin Inc. |
| 14468 | 73687 | RVL Pharmaceuticals, Inc. |
| 14469 | 74914 | Foggy Mountain Spirit Company |
| 14470 | 05133 | Neighborcare |
| 14471 | 70436 | Slate Run Pharmaceuticals |
| 14472 | 24057 | Lester E Cox Medical Centers dba CoxHealth Home Support |
| 14473 | 76605 | Pecan Bayou Enterprises, LLC |
| 14474 | 62673 | Neoteric Cosmetics, Inc. |
| 14475 | 77032 | EZ-Groom |
| 14476 | 52936 | Planet (Shanghai) International Co., Ltd. |
| 14477 | 76362 | Maquilas y Logistica Integral S.A. de C.V. |
| 14478 | 13633 | Mountaineer Home Medical LLC |
| 14479 | 57889 | Sun Enterprise |
| 14480 | 54748 | Small World Trading Company |
| 14481 | 42358 | Sentynl Therapeutics, Inc. |
| 14482 | 53703 | EnteraHealth, Inc. |
| 14483 | 77890 | Angel Tree Products Inc. |
| 14484 | 58982 | OZ SOAP TREE |
| 14485 | 77138 | Lizzy James Designs Inc. |
| 14486 | 65190 | Huangshi Shixing Pharmaceutical Co., Ltd. |

RVL
PHARMACEUTICALS, INC.

**Product List**

UPNEEQ - Oxymetazoline HCl Ophthalmic Solution, 0.1% - Labeler code: 73687

**CASSIA RICCIONI**
Keyport, NJ 07735
;gmail.com | **www.linkedin.com/CassieRiccioni**

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## QUALITY ASSURANCE | PHARMACEUTICAL | MANUFACTURING

Quality Assurance Professional with broad experience in pharmaceutical quality processes and problem solving. Expertise in reviewing complaints, SOPs, Batch Records, and other documentation for accuracy and completeness. Skilled in preparing for internal or external audits and correcting deficiencies. Demonstrated ability to bring new facilities into FDA compliance. Proficient in SAP and TrackWise.

## CORE COMPETENCIES

PQMS | Batch Record Review | Controlled Substances/DEA | Document Control FDA Regulations | Metrics Reporting | GMP/GLP/GXP | OSHA | Manufacturing Drug Products | Outstanding Communication Skills | Team Collaboration

## PROFESSIONAL EXPERIENCE

Vertical Pharmaceuticals Sayreville, NJ 07/2019 to present
**Quality Assurance Associate**

- Perform documentation review (i.e. batch manufacturing and/or packaging records, Certificate of Compliance, Certificate of Analysis, etc.)Based on review, perform product release and disposition within company ERP system.
- Initiate, write, drive/lead deviations and investigations to ensure that all critical and major quality issues are thoroughly addressed and documented with appropriate associated CAPA.
- Participate in Change Control activities affecting procedures, processes and systems.
- Receive product quality complaints and perform activities to lead to closure and customer satisfaction.
- Write, review, and approve standard operating procedures (SOPs) and other applicable operation related GMP documents.
- Support and participate in trending of quality measures, CAPA plans, and annual reports.
- Escalate potential issues and concerns immediately to QA Management.
- Participate and assist in the GMP auditing program for internal and external audits including FDA, DEA, and FL-DBPR.
- Support the development, improvement and maintenance of Quality Systems including procedure development, process mapping in collaboration with other technical and business areas.
- Guide, develop and train others in areas of subject matter expertise.

TaroPharmaceuticals,Cranbury,NJ 04/2019 - 07/2019
**Quality Specialist** (contract)

- SOP Development
- Participate in Site Quality Council Team
- Review shipping documents, in-transit conditions, release documents from sites and FDA-releases for products received from manufacturing facilities
- Upon success of the document reviewed, release products
- Interact with Quality release teams in order to coordinate and ensure accurate release of products
- Inspect, verify and document the transport condition of any products received from manufacturing sites.
- Review and ensure compliance of the batch manufacturing records associated to the CMO received batches
- Inspect the returns goods and define the recommended status
- Coordinate and document the pre-authorized destruction of products
- Create, maintain files related to products and master data in SAP
- Act as Quality primary point of contact for subjects related to SAP
- Initiate, review and close investigations in Trackwise

Oncobiologics,Cranbury,NJ 02/2018 - 11/2018
**Quality Associate**

- Issuing, reviewing and archiving executed manufacturing batch records (MBR) for biologics manufacturing of clinical supplies and licensed products.
- Review and comment on draft documentation relevant to manufacturing, such as MBRs, Specifications and SOPs
- Initiate and participate in investigations, including non-conformance events,deviations, CAPA's and investigations.
- Inspect and observe the manufacturing units
- Ensure that the organization is compliant with relevant cGMPs, participate in internal audit teams and ensure readiness for global health authority's inspections
- Implement Quality Plan and associated policies and procedures required for the Quality Assurance function
- Specification & Materials Management.

Actinium Pharmaceuticals Inc., Edison, NJ 01/2016 – 07/2016
**Senior Quality Associate** (contract)

- Reviewed Manufacturing Records and released product for clinical use.
- Participated in SOP development, training and implementation.
- Entered, checked, monitored stability data in Excel.
- Reviewed and approved Master Batch Records, Deviations and CAPA's.
- QA advisor for product development at external sites.

JANSSEN SUPPLY GROUP, a division of J&J, Raritan, NJ 2007 – 2015
**Quality Associate**

- Reviewed product complaints in the PQMS system, ensuring complaint was categorized correctly for metrics reporting and escalating as needed.
- Requested investigations from internal and external manufacturing sites, reviewing results for accuracy and completeness and closing complaint.
- Monitored metrics for trends by analyzing reports, identifying defects and escalating as

needed for investigation or recall.
- Created weekly and monthly reports in Excel which demonstrated number of complaints for each site, providing data for site managers and quality management team.
- Assisted in Audits.

JEIVEN PHARMACEUTICAL CONSULTING, INC., Scotch Plains, NJ 2003 – 2007
**Senior Quality Compliance Associate**

- Batch record review and release
- Quality control for contract sites, pulling samples during runs and for retians
- 3rd party monitor at contract packaging sites
- SOP Development
- Audit Prep

NOVADEL PHARMA, INC., Flemington, NJ
**Production Supervisor, Compliance Coordinator** 2002 - 2003
Nexmed,EastWindsorNJ
**Operations Line Leader** 2001-2002
Medarex, Clinton, NJ
**Laboratory Technician** 1998-2001

## EDUCATION

Microsoft Office Specialist, Avtech Institute of Technology, Eatontown, NJ, 2017
Registered Nurse Coursework, Belmont Technical College, Saint Clairsville, OH
Mental Health / Human Services coursework, Franciscan University of Steubenville, Steubenville, OH

## SKILLS

SAP, Excel, PowerPoint, Access, SharePoint, TrackWise, ComplianceWire, WebEx, Master Control, Veeva Vault

# 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. BLY2020177

Application/License No. _____

RVL Pharmaceuticals, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2500 Main Street Extension, Suite 6, Sayreville, New Jersey 08871 (Address of Applicant/Principal), as PRINCIPAL, and The Hanover Insurance Company (Surety Company), a 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 440 Lincoln Street, Worcester, Massachusetts 01653-0002 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on July 24, 2020 (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 24th day of July, 20 20.

APPLICANT/PRINCIPAL
RVL PHARMACEUTICALS, INC.

Authorized Representative

SURETY COMPANY
THE HANOVER INSURANCE COMPANY

Surety Company's Representative

Wendy Lee Wadkins, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Pablo Rios, Jr.

Witness Danielle M. Bechard

Countersigned by:

Non- Nevada Resident Agent License #3091632
Wendy Lee Wadkins

**THE HANOVER INSURANCE COMPANY**
**MASSACHUSETTS BAY INSURANCE COMPANY**
**CITIZENS INSURANCE COMPANY OF AMERICA**

***POWER OF ATTORNEY***

**THIS Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.**

**KNOW ALL PERSONS BY THESE PRESENTS:**

That THE HANOVER INSURANCE COMPANY and MASSACHUSETTS BAY INSURANCE COMPANY, both being corporations organized and existing under the laws of the State of New Hampshire, and CITIZENS INSURANCE COMPANY OF AMERICA, a corporation organized and existing under the laws of the State of Michigan, (hereinafter individually and collectively the "Company") does hereby constitute and appoint,

**Wendy Lee Wadkins, Christopher F. Mulvaney, Charles N. Parsons, Vincent J. Mancini and/or Pablo Rios, Jr.**

Of **Willis of Pennsylvania, Inc. of Radnor, PA** each individually, if there be more than one named, as its true and lawful attorney(s)-in-fact to sign, execute, seal, acknowledge and deliver for, and on its behalf, and as its act and deed any place within the United States, any and all surety bonds, recognizances, undertakings, or other surety obligations. The execution of such surety bonds, recognizances, undertakings or surety obligations, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company, in their own proper persons. Provided however, that this power of attorney limits the acts of those named herein; and they have no authority to bind the Company except in the manner stated and to the extent of any limitation stated below:

**Any such obligations in the United States, not to exceed Twenty Five Million and No/100 ($25,000,000) in any single instance**

That this power is made and executed pursuant to the authority of the following Resolutions passed by the Board of Directors of said Company, and said Resolutions remain in full force and effect:

RESOLVED: That the President or any Vice President, in conjunction with any Vice President, be and they hereby are authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as it acts, to execute and acknowledge for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company in their own proper persons.

RESOLVED: That any and all Powers of Attorney and Certified Copies of such Powers of Attorney and certification in respect thereto, granted and executed by the President or Vice President in conjunction with any Vice President of the Company, shall be binding on the Company to the same extent as if all signatures therein were manually affixed, even though one or more of any such signatures thereon may be facsimile. (Adopted October 7, 1981 – The Hanover Insurance Company; Adopted April 14, 1982 – Massachusetts Bay Insurance Company; Adopted September 7, 2001 – Citizens Insurance Company of America)

IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by two Vice Presidents, this **14th** day of **February, 2018**.

The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

John C. Roche, EVP and President

The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

James H. Kawiecki, Vice President

THE COMMONWEALTH OF MASSACHUSETTS )
COUNTY OF WORCESTER ) ss.

On this **14th** day of **February, 2018** before me came the above named Vice Presidents of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, to me personally known to be the individuals and officers described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, respectively, and that the said corporate seals and their signatures as officers were duly affixed and subscribed to said instrument by the authority and direction of said Corporations.

DIANE J. MARINO
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
March 4, 2022

Diane J. Marino, Notary Public
My Commission Expires March 4, 2022

I, the undersigned Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, hereby certify that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Powers of Attorney are still in force and effect.

GIVEN under my hand and the seals of said Companies, at Worcester, Massachusetts, this 24thday of July 2020

CERTIFIED COPY

Theodore G. Martinez, Vice President

TwoLabs PHARMA SERVICES

RVL PHARMACEUTICALS, INC.

August 11, 2020

**Via Fed Ex**

Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

To Whom It May Concern:

On behalf of RVL Pharmaceuticals, Inc., attached is RVL Pharmaceuticals, Inc.'s initial application for licensure.

RVL Pharmaceuticals, Inc. is a is a privately held pharmaceutical company located in Sayreville, New Jersey. RVL Pharmaceuticals, Inc. distributes its products directly to wholesalers from its facility in Sayreville, New Jersey. The products RVL Pharmaceuticals, Inc.'s ships out of the Sayreville, New Jersey location are not controlled substances. Accordingly, RVL Pharmaceuticals, Inc. is not required to obtain a DEA registration. At the time of this filing, RVL Pharmaceuticals, Inc. only holds a license in their home state of New Jersey.

I hope this narrative is helpful as you review RVL Pharmaceuticals, Inc.'s application. If you have a question regarding this application, please contact me at 614-370-2801 or via email at stacie.borngrebe@twolabs.com. Please also address all written communication to me. My address is 2123 English Turn Dr., Grove City, OH 43123.

Thank you in advance for your consideration.

Stacie Borngrebe
*Licensing Analyst*
PharmaLicense

# 4JJ

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH 02628
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 1,2,3,4
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: Slayback Pharma, LLC

Physical Address: 301 Carnegie Center, Suite 303

City: Princeton State: NJ Zip Code: 08540

Telephone Number: (609) 945-3443 Fax Number: (609) 455-1514

Toll Free Number: (844) 566-2505

E-mail: SLY@slsny.com Website: www.slayback-pharma.com

Facility Manager: Rafal Czapla

Professional qualifications and experience of facility manager: Director of marketing at Slayback Pharma, LLC since 2017
Responsibilities include 3PL setup, customer setup including contract review, managing launch meeting and sterile pipeline product analysis and support, label creation; IMS data market analysis; working with pricing and compendia to establish WAC, and Customer pricing and offer letters.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distributors

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other:
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Labeler Code: 71225 Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: GP Pharma, SA
Address: Pl. Els Vinyets-Els fogars 2, Ctra. Comarcal C-244 Km.22, 0879 Sant Quinti de Mediona, Barcelona, Spain
Name: Corden Pharma, SpA
Address: Viale Dell' Industria 3, Caponago, Monza E della Brianza, IT
Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

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 ☒

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Ajay K. Singh
Print Name of Authorized Person

03/06/2020
Date

**Board Use Only** Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation: Slayback Pharma, LLC

Parent Company if any: N/A

Mailing Address: 301 Carnegie Center, Suite 303

City: Princeton State: NJ Zip: 08540

Telephone: (609) 945-3443 Fax: (609) 455-1514

Contact Person: Rafal Czapla

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Armour Investments, LLC — 41 Armour Road, Princeton, NJ 08540 — 31.9%
Name — Business Address

b) KKR Sail Investors LLC — 2800 Sand Hill Road, Suite 200, Menlo Park, CA 94025 — 30.2%
Name — Business Address

c) Everpharma Inc. — 213 Little Falls Drive, Wilmington, DE 19808 — 22.8%
Name — Business Address

d) Remaining 15.1% consists of multiple entities/people that own less than 5%.
Name — Business Address

2) Provide the number of shares issued by the corporation. 159,116,815

3) What was the price paid per share? $1.02

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

## Include with the application for a non-publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

# Slayback Pharma, LLC

**Corporate Address:** 301 Carnegie Center, Suite 303, Princeton , NJ 08540 USA
**FEIN:** 27-5210842
www.slayback-pharma.com

**Drug Labeler Code:** 71225
**Incorporation State:** DE
**Incorporation Date:** 12/27/2016

**FACILITY INFORMATION**

| Code | Address | FDA | DEA | DUNS | VAWD | Phone | Fax |
|---|---|---|---|---|---|---|---|
| JCT | 301 Carnegie Center<br>Suite 303<br>Princeton, NJ 08540<br>County: Mercer | N/A | N/A - No CS | 967770848 | No | (609) 945-3443 | (609) 455-1514 |

**FACILITY DESIGNATED REPRESENTATIVES**

| Name | Address | Title | Prescribing Authority | SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|
| Rafal Czapla | 2546 E. Clearfield Street<br>Philadelphia, PA 19134 | Director, Marketing | Yes | | | |

**OWNERSHIP**

| Name | Address | Title | Percent of Ownership | Prescribing Authority | FEIN/SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|---|
| KKR Sail Investors LLC | 2800 Sand Hill Road<br>Suite 200<br>Menlo Park, CA 94025 | N/A | 30.2 | N/A | 81-4652475 | N/A | N/A |
| Everpharma Inc. | 213 Little Falls Drive<br>Wilmington , DE 19808 | N/A | 22.8 | N/A | 84-4046026 | N/A | N/A |
| Armour Investments, LLC | 41 Armour Road<br>Princeton , NJ 08540 | N/A | 31.9 | N/A | 83-6124797 | N/A | N/A |

**LIST OF OFFICERS**

| Name | Address | Title | Prescribing Authority | SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|
| Ajay K. Singh | Armour Road<br>Princeton, NJ 08540 | President & CEO | 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 |
|---|---|---|---|---|---|---|
| Eversana Life Science Services LLC | 4580 Mendenhall Road<br>Memphis, TN 38141 | | | | | |



Company Particulars

# Delaware

## The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SLAYBACK PHARMA LIMITED LIABILITY COMPANY" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SLAYBACK PHARMA LIMITED LIABILITY COMPANY" WAS FORMED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2016.

Jeffrey W. Bullock, Secretary of State

6262293 8300

SR# 20202038549

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

Authentication: 202570241

Date: 03-12-20

(NJ does not issue official VOLs)

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 8/17/2020

---

**Registration Number:** 5005359 **Registered as:** Manufacturer and Wholesale

**Parent Company Name:** SLAYBACK PHARMA, LLC

**Trade Name:**

**Original Issue Date:** 01/12/2018 **Expiration Date:** 01/31/2021

**Current Issue Date:** 11/29/2019

**Disciplines:** No

# NEW JERSEY DEPARTMENT OF HEALTH
# CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0737595

P.O. Box 369, Trenton, New Jersey 08625-0369

## DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: [X] manufacturer [X] wholesaler which conducts business at the following locations in this State:

301 CARNEGIE CTR, STE 303 PRINCETON, NJ 08540-

Reg. No.
5005359

SLAYBACK PHARMA, LLC
c/o STATE LICENSE SERVICING
1751 STATE ROUTE 17A, STE 3
FLORIDA, NY 10921-

**ISSUED PURSUANT TO**
**N.J.S.A. 24:6B**

**EXPIRES: January 31, 2021**

***Establishment Copy***

# National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

PRINT

Current through March 18, 2020

**You have searched Finished drug products**

**Search Results:** '71225'

Verified 8/27/20 MS

Back to Search Page () | Search Again ()

CSV Excel

**Display** All **records per page**

**Search for text in the table:**

| Proprietary Name | NDC Package Code | Strength | Dosage Form | Route | Appl. No. | Labeler Name | Product NDC | Nonproprietary Name | Substance Name | Product Type Name | Start Marketing Date | End Marketing Date | Market Category |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DEXMEDETOMIDINE HYDROCHLORIDE | 71225-126-06 | 4 ug/mL | INJECTION | INTRAVENOUS | ANDA212791 | Slayback Pharma LLC | 71225-126 | dexmedetomidine hydrochloride | DEXMEDETOMIDINE HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 12/06/2019 | N/A | ANDA |
| DEXMEDETOMIDINE HYDROCHLORIDE | 71225-126-05 | 4 ug/mL | INJECTION | INTRAVENOUS | ANDA212791 | Slayback Pharma LLC | 71225-126 | dexmedetomidine hydrochloride | DEXMEDETOMIDINE HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 12/06/2019 | N/A | ANDA |
| HYDROXYPROGESTERONE CAPROATE | 71225-104-01 | 250 mg/mL | INJECTION | INTRAMUSCULAR | ANDA210618 | Slayback Pharma LLC | 71225-104 | HYDROXYPROGESTERONE CAPROATE | HYDROXYPROGESTERONE CAPROATE | HUMAN PRESCRIPTION DRUG | 12/28/2018 | N/A | ANDA |
| Hydroxyprogesterone caproate | 71225-105-01 | 250 mg/mL | INJECTION | INTRAMUSCULAR | ANDA210877 | Slayback Pharma LLC | 71225-105 | Hydroxyprogesterone caproate | HYDROXYPROGESTERONE CAPROATE | HUMAN PRESCRIPTION DRUG | 03/25/2019 | N/A | ANDA |

Showing 1 to 4 of 4 entries Previous 1 Next

**From:** **compliance** compliance@slsnysupport.com
**Subject:** Slayback Pharma, LLC - Notice of Change of Ownership
**Date:** January 27, 2020 at 12:24 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: January 27, 2020
To: Nevada State Board of Pharmacy
Re: Slayback Pharma, LLC, 301 Carnegie Center, Suite 303, Princeton, NJ 08540, Permit #: WH02628

Dear Licensing Authority:

State License Servicing, Inc. represents Slayback Pharma, LLC in the servicing of their state licenses. This letter shall serve as notice that effective January 15, 2020, Slayback Pharma, LLC had a change in the ownership of their company. The ownership is as follows:

From: Ajay K. Singh 25.2%
Gyan Ranjan Singh 5.85%
KKR Sail Investors LLC 31.5%
Nishtha G. Singh 26.2%

To: Armour Investments, LLC 31.9%
KKR Sail Investors, LLC 30.2%
Everpharma Inc. 22.8%
Other Owners Each Holding < 5% Ownership

Please be assured that if your state requires any additional forms, filings and associated fees to effectuate this change, these are being completed and will be filed shortly.

If you need any additional information, please feel free to call or email me at the address below.

Kind Regards,

Jennifer Schneider
V.P. Client Services
(845) 544-2482 ext 207
jennifers@slsny.com

THIS ELECTRONIC MAIL MESSAGE AND ANY ATTACHMENT IS CONFIDENTIAL AND MAY CONTAIN LEGALLY PRIVILEGED INFORMATION INTENDED FOR THE USE OF THE INDIVIDUAL OR INDIVIDUALS NAMED ABOVE.

Click Here to Respond to this Email

IMPORTANT NOTICE

Slayback Pharma
Connecting the Dots ...

# Slayback Pharma, LLC

## Ownership

Armour Investments, LLC- 31.9%
FEIN:83-6124797

KKR Sail Investors, LLC-30.2%
FEIN:81-4652475

Everpharma, Inc- 22.8%
FEIN:84-4046026

The remaining 15.1% of ownership is held by numerous shareholders who hold various shares not amounting to more than 4% each

2020

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 810006299

Application/License No. WHO2628

Slayback Pharma LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 301 Carnegie Ctr, Suite 303, Princeton, New Jersey 08540-6586 (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 One State Street Plaza, 31st Floor, New York, NY 10004 (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 27, 2020 (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 27th day of August, 20 20.

APPLICANT/PRINCIPAL
Slayback Pharma LLC

Authorized Representative

SURETY COMPANY
Atlantic Specialty Insurance Company

Surety Company's Representative

Robyn Rost, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness GYAN RANJAN (VP - OPERATIONS)

Witness Rhina Guntzky (operation manager)

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

OneBeacon
INSURANCE GROUP

# Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Robyn Rost, Raymond C. Carman, Theresa A. Lanfranco, Kim Spinello, Dan E. Ries, Denese Thompson, Marlena Brower, Jessica J. Bentley, Laura L Brown,** 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: **sixty million dollars ($60,000,000)** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-ninth day of April, 2019.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNEPIN COUNTY

On this twenty-ninth day of April, 2019, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

MANDALY ANN LAMERE
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31 2023

_____
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_____ day of _____, _____.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

This Power of Attorney expires
January 31, 2023

_____
Christopher V. Jerry, Secretary

OneBeacon
INSURANCE GROUP

## Atlantic Specialty Insurance Company

Period Ended 12/31/2019

*Dollars displayed in thousands*

| | |
|---|---|
| **Admitted Assets** | |
| **Investments** | |
| Bonds | $ 1,219,332 |
| Preferred Stocks | - |
| Common Stocks | 791,167 |
| Mortgage Loans | - |
| Real Estate | - |
| Contract Loans | - |
| Derivatives | - |
| Cash, Cash Equivalents & Short Term Investments | 62,383 |
| Other Investments | 17,350 |
| **Total Cash & Investments** | 2,090,232 |
| Premiums and Considerations Due | 261,176 |
| Reinsurance Recoverable | 51,892 |
| Receivable from Parent, Subsidiary or Affiliates | 21,095 |
| All Other Admitted Assets | 59,800 |
| **Total Admitted Assets** | 2,484,105 |

| | |
|---|---|
| **Liabilities and Surplus** | |
| **Liabilities** | |
| Loss Reserves | $ 750,516 |
| Loss Adjustment Expense Reserves | 243,193 |
| **Total Loss & LAE Reserves** | 993,709 |
| Unearned Premium Reserve | 520,053 |
| Total Reinsurance Liabilities | 17,061 |
| Commissions, Other Expenses, and Taxes due | 40,497 |
| Derivatives | - |
| Payable to Parent, Subs or Affiliates | - |
| All Other Liabilities | 165,932 |
| **Total Liabilities** | 1,737,252 |
| Capital and Surplus | |
| Common Capital Stock | 9,001 |
| Preferred Capital Stock | - |
| Surplus Notes | - |
| Unassigned Surplus | 49,392 |
| Other including Gross Contributed | 688,460 |
| **Capital & Surplus** | 746,853 |
| **Total Liabilities and C&S** | 2,484,105 |

State of Minnesota
County of Hennepin

I, Christopher Jerry, 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 OneBeacon Insurance Company, on the 31st day of December, 2019, 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 27th day of February, 2020.

SHANNON MARIE LAUBY-WOLF
Notary Public
Minnesota
My Commission Expires
Jan 31, 2025

*Notary Public*

# Rafal Czapla, PharmD, MBA

› E. Clearfield Street
Philadelphia, PA 19134
Phone
E-mail :om

## OBJECTIVE

To obtain a management position with an organization that will gain from my knowledge and experience while allowing me to explore new challenges and facilitating professional growth.

## PROFESSIONAL EXPERIENCE

*Director, Marketing (July 2017 – Present)*
*Slayback Pharma, LLC*
*Princeton, NJ*

Responsibilities:

- 3PL setup
- Customer setup including contract review
- Managing launch meeting and sterile pipeline product analysis and support
- Label creation
- IMS data market analysis
- Working with Pricing compendia to establish WAC
- Customer pricing and offer letters
- Working with finance to prepare annual forecast, budget, LE and Strat Plan
- Working with BD to analyze potential product opportunities and acquisitions

*Director, Marketing (July 2016 – July 2017)*
*Renaissance Lakewood, LLC*
*Newtown, PA*

Responsibilities:

- 3PL setup
- Customer setup including contract review
- Managing launch meeting and sterile pipeline product analysis and support
- Label creation
- Marketing lead for Serialization project
- IMS data market analysis
- Working with Pricing compendia to establish WAC
- Customer pricing and offer letters
- Working with finance to prepare annual forecast, budget, LE and Strat Plan
- Working with BD to analyze potential product opportunities and acquisitions

**Results: 1st sterile product approval in Jan 2017 and successful preparedness for product launch**

*Sr. Marketing Manager (April 2015 – June 2016)*
*Renaissance Pharma & Prestium Pharma*
*Newtown, PA*

Additional Responsibilities:

- Hired Brand Manager to support Prestium Brands and sales force
- Hired Product Manager to support IMS data, market analysis and Trade show support
- Worked with finance to prepare annual forecast, budget, LE and Strat Plan
- Managed Care analysis and support
- Transition of newly acquired brands (Zonalon, Prudoxin, Erygel, Phenergan) and generics (Lithium Capsules, Prednisone Tablets)
- Managed AG launches (Doxepin Cream, Naftifine Cream, Erythromycin Gel, Promethazine Suppositories)
- Support of sterile pipeline projects
- Preparation and transfer of data and knowledge for acquisition

**Results: Net sales grew to $161M in 2015 and company was acquired by Mylan**

*Marketing Manager (June 2013 – March 2015)*
*Renaissance Pharma & Prestium Pharma*
*Newtown, PA*

Responsibilities:

- 3PL setup
- Customer setup including contract review (Prestium and Renaissance)
- Transition of products acquired from GSK into Prestium labeler code
- Creation of labeling and launch communication
- Working with Pricing compendia to establish WAC
- Customer pricing and offer letters
- AG launch to establish Renaissance labeler
- Managing customer service and supporting customer needs
- Managing 3rd party indirect pricing including chargebacks and reporting
- Managing government pricing via 3PL
- Creation of marketing programs, sales materials and sales force support
- IMS data analysis and reporting
- Forecasting and supply management
- Trade show management and support
- Website creation, transition and support

**Results: Net sales grew from $16.6M prior to 2013, to $119M in 2014**

*Sr. Product Manager (December 2012 – June 2013)*
*Teva Pharmaceuticals USA*
*North Wales, PA*

Responsibilities:

- Increased responsibilities as well as project involvement

Projects:

- Inventory Optimization Initiative (Commercial Operations representative)
  - Understand and optimize inventory across the E2E supply chain while maintaining and improving required service levels
  - Reduce inventory-related expense (write-off, warehousing cost and capital requests, insurance, etc)
- Forecasting Initiative (Project Spring)

    - Revamp forecasting process at Teva with a goal to reach 70% accuracy
- Streamlining
    - Decrease complexity of the portfolio through obsoletion of unnecessary counts
    - Reduce waste by decreasing batch size or splitting a batch across several presentations
    - Introduce counts that put Teva inline with competition and if possible introduce counts that give Teva an advantage over competition

*Product Manager (October 2010 – December 2012)*
*Teva Pharmaceuticals USA*
*North Wales, PA*

Responsibilities:

- Management, analysis and review of inline product portfolio, brand/generic competitors and similar markets to ensure a strong portfolio
- Management, analysis of market activities and NAM support around New Business Opportunities, Awards and Losses
- Product Supply Allocation (supply constraint)
- Supporting targeted market opportunities (Upside, Strategic, and Competitive safety stock)
- Working closely with QA, Market Planners, Plant Managers, Warehouse Management, Customer Service, Regulatory Affairs, Marketing and GPNO to ensure smooth transition during product transfers and customer transitions
- Portfolio analysis with the goal of product improvement (Proper count, label, medication guide, packaging etc.)
- Forecast analysis and recommendations to Demand Planning (annual workplan)
- Creation and support of exit strategies around product deletion/unavailability
- Marketing voice within Supply chain, Quality, Regulatory
- Analysis and presentation of IMS data

Projects:

- Budesonide Samples launch
- Warfarin Tablets Launch (alternate formulation)
- SMX/TMP Tablets & Sertraline Tablets relaunch

*Clinical Research Scientist (August 2008 – July 2010)*
*Teva Pharmaceuticals USA*
*North Wales, PA*

*Medical Affairs Associate (July 2006 – August 2008)*
*Teva Pharmaceuticals USA*
*North Wales, PA*

## EDUCATION

*2009-2012* MBA with a certificate in Public Health
Keller Graduate School of Management, DeVry University

*2000-2006* Doctor of Pharmacy
Temple University School of Pharmacy
Philadelphia, Pennsylvania

## ACHIEVEMENTS & AFFILIATIONS

- Registered Pharmacist in the State of Pennsylvania
- Fluent in Polish, spoken and written

**References available upon request**

# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RISING PHARMA HOLDINGS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RISING PHARMA HOLDINGS, INC." WAS INCORPORATED ON THE FIRST DAY OF MARCH, A.D. 2019.

Jeffrey W. Bullock, Secretary of State

7304068 8300

SR# 20206925923

Authentication: 203551787

Date: 09-02-20

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

# 4KK

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
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 1,2,3,4
- ☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
- ☐ Partnership - Pages 1,2,3,7
- ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: Time-Cap Laboratories, Inc.

Physical Address: 2600 Spagnoli Rd

City: Melville State: NY Zip Code: 11747

Telephone Number: 631-753-9090 Fax Number: 631-753-2220

Toll Free Number:

E-mail: akhandaker@timecaplabs.com Website: www.timecaplabs.com

Facility Manager: Ann Khandaker

Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

- ☑ Pharmacies
- ☐ Practitioners
- ☐ Hospitals
- ☒ Wholesalers
- ☐ Other: _____

Type of Products to be handled or wholesaled by firm:

- ☑ Legend Pharmaceuticals, Supplies or Devices
- ☐ Poisons or Chemicals
- ☐ Controlled Substances (include copy of DEA)
- ☐ Other: OTC, dietary supplements
- ☐ Hypodermic Devices
- ☐ Veterinary Legend Drugs

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Time-Cap Laboratories, Inc.
Address: 7 Michael Ave, Farmingdale, NY 11735

Name: Marksans Pharma Inc, 11th Floor Grandeur,
Address: Opp. Gundecha Symphony, Veera Desai Extension Rd Oshiwara Andheri (W) Mumbai, India 400 0053

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

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 ☒

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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, site 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.

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 pharmacy 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.

A Khandaker
Original Signature of Person Authorized to Submit Application, no copies or stamps

Ann Khandaker
Print Name of Authorized Person

05/13/2020
Date

| Board Use Only | Date Processed: | Amount: 500.00 |
|---|---|---|

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

## OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: New York

Parent Company if any: Marksans Pharma Inc

Corporation Name: Time-Cap Laboratories, Inc

Mailing Address: 7 Michael Ave

City: Farmingdale State: NY Zip: 11735

Telephone: 631-753-9090 Fax: 631-753-2220

Contact Person: Joanne Whelan

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: Marksans Pharma Inc

Registration number issued: 4678821

Stock Exchange: India Stock Exchange

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: n/a

## 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.

## Mark I. Sedar

**From:** Anm Khandake n>
**Sent:** Tuesday, August 11, 2020 1:16 PM
**To:** Mark I. Sedar
**Subject:** RE: Nevada Out-of-State Wholesaler application - Tim-Cap Laboratories, Inc.

Hello Mark,

The labeler code for TimeCap Labs, Inc. is **49483.**

**Best Regards,**

**Anm Khandaker**
**Director of Quality Assurance**

Time-Cap Labs, Inc.

**Providing a Solid Dose of Innovation®**
**7 Michael Avenue | Farmingdale | New York | 11735**
**631-753-9090 ext 122 | 631-753-2220 (Fax)**
**akhandaker@timecaplabs.com**

Verified 8/11/20 MS

---

**From:** Mark I. Sedar [mailto:msedar@pharmacy.nv.gov]
**Sent:** Tuesday, August 11, 2020 4:05 PM
**To:** Anm Khandaker
**Subject:** RE: Nevada Out-of-State Wholesaler application - Tim-Cap Laboratories, Inc.

Hi Anm,

One last piece of information I will need verification on as we finalize the review of your application. Can you please provide the labeler code?

Thank you,

**Mark Sedar**
**Chief Operating Officer**
**Nevada State Board of Pharmacy**
**(775) 850-1440**
**msedar@pharmacy.nv.gov**

# National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

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Current through June 24, 2020

**You have searched Finished drug products**

**Search Results:** *'49483'*

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**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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ACETAMINOPHEN | 49483-342-10 | 500 mg/1 | TABLET, FILM COATED | ORAL | part343 | TIME CAP LABORATORIES INC | 49483-342 | ACETAMINOPHEN | ACETAMINOPHEN | HUMAN OTC DRUG | 05/01/2012 | N/A | OTC MONOGRAPH NOT FINAL | 1000 TABLET, FILM COATED in 1 BOTTLE, PLASTIC (49483-342-10) |
| ACETAMINOPHEN | 49483-341-01 | 500 mg/1 | TABLET, FILM COATED | ORAL | part343 | TIME CAP LABS INC | 49483-341 | ACETAMINOPHEN | ACETAMINOPHEN | HUMAN OTC DRUG | 07/18/2011 | N/A | OTC MONOGRAPH NOT FINAL | 100 TABLET, FILM COATED in 1 BOTTLE, PLASTIC (49483-341-01) |
| ACETAMINOPHEN | 49483-342-00 | 500 mg/1 | TABLET, FILM COATED | ORAL | part343 | TIME CAP LABORATORIES INC | 49483-342 | ACETAMINOPHEN | ACETAMINOPHEN | HUMAN OTC DRUG | 05/01/2012 | N/A | OTC MONOGRAPH NOT FINAL | 100000 TABLET, FILM COATED in 1 CARTON (49483-342-00) |
| ACETAMINOPHEN | 49483-342-01 | 500 mg/1 | TABLET, FILM COATED | ORAL | part343 | TIME CAP LABORATORIES INC | 49483-342 | ACETAMINOPHEN | ACETAMINOPHEN | HUMAN OTC DRUG | 05/01/2012 | N/A | OTC MONOGRAPH NOT FINAL | 100 TABLET, FILM COATED in 1 BOTTLE, PLASTIC (49483-342-01) |
| ACETAMINOPHEN | 49483-340-01 | 325 mg/1 | TABLET | ORAL | part343 | TIME CAP LABS INC | 49483-340 | ACETAMINOPHEN | ACETAMINOPHEN | HUMAN OTC DRUG | 12/15/2011 | N/A | OTC MONOGRAPH NOT FINAL | 100 TABLET in 1 BOTTLE, PLASTIC (49483-340-01) |
| ACETAMINOPHEN | 49483-252-01 | 500 mg/1 | TABLET | ORAL | part343 | TIME CAP LABORATORIES INC | 49483-252 | ACETAMINOPHEN | ACETAMINOPHEN | HUMAN OTC DRUG | 07/12/2011 | N/A | OTC MONOGRAPH NOT FINAL | 100 TABLET in 1 BOTTLE, PLASTIC (49483-252-01) |
| Alert | 49483-343-44 | 200 mg/1 | TABLET, FILM COATED | ORAL | part340 | Time Cap Labs Inc | 49483-343 | Caffeine | CAFFEINE | HUMAN OTC DRUG | 11/30/2011 | N/A | OTC MONOGRAPH FINAL | 40 TABLET, FILM COATED in 1 BOTTLE (49483-343-44) |
| ALLER-G-TIME | 49483-061-10 | 25 mg/1 | TABLET, FILM COATED | ORAL | part341 | TIME CAP LABORATORIES INC | 49483-061 | DIPHENHYDRAMINE HYDROCHLORIDE | DIPHENHYDRAMINE HYDROCHLORIDE | HUMAN OTC DRUG | 05/01/2012 | N/A | OTC MONOGRAPH FINAL | 1000 TABLET, FILM COATED in 1 BOTTLE, PLASTIC (49483-061-10) |
| ALLER-G-TIME | 49483-061-01 | 25 mg/1 | TABLET, FILM COATED | ORAL | part341 | TIME CAP LABORATORIES INC | 49483-061 | DIPHENHYDRAMINE HYDROCHLORIDE | DIPHENHYDRAMINE HYDROCHLORIDE | HUMAN OTC DRUG | 05/01/2012 | N/A | OTC MONOGRAPH FINAL | 100 TABLET, FILM COATED in 1 BOTTLE, PLASTIC (49483-061-01) |
| Allergy Time | 49483-242-01 | 4 mg/1 | TABLET | ORAL | part341 | Time Cap Labs Inc | 49483-242 | Chlorpheniramine Maleate | CHLORPHENIRAMINE MALEATE | HUMAN OTC DRUG | 02/08/2011 | N/A | OTC MONOGRAPH FINAL | 100 TABLET in 1 BOTTLE, PLASTIC (49483-242-01) |
| Allergy Time | 49483-242-10 | 4 mg/1 | TABLET | ORAL | part341 | Time Cap Labs Inc | 49483-242 | Chlorpheniramine Maleate | CHLORPHENIRAMINE MALEATE | HUMAN OTC DRUG | 02/08/2011 | N/A | OTC MONOGRAPH FINAL | 1000 TABLET in 1 BOTTLE, PLASTIC (49483-242-10) |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EXTRA PAIN RELIEF | 49483-370-20 | 250 mg/1, 250 mg/1, 65 mg/1 | TABLET, FILM COATED | ORAL | part343 | TIME CAP LABS | 49483-370 | ACETAMINOPHEN, ASPIRIN AND CAFFEINE | ACETAMINOPHEN; ASPIRIN; CAFFEINE | HUMAN OTC DRUG | 11/01/2013 | N/A | OTC MONOGRAPH NOT FINAL | 200 TABLET, FILM COATED in 1 BOTTLE, PLASTIC (49483-370-20) |
| GABAPENTIN | 49483-605-01 | 100 mg/1 | CAPSULE | ORAL | ANDA090007 | TIME CAP LABORATORIES, INC | 49483-605 | GABAPENTIN | GABAPENTIN | HUMAN PRESCRIPTION DRUG | 12/30/2015 | N/A | ANDA | 100 CAPSULE in 1 BOTTLE (49483-605-01) |
| GABAPENTIN | 49483-605-50 | 100 mg/1 | CAPSULE | ORAL | ANDA090007 | TIME CAP LABORATORIES, INC | 49483-605 | GABAPENTIN | GABAPENTIN | HUMAN PRESCRIPTION DRUG | 12/30/2015 | N/A | ANDA | 500 CAPSULE in 1 BOTTLE (49483-605-50) |
| GABAPENTIN | 49483-606-01 | 300 mg/1 | CAPSULE | ORAL | ANDA090007 | TIME CAP LABORATORIES, INC | 49483-606 | GABAPENTIN | GABAPENTIN | HUMAN PRESCRIPTION DRUG | 12/30/2015 | N/A | ANDA | 100 CAPSULE in 1 BOTTLE (49483-606-01) |
| GABAPENTIN | 49483-606-50 | 300 mg/1 | CAPSULE | ORAL | ANDA090007 | TIME CAP LABORATORIES, INC | 49483-606 | GABAPENTIN | GABAPENTIN | HUMAN PRESCRIPTION DRUG | 12/30/2015 | N/A | ANDA | 500 CAPSULE in 1 BOTTLE (49483-606-50) |
| GABAPENTIN | 49483-607-01 | 400 mg/1 | CAPSULE | ORAL | ANDA090007 | TIME CAP LABORATORIES, INC | 49483-607 | GABAPENTIN | GABAPENTIN | HUMAN PRESCRIPTION DRUG | 12/30/2015 | N/A | ANDA | 100 CAPSULE in 1 BOTTLE (49483-607-01) |
| GABAPENTIN | 49483-607-50 | 400 mg/1 | CAPSULE | ORAL | ANDA090007 | TIME CAP LABORATORIES, INC | 49483-607 | GABAPENTIN | GABAPENTIN | HUMAN PRESCRIPTION DRUG | 12/30/2015 | N/A | ANDA | 500 CAPSULE in 1 BOTTLE (49483-607-50) |
| IBUPROFEN | 49483-601-10 | 200 mg/1 | TABLET, FILM COATED | ORAL | ANDA091239 | TIME CAP LABORATORIES,INC | 49483-601 | IBUPROFEN | IBUPROFEN | HUMAN OTC DRUG | 03/22/2016 | N/A | ANDA | 1000 TABLET, FILM COATED in 1 BOTTLE (49483-601-10) |
| IBUPROFEN | 49483-603-01 | 600 mg/1 | TABLET, FILM COATED | ORAL | ANDA090796 | TIME CAP LABORATORIES INC | 49483-603 | IBUPROFEN | IBUPROFEN | HUMAN PRESCRIPTION DRUG | 12/30/2015 | N/A | ANDA | 100 TABLET, FILM COATED in 1 BOTTLE (49483-603-01) |
| IBUPROFEN | 49483-612-05 | 200 mg/1 | TABLET, FILM COATED | ORAL | ANDA091237 | TIME CAP LABORATORIES,INC | 49483-612 | IBUPROFEN | IBUPROFEN | HUMAN OTC DRUG | 11/16/2016 | N/A | ANDA | 50 TABLET, FILM COATED in 1 BOTTLE (49483-612-05) |
| IBUPROFEN | 49483-600-01 | 200 mg/1 | TABLET, FILM COATED | ORAL | ANDA091239 | TIME CAP LABORATORIES,INC | 49483-600 | IBUPFROFEN | IBUPROFEN | HUMAN OTC DRUG | 03/22/2016 | N/A | ANDA | 100 TABLET, FILM COATED in 1 BOTTLE (49483-600-01) |
| IBUPROFEN | 49483-602-01 | 400 mg/1 | TABLET, FILM COATED | ORAL | ANDA090796 | TIME CAP LABORATORIES INC | 49483-602 | IBUPROFEN | IBUPROFEN | HUMAN PRESCRIPTION DRUG | 12/30/2015 | N/A | ANDA | 100 TABLET, FILM COATED in 1 BOTTLE (49483-602-01) |
| IBUPROFEN | 49483-602-50 | 400 mg/1 | TABLET, FILM COATED | ORAL | ANDA090796 | TIME CAP LABORATORIES INC | 49483-602 | IBUPROFEN | IBUPROFEN | HUMAN PRESCRIPTION DRUG | 12/30/2015 | N/A | ANDA | 500 TABLET, FILM COATED in 1 BOTTLE (49483-602-50) |
| IBUPROFEN | 49483-600-50 | 200 mg/1 | TABLET, FILM COATED | ORAL | ANDA091239 | TIME CAP LABORATORIES,INC | 49483-600 | IBUPFROFEN | IBUPROFEN | HUMAN OTC DRUG | 03/22/2016 | N/A | ANDA | 500 TABLET, FILM COATED in 1 BOTTLE (49483-600-50) |
| IBUPROFEN | 49483-603-03 | 600 mg/1 | TABLET, FILM COATED | ORAL | ANDA090796 | TIME CAP LABORATORIES INC | 49483-603 | IBUPROFEN | IBUPROFEN | HUMAN PRESCRIPTION DRUG | 12/30/2015 | N/A | ANDA | 30 TABLET, FILM COATED in 1 BOTTLE (49483-603-03) |
| IBUPROFEN | 49483-604-05 | 800 mg/1 | TABLET, FILM COATED | ORAL | ANDA090796 | TIME CAP LABORATORIES, INC | 49483-604 | IBUPROFEN | IBUPROFEN | HUMAN PRESCRIPTION DRUG | 12/30/2015 | N/A | ANDA | 50 TABLET, FILM COATED in 1 BOTTLE (49483-604-05) |
| IBUPROFEN | 49483-611-00 | 200 mg/1 | TABLET, FILM COATED | ORAL | ANDA091237 | TIME CAP LABORATORIES INC | 49483-611 | IBUPROFEN | IBUPROFEN | HUMAN OTC DRUG | 11/16/2016 | N/A | ANDA | 6500 TABLET, FILM COATED in 1 BAG (49483-611-00) |
| IBUPROFEN | 49483-611-01 | 200 mg/1 | TABLET, FILM COATED | ORAL | ANDA091237 | TIME CAP LABORATORIES INC | 49483-611 | IBUPROFEN | IBUPROFEN | HUMAN OTC DRUG | 11/16/2016 | N/A | ANDA | 100 TABLET, FILM COATED in 1 BOTTLE (49483-611-01) |
| IBUPROFEN | 49483-601-00 | 200 mg/1 | TABLET, FILM COATED | ORAL | ANDA091239 | TIME CAP LABORATORIES,INC | 49483-601 | IBUPROFEN | IBUPROFEN | HUMAN OTC DRUG | 03/22/2016 | N/A | ANDA | 6500 TABLET, FILM COATED in 1 BAG (49483-601-00) |
| IBUPROFEN | 49483-601-50 | 200 mg/1 | TABLET, FILM COATED | ORAL | ANDA091239 | TIME CAP LABORATORIES,INC | 49483-601 | IBUPROFEN | IBUPROFEN | HUMAN OTC DRUG | 03/22/2016 | N/A | ANDA | 500 TABLET, FILM COATED in 1 BOTTLE (49483-601-50) |
| IBUPROFEN | 49483-603-05 | 600 mg/1 | TABLET, FILM COATED | ORAL | ANDA090796 | TIME CAP LABORATORIES INC | 49483-603 | IBUPROFEN | IBUPROFEN | HUMAN PRESCRIPTION DRUG | 12/30/2015 | N/A | ANDA | 50 TABLET, FILM COATED in 1 BOTTLE (49483-603-05) |

Showing 1 to 50 of 133 entries Previous 1 2 3 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

Time-Cap Labs, Inc.

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

RE: Out-of-State Wholesaler Application

**Officers:**

Mark Saldanha, Chief Executive Officer:
7 Michael Avenue, Farmingdale, NY 11735

James Carroll, Chief Financial Officer:
7 Michael Avenue, Farmingdale, NY 11735

Please note; the New York State Board of Pharmacy will not verify licenses upon request. Online verification is available; please see attached letter from the Board and a copy of the verification search.

If you have any questions, please contact me at 631-753-9090 ext. 123 or at jwhelan@timecaplabs.com.

Sincerely,

Joanne Whelan

Joanne Whelan
Regulatory Affairs Associate



**7 Michael Avenue, Farmingdale, NY 11735 • Tel: (631) 753-9090 Fax: (631) 753-2220**
**www.timecaplabs.com**

# THE UNIVERSITY OF THE STATE OF NEW YORK
# EDUCATION DEPARTMENT

# NEW YORK STATE BOARD OF PHARMACY

2020-23

NAME OF SUPERVISOR
ANM KHANDAKER

THIS IS TO CERTIFY

TIME-CAP LABORATORIES, INC.
260 SPAGNOLI RD.
MELVILLE, NY 11747

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 THIRTIETH DAY OF APRIL, 2020.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF MARCH, 2023.

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
037860

Kimberly A. Leonard
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

522

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.

**NEVADA STATE BOARD OF PHARMACY**
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

**LICENSE VERIFICATION**

Name: Time-Cap Laboratories, Inc

Address: see attached

City: _____ State: _____ Zip: _____

I hereby authorize the _____ to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant _____

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

| License Number | License Status | Date License Issued | Date License Expires |
|---|---|---|---|
| | | | |

| Has this license been encumbered in any way? ☐ Yes ☐ No | Type of Encumbrance: (if any ☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents |
|---|---|

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☐ No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) ☐ Yes ☐ No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) ☐ Yes ☐ No

Has applicant met all licensing requirements of your state? (If no, please explain) ☐ Yes ☐ No

| Signature of State Official | Title | State | Date | State Seal |
|---|---|---|---|---|
| | | | | |

NYSED.gov

Office of the Professions

## Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

### Pharmacy Establishment Information *

05/01/2020

**Type :** WHOLESALER
**Legal Name :** TIME-CAP LABORATORIES, INC.
**Trade Name :**
**Street Address :**
260 SPAGNOLI RD.
MELVILLE, NY 11747-0000

**Registration No :** 037860
**Date First Registered :** 04/30/20
**Registration Begins :** 04/30/20
**Registered through :** 03/31/23
**Supervisor :** KHANDAKER ANM
**Establishment Status :** ACTIVE
**Successor :** NONE

* Use of this online verification service signifies that you have read and agree to the terms and conditions of use. See HELP glossary for further explanations of terms used on this page.

- Use your browser's back key to return to establishment list.
- You may search to see if there has been recent disciplinary action against this registered establishment.

Anm Khandaker
Avenue
Jamaica, NY
Email: ahoo.com
Cell:

## CAREER PROFILE & ACHIEVMENT

Results oriented professional with skills in quality, compliance, regulatory affairs, and cGMP training fields. Have extensive experience in leading & guiding the team involved in the initial set up of cGMP systems & controls for newly built companies in the recent years. Excellent academic & pharmaceutical regulatory background and project management skills. Dependable leadership, communication, organizational, and motivational skills. Demonstrated outstanding leadership in the teams involved in revamping the quality systems, controls and salvaging companies from FDA 483 & warning letters and other regulatory burdens.

## CAREER OVERVIEW

*DIRECTOR OF QA, Time-Cap Labs, Inc., Farmingdale, NY 04/2019 - to Present*

- Planning, developing, and coordinating the activities of the QA/RA/QC departments and assisting COO to achieve production and other company objectives.
- Leading the QA, RA, & QC units to establish and implement the initial set up of GMP systems & controls for compliance with FDA requirements and 3rd party certification.
- Planning & implementation of the facility, equipment, and process qualifications activities.
- Develop, review & approval of policies, procedures, protocols, report, BMRs, BPRs, & labeling, etc. as required for compliance with all regulatory requirements & marketing requirements.
- Manage the day-to-day compliance of the facility, operations and oversee all functions related to manufacturing, packaging, document control, SOPs, change control, internal audits and vendor qualification.
- Review client Quality Control requirements and ensure that Quality Control documentation for the project meets contractual requirements.
- Responsible for licensing, registration, renewal and certification by appropriate regulatory agencies and certification bodies.
- Liaison with the FDA and customers on all technical matters like product recall, complaints and hosting the FDA & other regulatory audits.
- Handling of product complaints with documentation, investigation, and response to customers accordingly.
- Responsible for approving or rejecting all procedures or specifications impacting identity, strength, quality, and/or purity of materials and products manufactured and packaged at AHF.
- Responsible for review and approval or rejection of incoming components, packaging, and labeling materials for use in the manufacturing and packaging.
- Ensure timely & adequate QA/QC coverage in the manufacturing, packaging, testing, and release of products for distribution.
- Train & groom personnel on the cGMP, safety, HACCP, specific job functions & team building in order to meet company objectives.

*DIRECTOR OF QA & RA, American Health Formulations, Inc., Hauppauge, NY 11/2018 - to April 2019*

- Planning, developing, and coordinating the activities of the QA/RA/QC departments and assisting COO to achieve production and other company objectives.
- Leading the QA, RA, & QC units to establish and implement the initial set up of GMP systems & controls for compliance with FDA requirements and 3rd party certification.
- Planning & implementation of the facility, equipment, and process qualifications activities.
- Develop, review & approval of policies, procedures, protocols, report, BMRs, BPRs, & labeling, etc. as required for compliance with all regulatory requirements & marketing requirements.

- Manage the day-to-day compliance of the facility, operations and oversee all functions related to manufacturing, packaging, document control, SOPs, change control, internal audits and vendor qualification.
- Review client Quality Control requirements and ensure that Quality Control documentation for the project meets contractual requirements.
- Responsible for licensing, registration, renewal and certification by appropriate regulatory agencies and certification bodies.
- Liaison with the FDA and customers on all technical matters like product recall, complaints and hosting the FDA & other regulatory audits.
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- Responsible for approving or rejecting all procedures or specifications impacting identity, strength, quality, and/or purity of materials and products manufactured and packaged at AHF.
- Responsible for review and approval or rejection of incoming components, packaging, and labeling materials for use in the manufacturing and packaging.
- Ensure timely & adequate QA/QC coverage in the manufacturing, packaging, testing, and release of products for distribution.
- Train & groom personnel on the cGMP, safety, HACCP, specific job functions & team building in order to meet company objectives.

*REGULATORY AFFAIRS* **PROJECT MANAGER, Altaire Pharmaceuticals, Inc. Riverhead, NY** 07/2018 – 11/2018

- Assisted General Counsel in the development and planning of regulatory strategies and led the implementation of those strategies to deliver agreed product registration milestones to support the business in a timely and effective manner.
- Independently performed and managed day-to-day product registration operations and ensured timely completion of the registration tasks assigned, in compliance with local applicable laws, regulations, guidelines, and policies and SOPs.
- Drafted product registration strategy plan for review and approval.
- Compiled registration eCTD dossier and prepare other regulatory documents and ensured timely regulatory submission upon review and approval by General Counsel.
- Coordinated internal departments in product registration process.
- Communicated with regulatory agencies/institutes on product registration.
- Timely /closely monitored regulations and reviewed processes for ensuring the data presented fully represented what is practically required and the constantly changing regulations to be followed.
- Met and accelerated Regulatory milestones.
- Properly maintained all regulatory documentation
- Other projects assigned by General Counsel.

*DIRECTOR, QA&RA, Spirit Pharmaceuticals LLC, Ronkonkoma, NY* *09/2016 – 06/2018*

- Lead the development, implementation, and maintenance of the company's quality and regulatory compliance management systems & operational strategies in alignment with business objectives and capacity in compliance with cGMPs, regulatory agencies and corporate expectations.
- Streamlined process for waste reduction & increase productivity.
- Provided the leadership and guidance on taking quality decisions poised with the business requirements in times of need.
- Involved in planning, developing, and coordinating the activities of the QA/RA department.
- Directed and managed the QA/RA personnel to develop quality policy, procedures/protocols/documents, etc. and prioritized work flow to maximize efficiency.
- Assured facility, equipment & process qualification (IQ, OQ & PQ, temperature mapping, etc.).
- Managed & guided the vendor/supplier qualification program.
- Daily communication & coordination with the vendors/suppliers/distributors/retailers (packaging, labeling, testing & bulk drug products) located in the USA, China, & India.
- Routinely monitored/scheduled third party GMP & social audits (UL, InterTek, Bureau Veritas, NSF, etc.) of supplier facilities located oversees and guided them for preparation of an adequate & compliant response.

- Hosted successful FDA & other regulatory & 3rd party audits at Spirit and prepared responses appropriately.
- Communicated with the FDA & state agencies on various regulatory issues.
- Handled & coordinated product recall activities efficiently.
- Reviewed & approved SOPs, Protocols, reports, BPR/controlled documents, etc. and any amendments to the established procedures.
- Ensured that the procedures specified are followed, assessed and documented the impact of any deviations from the established procedures and to devise appropriate corrective action when necessary; acknowledged deviations from BPRs, SOPs, & protocols etc.
- Ensured timely completion & documentation of all required investigation reports for OOS, deviations, as well as product market complaints etc. at firm & to coordinate with all applicable departments regarding them.
- Handled & ensured investigation & reporting of product complaints, returned goods, OOS, Deviation & Incidents in a timely manner in collaboration & coordination with Spirit Operations & manufacturers/suppliers.
- Ensured that all QA/RA department personnel are well trained to perform their jobs effectively and other administrative functions to ensure an efficient operation that are cost effective & well integrated.
- Prepared, reviewed, & approved regulatory, compliance, CMC documents & labeling/artworks for FDA registration, drug listing & new marketing opportunities.
- Guided new business partners on the regulatory requirements for marketing drugs, dietary supplements, and medical device marketing registration & listing requirements.
- Fostered team environment and facilitate the building of positive, productive relationships for achieving company goals.
- Conducts QA internal audits in order to identify possible gaps & pitfalls for compliance & continuous improvement. Also, conducts periodic reviews of the products & processes to ensure & meet cGMP & OSHA requirements via conducting QRB meeting.
- Assured compliance with all applicable local, state & federal regulations, quality & regulatory standards & other applicable customer's requirements.
- Performed other projects as need by the corporate management.

*DIRECTOR, QA & RA, PolyGen Pharmaceuticals, Inc., Edgewood, NY* *01/02/16 – 08/ 2016*
*ASSOCIATE DIRECTOR, QA& RA, PolyGen Pharmaceutical, LLC.,* *04/09/14 – 12/2015*

- Involved in planning, budgeting, and coordinating the activities of QA/RA departments. Managed the QA/RA groups to establish and maintain the quality systems & controls, policies, and procedures in order to comply with the cGMP & other local, state, & federal regulations.
- Planned & executed regulatory strategy for licensing, registration and regulatory submissions for ANDAs.
- Coordinated the compilation, review, and submission process for ANDA's, subsequent amendments, including SPL/PLR (labeling), and related CR letters & responses, all interactions and communications with the FDA from product inception to approval, including regulatory support during Pre-Approval Inspections for assigned projects.
- Reviewed and approved SOPs, specifications, protocols, reports, BMRs/BPRs and other GMP documents for accuracy, completeness and compliance.
- Ensured procedures are followed, assessed, and documented the impact of any deviations from the established procedures and took appropriate corrective action based on routine inspection, review, and audits.
- Ensured timely completion & documentation of activities related to CC, OOS, OOT, deviations, product complaints, etc. and related CAPA activities on a timely basis.
- Ensured cGMP, OSHA and other regulatory trainings are conducted for all related personnel in a timely fashion.
- Conducted QA internal audits to identify risks and gaps in the quality systems & controls.
- Ensured OSHA, EPA, and other agency regulations are enforced in the company.
- Coordinated all licensing, registration and reporting activities related to procurement, storage, handling and distribution of controlled drug substances (DEA). Routine inspection & review of BPRs, logs, inventories & DEA cage & bolts.
- Ensured compliance with all applicable local, state & federal regulations, quality & regulatory standards & other applicable customer requirements.
- Other projects as assigned by the corporate management.

*MANAGER OF REGULATORY AFFAIRS, Contract Pharmacal Corporation, Hauppauge, NY* 10/2010 – 03/2014

- Managed states & federal licensing, certification, and registration activities such as state board of pharmacies, FDA/FEI registration, FSC, CPP, Medical device, USDA - import/export, organic certifications & maintaining program, etc.
- DEA registration, renewals and worked with operations for procurements, storage, inventory, distribution & destruction of controlled substances & listed chemicals. Prepared & submitted ARCOS & yearend reports. Routine inspection & review of logs, inventories & DEA cage & bolts.
- Prepared, reviewed, and approved product labeling and printed components (labeling, medication guide, inserts & IFCs) for compliance with 21 CFR parts 101 & 201 as well as customer requirements.
- Managed supplier qualification programs.
- Prepared, reviewed, and approved the annual product review (APR) reports and process validation reports using statistical charts and graphs.
- Coordinated customer and regulatory agency audits.
- Investigated and responded to customer queries on product formulation, packaging, allergens and drug/supplemental/nutritional facts.
- Prepared, reviewed, and approved CMC documentation and Dossiers for local and international product registration and submissions.

*DIRECTOR OF QUALITY ASSURANCE, Contract Pharmacal Corporation, Hauppauge, NY* 08/2008 – 10/2010

- Developed and managed SOPs, protocols, quality agreements and other related documentation systems.
- Initiated, reviewed/managed documents and reports related to deviation and OOS investigation, product complaints, change controls and related CAPA activities.
- Reviewed and approved formulation records and finished product specification and ingredient listings.
- Developed and managed corporate training matrix for new employees in light of cGMP, safety and other related FDA, OSHA & DEA regulations.
- Performed quality audits on CMC documents of ANDA & other marketing registration with emphasis on data verification, source document accuracy, and clear messaging within and between documents.
- Ensured all quality-based deliverables complied with regulatory and quality policies and procedures and timelines are met and observations are corrected.
- Conducted internal & external audits.

*QA DOCUMENT CONTROL MANAGER, Forest Laboratories, Inc.* **(Currently Allergan)**, *NY* 01/2007 – 08/2008

- Managed SOPs, master batch records, deviation/investigation reports, test methods, specifications, protocols, reports & forms using EDMS.
- Conducted complaint investigation, prepared APRs, and managed change controls and CAPA activities.

*SUPERVISOR OF QA, Forest Laboratories, Inc.* **(Currently Allergan)**, *NY* 02/1995 – 12/2006

- Supervised QA Associates & Technicians for accomplishing daily QA activities in the manufacturing and packaging operations & ensured timely inspection, sampling, line clearance, review and release of finished product batches for packaging and distribution including CS.
- Reviewed and approved IND/stability/bio batches for R&D clinical packaging and regulatory submissions.
- Assisted regulatory group for compilation of CMC data & assisted in the preparation of site master validation plan, technical agreement and site DMF.
- Prepared, reviewed, and approved process & cleaning validation protocols and reports.
- Involved in the IQ, OQ & PQ of the newly procured manufacturing equipment, facilities, & QA inspection devices. Audited equipment calibration, qualification, & preventive maintenance programs.
- Prepared, reviewed, and revised SOPs. Conducted deviation investigation, customer product complaint investigations using the TrackWise Quality Management software.
- Assisted head of QA in registration and reporting activities related to procurement, storage, handling and distribution of controlled drug substances. Routine inspection & review of related BPRs, logs, inventories, DEA cage & bolts.

- Initiated, coordinated, and documented change control and CAPA activities.
- Conducted internal and external/vendor audits for compliance with the cGMPs.
- Involved in the teams established for FDA, PAI, EIR inspections, product recalls, and field alert activities.
- Prepared, reviewed, and approved the annual product review reports using statgrphics software.
- Conducted cGMP training for QA/QC, PR&D and Production personnel.
- Coordination of online GMP training programs sponsored by FDA & Eduneering, Inc.
- Represented QA department in the cross-functional meetings and projects.

*QUALITY ASSURANCE ASSOCIATE, Forest Laboratories, Inc.* **(Currently Allergan),** *NY* 03/1993 – 02/1995

Inspected and sampled incoming raw materials for QC testing. Performed QA line clearance & in-process inspection of manufacturing operation. Performed USP & Potable water systems, Compressed air systems, and environmental air sampling. Monitoring temperature/humidity in the manufacturing & stability rooms. Calibration of temp/humidity recorders, thickness gauges, hardness testers, and calipers. Monitored air-pressure differential in the manufacturing rooms. Reviewed and released batch records. Reviewed and released the IND/NDA/ANDA batches clinical packaging and regulatory submissions. Prepared & revised SOPs, deviation investigation reports and other procedures for compliance with cGMPs.

*QUALITY ASSURANCE ASSOCIATE, Interpharm* **(Currently Amneal),** *Plainview, NY* 08/1990 – 03/1993

Reviewed & released manufacturing batch records. Conducted line clearances prior to start of manufacturing & packaging operations. Reviewed executed batch records, packaging worksheets for accuracy and completeness, and released for distribution. Sampled raw materials and packaging components for QC testing and release. Conducted physical analysis of the in-process blends/granules and finished products using moisture analyzer, friabilator, disintegration apparatus, and bulk/tap density analyzer. Archived and maintained executed manufacturing batch records and QC analytical reports. Maintained stability and retained samples.

## EDUCATION & TRAINING

**MS – Drug Regulatory Affairs,** Long Island University, New York.
**BS & MS - Government and Administration,** Jahangir Nager University, Bangladesh.
**Minor degree course works:** Economics, Chemistry, Biology, Physics, Geography, & Statistics.

**Attended training courses** on Validation, Change control, stability testing, GMP for bulk pharmaceutical, Writing validation protocols, application of GMPs to Microbiological Laboratories, Risk Management, FDA 483, Preparing FDA PAI/EIR inspection, Drug Recalls, Computer system validation, Electronic Records & Signatures, Evaluating Raw Materials for the Development of Pharmaceutical Products, Advance Practices in Pharmaceutical Tableting, SPC, Validation by Design, Quality Management Skills organized by University of Wisconsin, FDA/Eduneering, PDA, PTI, LP Resources & GMP Institute.

**Trained on** EDMS, SPC, SAP, TrackWise, AlphaLan, Microsoft Word/Excel/Outlook/PowerPoint, etc.

# State of New York
# Department of State } ss:

I hereby certify, that the Certificate of Incorporation of TIME-CAP LABORATORIES, INC. was filed on 10/15/1979, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Biennial Statement was filed 04/06/1999.

A Biennial Statement was filed 11/09/1999.

A Biennial Statement was filed 09/27/2001.

A Biennial Statement was filed 10/28/2003.

A Biennial Statement was filed 12/29/2005.

A Biennial Statement was filed 10/15/2007.

A Biennial Statement was filed 10/09/2009.

A Biennial Statement was filed 10/25/2011.

A Biennial Statement was filed 10/11/2013.

A Biennial Statement was filed 10/02/2015.

A Biennial Statement was filed 10/13/2017.

A Biennial Statement was filed 03/11/2020.

I further certify that no other documents have been filed by such corporation.




***

*WITNESS my hand and the official seal of the Department of State at the City of Albany, this 03rd day of April two thousand and twenty.*

Brendan C Hughes

*Brendan C Hughes*
*Executive Deputy Secretary of State*

CHUBB

# VIGILANT INSURANCE COMPANY

## License and Permit Bonds

Bond Adjustment Report

| | | | |
|---|---|---|---|
| Date Generated: | 07/01/2020 | Bond Number: | K15341750 |
| Field Office: | Home Office | Legacy Bond No: | 82530463 |

Producer:
IT4562
HUB INTERNATIONAL NORTHEST LIMITED
55 WEST AMES COURT
SUITE 400
PLAINVIEW, NY 11803

Account Number: 037052099
Account Name: TIME-CAP LABS INC.
Principal:
TIME CAP LABS, INC.
7 MICHAEL AVENUE
FARMINGDALE, New York, United States, 11735

Obligee:
State of Nevada and to the Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Ste 206
Reno, Nevada, United States, 89511

Class Code: 993
Description: Pharmaceutical Wholesale Surety bond

Effective Date of Adjustment: 07/01/2020

Old Term Effective: 04/01/2020 - 04/01/2021
NewTerm Effective: 04/01/2020 - 04/01/2021

| | Old | Adjustment | NEW |
|---|---|---|---|
| Bond Amount: | $100,000.00 | $0.00 | $100,000.00 |
| Contract Price: | $0.00 | $0.00 | $0.00 |
| Premium Amount: | $1,000.00 | $0.00 | $1,000.00 |

Premium Due: $0.00

Commission Due: $0.00

Surcharge:
State: $0.00
Municipal Tax: $0.00

Total Premium Due Including Taxes And Surcharges: $0.00

CHUBB Surety Service Center

The U.S. Foreign Account Tax Compliance Act, commonly known as "FATCA", became the law in the U.S. in March of 2010 and becomes effective July 1, 2014. Pursuant to FATCA, brokers, producers, agents and/or clients may need to obtain withholding certificates from insurance companies. For information on how to obtain the applicable withholding certificate from Chubb U.S. insurance companies, please go to the following web site:
http://www2.chubb.com/us-en/u-s-foreign-account-tax-compliance-act-fatca.aspx

CHUBB

# Renewal Notice

## VIGILANT INSURANCE COMPANY

License and Permit Bonds
Report Of Execution

Assumed Reinsurance From:

Direct Writer Bond #:

| | | | | | |
|---|---|---|---|---|---|
| Field Office: | Home Office | Bond Number: | K15341750 | Date Generated: | 01/03/2020 |
| Underwriter: | Jane Bender | Legacy Bond No: | 82530463 | | |

Producer: IT4562
THE B&G GROUP INC
55 WEST AMES COURT
SUITE 400
PLAINVIEW, NY 11803

Billing Type: Producer Bill

SSC Branch: New York

Account Number: 037052099
Account Name: TIME-CAP LABS INC.
Principal: TIME CAP LABS, INC.
7 MICHAEL AVENUE
FARMINGDALE, New York, United States, 11735

Obligee: State of Nevada and to the Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, Nevada, United States, 89509

Class Code: 993

Risk Location: NV

Type of Bond: License and Permit Bonds - All Other License And Permit Bonds

Description: Pharmaceutical Wholesale Surety bond

| Bond Type Description | Bond Amount | Chubb Bond Amount |
|---|---|---|
| Non contract bond type | $ 100,000.00 | $ 100,000.00 |

Effective Date: 04/01/2020
Bond Type: Continuous
Renew Action: Renew
Cancellation Action: Non-Cancellable

Expiration Date: 04/01/2021

| | |
|---|---|
| Premium: | $1,000.00 |
| Surcharge: | |
| State: | $0.00 |
| Municipal Tax: | $0.00 |
| Total Premium Including Taxes and Surcharges | $1,000.00 |

CHUBB

# Chubb Producer Compensation Practices & Policies

Chubb believes that policyholders should have access to information about Chubb's practices and policies related to the payment of compensation to brokers and independent agents. You can obtain that information by accessing our website at https://www2.chubb.com/us-en/agents-brokers/chubb-producer-compensation.aspx or by calling the following toll-free telephone number:

1-866-512-2862.

# 4LL

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
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 1,2,3,4
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: QED Therapeutics, Inc.

Physical Address: 8000 Marina Blvd. #400

City: Brisbane State: CA Zip Code: 94005

Telephone Number: 650-231-4088 Fax Number: 650-529-4722

Toll Free Number: N/A

E-mail: Matt.outten@qedtx.com Website: www.qedtx.com

Facility Manager: Matthew D. Outten

Professional qualifications and experience of facility manager: See Attachment C

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Clinics

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)
See Attachment D

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: See Attachment E
Address:

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

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 ☒

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Matthew D. Outten
Print Name of Authorized Person

9/4/2020
Date

| Board Use Only | Date Processed:_____ | Amount: 500.00 |
|---|---|---|

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: BridgeBio Pharma, LLC

Mailing Address: 8000 Marina Blvd. #400

City: Brisbane State: CA Zip: 94005

Telephone: 650-231-4088 Fax: 650-529-4722

Contact Person: Matthew D. Outten

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) BridgeBio Pharma, LLC, 421 Kipling Street, Palo Alto, CA 94301
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. 58,941,176

3) What was the price paid per share? $3.00

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

## Include with the application for a non-publicly traded corporation

List of officers and directors See Attachment F

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. See Attachment A

**Attachment A**

**Delaware Certificate of Good Standing**

# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QED 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 FIRST DAY OF SEPTEMBER, A.D. 2020.

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.

Jeffrey W. Bullock, Secretary of State

6656546 8300

SR# 20207064092

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

Authentication: 203579572

Date: 09-01-20

**Attachment B**

**Regarding the Resident State License and Verification**

According to the resident state licensing agency, the California Department of Public Health (Department), a company that does not physically handle its prescription drugs is not required to hold a resident state manufacturer license. As a manufacturer that does not handle its product, QED Therapeutics, Inc. is not required to hold a resident state license. Enclosed please find confirmation from the Department regarding this policy. As such, a license verification form cannot be provided.

**From:** Lauck, Susie E@CDPH
**To:**
**Subject:** RE: Status of manufacturing license/exemption letter
**Date:** Wednesday, January 16, 2019 1:01:02 PM

---

Hi

Yes, you are correct.
I verified it with Dan Seid our Section Chief.

**Confirms statement highlighted in yellow below.**

Thank you,
Susie Lauck
Medical Device Safety Unit Analyst
California Department of Public Health
Food and Drug Branch
1500 Capitol Ave MS 7602
Sacramento, CA 95814
Office 916.650.6604| susie.lauck@cdph.ca.gov

**From:**
**Sent:** Monday, January 14, 2019 3:36 PM
**To:** Lauck, Susie E@CDPH <Susie.Lauck@cdph.ca.gov>
**Subject:** RE: Status of manufacturing license/exemption letter
**Importance:** High

I have sent an email to Daniel Seid for additional information but have not yet heard back from him. Pursuant to our conversation below perhaps you could obtain some additional clarity. Pursuant to his response in your email below and copied here for convenience, could you review my notes in red therein and provide a response?

True "virtual drug manufacturers" are not subject to CA Sherman Act licensing provisions which [are] administered by FDB. Furthermore, only those entities specified in law are "exempt" from licensure, and so no "exemption" letter will be issued to virtual drug firms, as they are not listed therein (HSC 111655).

If Virtual Manufacturers are not governed by the Sherman Act does that in turn mean they are (still not) required to hold a license? As you know, VMs have not been required to hold a license and would although they would apply for a Manufacturer's license, that application would be "rejected" and an Exemption Letter would be sent indicating that a license was not required because they did not physically manufacturer or store product on site.

**Essentially, I am trying to confirm that the fact the Board will no longer issue Exemption Letters does not translate to mean Virtual Manufacturers are now required to have the actual Manufacturers license!**

From everything I can gather both in the regulations and in the applications – everything still points to a license being required only of facilities that actually physically manufacturer the drug on site.

If you could provide clarity or ask Mr. Seid to advise on this issue, it would be greated appreciated.

**Attachment C**

**Facility Manager's Resume**

# MATTHEW OUTTEN, MBA. MLA, CPC

Tiptoe Lane • Los Altos, CA 94024 • (540) 5 • 1@yahoo.com

## COMMERCIAL EXECUTIVE

Highly-accomplished commercial executive specializing in Corporate Strategy / Marketing / Sales / and Market Access. Proven track record of successful product launches including the first FDA breakthrough designation. Strong history of driving oncology sales and gaining preferred market access coverage across all payers. This includes developing and implementing new sales/marketing programs, patient advocacy, creation of brand messaging, patient access programs, HUB operations, and product launch strategies. Integral member of the executive team conducting investor relations calls, and due diligence for mergers / acquisitions, and management of co-promotion efforts.

**Core Competencies:**

- Driving Sales Teams
- Market Access Strategy Development / Implementation
- New Product and Indication Launches
- In-Line Marketing Strategies
- Rebate & Pricing Structuring / Negotiations
- Patient Assistance Program Creation
- Strategic Alliances / Co-Promotions
- Specialty Pharmacy / Distributor Network Formation
- Mergers / Acquisitions / Due Diligence
- Investor Relations
- Brand Messaging/ NPP/ KOL Development
- Gross-to-Net Management
- P&L Accountability / Budget Administration
- Pipeline Strategy Development
- Personnel Recruitment / Management / Development
- Pharmacoeconomic Modeling

## PROFESSIONAL EXPERIENCE

**QED Therapeutics** (A BridgeBio Company) – San Francisco, CA — July 2018- Present

**Chief Commercial Officer**

Responsible for all commercial activities including Market Access, Marketing, Trade, and Commercial Operations

**PHARMACYCLICS** (An AbbVie Company) – Sunnyvale, CA — March 2013-July 2018

**Vice President of US Marketing and Market Access** (2015-2018)

Responsible for US Hematology franchise with annual multi-billion dollar net sales. Lead US marketing, commercial operations, trade, managed markets, market research, and sales training for IMBRUVICA, a BTK inhibitor with nine FDA approvals in six indications (CLL, SLL, MCL, WM, MZL, cGvHd). This includes all pre and post launch activities including product distribution responsibility for managing third-party logistics provider relationships and ulitmate responsibility for compliance with state and federal record keeping requirements . Oversee all US Marketing brand activities including P&L, speaker programs, KOL development, adherence, HCP, patient, and nursing in-line marketing activities. Manage 50 direct reports and administer a $50MM+ budget.

Direct and execute strategies across marketing, commercial operations, and market access functions.

***Selected accomplishments:***

- Led the strategic market planning and launch for IMBRUVICA in previously treated MCL, del17pCLL, CLL, 2LMZL, WM, and cGvHd.
- Ran co-promote partnership (Janssen Biotech) to integrate US marketing teams and prepare for pipeline launches in FL, GvHd, and DLBCL.
- Launched new single tablet formulation including new packaging design and all pricing and contracting strategies.
- Led GPO, payer, federal, and state strategy including contracting execution.

**Vice President of Market Access and Commercial Operations** (2014-2015)

Created and drove commercial activities for the sale of Pharmacyclics to Abbvie. Continued to lead distribution, trade, pricing, contracting, SPP, SD, national accounts, reimbursement, patient assistance program, HUB, and federal markets. Responsibilities included overseeing distribution-related activities and ensuring that adequate processes were in place to comply with the various state and federal distribution record keeping requirements.

***Selected accomplishments:***

- Sole commercial executive to conduct merger discussions, perform due diligence, and lead Q&A sessions with 3rd parties, which led to company purchase for 21B ($261 per share).
- Increased patient refill rates 10% per month for Imbruvica by devising and implementing an adherence program in conjunction with specialty pharmacies; highest grossing initiative to drive top-line performance in 2015.
- Led the ATO merger transition group, the Joint Commercial Committee, the Corporate Communications Review Committee, and the Compendia Strategy Committee.

**Vice President Commercial Operations / Interim CCO** (2014)

Led commercial division comprised of sales, marketing, and market access teams during launch of three new indications, (CLL2L+, CLLDel17p, and WM). Chosen to serve as Interim CCO and Company Officer, tasked with driving sales and marketing initiatives, meeting/ exceeding forecasts, and holding full P&L accountability for the commercial business unit. Managed and developed 100+ employees, and administered a $100 million budget.

Owned strategy, tactics, and commercial development and distribution plans for all new potential indications. Represented commercial team and conducted quarterly investor earnings calls.

***Selected accomplishments:***

- Achieved the most successful hematology launch in history by devising innovative marketing campaigns and refocusing teams to a field support organization to drive sales and market share growth.

*Continued...*



- Led the strategic marketing planning and launch of the 2nd, 3rd, and 4th indications for IMBRUVICA in R/R CLL, WM, and CLL Del17p.
- Lowered attrition rate of commercial team from 15% to zero by creating a new incentive compensation plan structure.
- Selected as a member of the Executive Committee, charged with establishing commercial strategy for entire company.
- Chosen to serve as a member of the Joint Executive team with co-promotion partner.
- Played a key role on launch and investor calls to present product information and company strategy; presented all Board of Directors' meetings.

**Executive Director Market Access/ Senior Director Market Access** (2013)

Initially recruited to build market access team, create market access strategies, and develop innovative programs to ensure patient's ability to receive live-saving Hematology medication. Determined US launch price and pricing strategy for Imbruvica and created new and first-ever limited distribution platform in Hematology. Promoted within 8 months to Executive Director focused on formulating strategic plans to achieve higher Gross-to-Net margins, and expand the team. Built market access team including managed care, distribution, trade, and federal personnel. Handled contract negotiations for specialty pharmacies, specialty distributors, GPOs, and payer contracts.

***Selected accomplishments:***

- Saved company $40 million in first year of product launch by devising innovative contracting strategies versus industry standard contracts.
- Instrumental in team earning 1st tier ranking by customers in Oncology Reimbursement Management survey across all metrics; first time in history of the survey a new company had achieved a first-tier ranking.
- Garnered 99% coverage for all indications and secured the first-ever agreement with the VA/DoD for a non-US sourced product, which resulted in a five year sole-source agreement.
- Achieved first-ever positive OIG ruling for new patient start program by building unique patient access program providing 30-day supply for individuals with insurance delays.

**MILLENNIUM PHARMACEUTICALS** – Cambridge, MA July 2008-February 2013

**Director - Managed Markets and Payer Marketing** (2010-2013)

Hand-selected to construct and implement US commercial and federal payer strategy for buy and bill multiple myeloma product, including contracting strategy, messaging development and pull-through tactics. Supervised, evaluated, and developed National / Federal Account Managers, US Strategy, GPO and Reimbursement Managers.

***Selected accomplishments:***

- Won first-ever, exclusive hematology coverage for first-line formulary status versus competitor at several large regional plans by modifying focus from efficacy messaging to pharmacoeconomic modeling in collaboration with HEOR.
- Reduced denials below 5% within 3 months by creating national plan to improve uptake of newly launched Velcade SubQ product.

**Associate Director Reimbursement Strategy and Marketing** (2008-2010)

Recruited due to market access strategy, buy and bill, Medicare expertise, and payer marketing acumen to devise and execute US reimbursement strategy for Multiple Myeloma for Medicare, Commercial, and Medicaid channels. Constructed marketing pieces for payers, hospitals, federal government, and physicians, in addition to field-based pieces focused on patient out-of-pocket expenses.

***Selected accomplishments:***

- Revitalized an aging product and improved stakeholder engagement by creating US pharmacoeconomic strategy, messaging, and models.
- Chosen as point person to engage with co-promote partner, Amgen on pre-launch market access strategy for potential medicine for NSCLC.
- Initiated "Value of Velcade" payer advertising campaign.
- Formulated and implemented field-based RAM action plan to target large, important buy and bill and in-office dispensing accounts.

**SCHERING PLOUGH** – Kenilworth, NJ May 2004-July 2008

**US Managed Markets Senior Manager - Virology, Oncology, CNS, and New Product Development** (2007-2008)

Promoted to lead development and execution of the US payer strategy for Hep C and Oncology divisions. Devised effective pricing and reimbursement strategy for launch of new melanoma product while maintaining integrity of existing product rebates / discounts / best price implications.

***Selected accomplishments:***

- Designed USMM strategy for new pipeline medications, including reimbursement, competitive positioning, and value development planning.

- Developed and implemented managed care marketing strategic plan for launch of new label indications for PegIntron, which encompassed managed markets brand positioning, customer communication plan, contract management, and field incentive strategy.
- Partnered with GMA department to develop and train pharmacoeconomic modeling for PegIntron.

*Continued...*



**US Managed Markets Product Manager Virology and Oncology** (2006-2007)

Chosen to devise and execute the US strategy, including contracting, and pricing and rebate structure for all Virology and Oncology products. Created product and disease-based pharmacoeconomic models for customer presentations

***Selected accomplishments:***

- Created new pricing option to prevent step-edit and prior authorization process for a Hep C medication with a new indication for melanoma

**US Marketing Product Manager Virology** (2005-2006)

Promoted to in-house marketing role to oversee all web-related marketing activities for virology products. Created new brand messaging and support pieces across target segments. Coordinated and led national business unit meetings.

***Selected accomplishments:***

- Improved time spent on site 500% by incorporating key search terms into and networking with related sites for integrated linking strategies.
- Redesigned brand sample program, including ordering process and target selection.

**Virology Biologic Specialty Sales Representative** (2004-2005)

Recruited to call on specialists, including hepatology, gastroenterology, and infectious disease physicians to promote Hepatitis C product.

**GLAXOSMITHKLINE** – Charlottesville, VA January 2001-May 2004

**Neurohealth Specialty Sales Representative** (2002-2004)

Promoted to call on Psychiatrists and Neurologists to sell Paxil CR, Lamictal, and Requip.

**Pharmaceutical Sales Representative / Field Trainer** (2001-2002)

Recruited to promote Coreg, Avandia, and Baycol to Cardiology and Endocrinology physicians.

***Selected accomplishments:***

- Recognized as only sales representative to win the Chesapeake Award for leadership, initiative, and persistence to achieve results.

## EDUCATION & CERTIFICATIONS

**Master of Liberal Arts Concentration in International Relations** • Harvard University
**Master of Business Administration Concentration in Management** • University of Delaware
**Bachelor of Arts Major in Psychology** • Hamilton College
Certified Professional Coder

**Attachment D**

**FDA Registration**

Verified 6/24/2020 MS

**From:** edrls@fda.hhs.gov <edrls@fda.hhs.gov>
**Sent:** Wednesday, November 28, 2018 12:10 AM
**To:** Marc Lesnick <marc.lesnick@qedtx.com>
**Subject:** Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

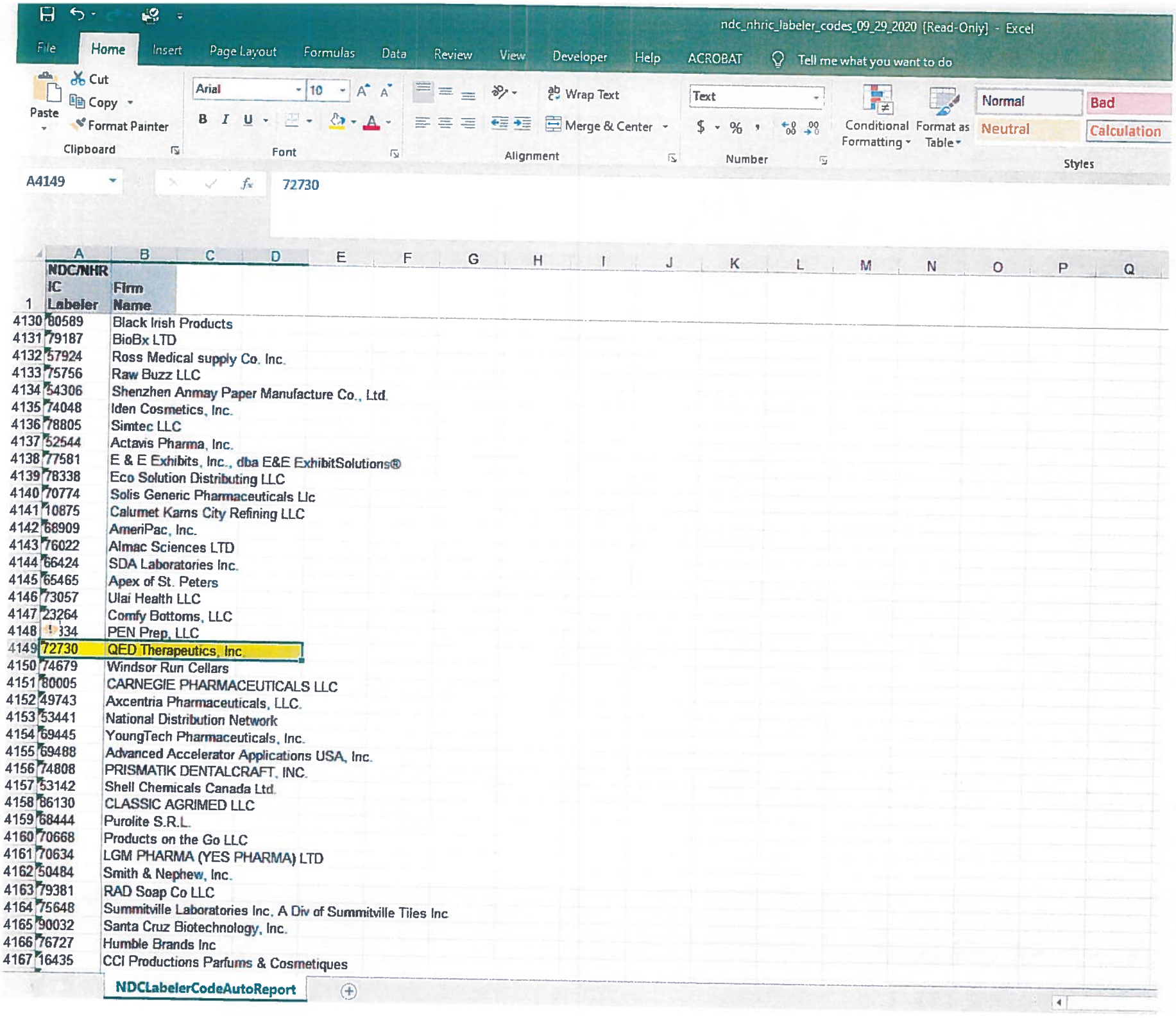
**Current Date: 28-NOV-2018**
**Labeler DUNS: 081223065**
**Labeler Name: QED Therapeutics, Inc.**
**Labeler Code: 72730**

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. **To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) § 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).


ndc_nhric_labeler_codes_09_29_2020 [Read-Only] - Excel
File Home Insert Page Layout Formulas Data Review View Developer Help ACROBAT Tell me what you want to do
Cut Copy Format Painter Paste
Clipboard
Arial 10
Font
Wrap Text Merge & Center
Alignment
Text
Number
Conditional Formatting Format as Table
Normal Bad Neutral Calculation
Styles
A4149
72730
NDC/NHRIC Labeler
Firm Name
4130 80589 Black Irish Products
4131 79187 BioBx LTD
4132 57924 Ross Medical supply Co. Inc.
4133 75756 Raw Buzz LLC
4134 54306 Shenzhen Anmay Paper Manufacture Co., Ltd.
4135 74048 Iden Cosmetics, Inc.
4136 78805 Simtec LLC
4137 52544 Actavis Pharma, Inc.
4138 77581 E & E Exhibits, Inc., dba E&E ExhibitSolutions®
4139 78338 Eco Solution Distributing LLC
4140 70774 Solis Generic Pharmaceuticals Llc
4141 10875 Calumet Karns City Refining LLC
4142 68909 AmeriPac, Inc.
4143 76022 Almac Sciences LTD
4144 66424 SDA Laboratories Inc.
4145 65465 Apex of St. Peters
4146 73057 Ulai Health LLC
4147 23264 Comfy Bottoms, LLC
4148 [illegible]334 PEN Prep, LLC
4149 72730 QED Therapeutics, Inc.
4150 74679 Windsor Run Cellars
4151 80005 CARNEGIE PHARMACEUTICALS LLC
4152 49743 Axcentria Pharmaceuticals, LLC.
4153 53441 National Distribution Network
4154 69445 YoungTech Pharmaceuticals, Inc.
4155 69488 Advanced Accelerator Applications USA, Inc.
4156 74808 PRISMATIK DENTALCRAFT, INC.
4157 53142 Shell Chemicals Canada Ltd.
4158 86130 CLASSIC AGRIMED LLC
4159 68444 Purolite S.R.L.
4160 70668 Products on the Go LLC
4161 70634 LGM PHARMA (YES PHARMA) LTD
4162 50484 Smith & Nephew, Inc.
4163 79381 RAD Soap Co LLC
4164 75648 Summitville Laboratories Inc, A Div of Summitville Tiles Inc
4165 90032 Santa Cruz Biotechnology, Inc.
4166 76727 Humble Brands Inc
4167 16435 CCI Productions Parfums & Cosmetiques
NDCLabelerCodeAutoReport

## Attachment E

## Nature of Business

QED Therapeutics, Inc. (QED) is a virtual manufacturer of prescription drugs. QED will use third parties to manufacturer and ship its product. Below is the contact information for the contract manufacturer and third party logistics provider.

Contract Manufacturer:

Alcami Carolinas Corporation
1726 North 23rd Street
Wilmington, NC 28405

Third Party Logistics Provider:

RxCrossRoads 3PL LLC
1001 Cheri Way
Fairdale, KY 40118

**Attachment F**

**Corporate Officer and Director Information**

QED Therapeutics, Inc.

**Corporate Officers:**

Matthew D. Outten
Chief Commercial Officer

Michael Henderson
Chief Business Officer

Neil Kumar
Chief Executive Officer

Susan Moran Arangio
Chief Medical Officer

**Directors:**

Neil Kumar
Frank McCormick

**Attachment G**

**Surety 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. 0751783

Application/License No. _____

QED Therapeutics, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 8000 Marina Blvd. #400, Brisbane, CA 94005 (Address of Applicant/Principal), as PRINCIPAL, and Harco National Insurance Company (Surety Company), a corporation organized under the laws of the state of Illinois (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 818 West Seventh Street, Ste. 930 Los Angeles, CA 90017 (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 09/02/2020 (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 September, 2020.

APPLICANT/PRINCIPAL

QED Therapeutics, Inc.

Matthew Outten, Chief Commercial Officer
Authorized Representative

SIGNED and SEALED in the presence of:

see attached notary certificate

Witness

Witness

SURETY COMPANY

Harco National Insurance Company

Surety Company's Representative

Stephanie Thompson, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

## California Notarial Acknowledgement Certificate:

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

State of California }

County of Santa Clara }

On 09.04.2020 before me, Sunil Jaswal, Notary Public

Personally appeared MATTHEW OUTTEN

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 signatures(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 of Notary Public

GSN1 SUNIL JASWAL COMM. # 2233425 NOTARY PUBLIC • CALIFORNIA ALAMEDA COUNTY My Comm. Exp. April 2, 2022 GSN1

**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 Contra Costa )

On 9/2/20 (Date) before me, Maegen I. Allhands, Notary Public (Here Insert Name and Title of the Officer),

personally appeared Stephanie Thompson (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.

MAEGEN I. ALLHANDS
COMM. # 2229991
NOTARY PUBLIC-CALIFORNIA
CONTRA COSTA COUNTY
MY COMM. EXP. FEB 1, 2022

Signature Maegen I. Allhands
*Signature of Notary Public*

*Place Notary Seal Above*

**OPTIONAL**

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

**Description of Attached Document**

Title or Type of Document: _____ Document Date: _____

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

**Capacity(ies) Claimed by Signer(s)**

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

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

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# POWER OF ATTORNEY

Bond # 0751783

## HARCO NATIONAL INSURANCE COMPANY
## INTERNATIONAL FIDELITY INSURANCE COMPANY

**Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605**

**KNOW ALL MEN BY THESE PRESENTS**: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

LORI A. BOSSHART, SAMANTHA MASCARENHAS, DOROTHY O'CONNOR, COLLEEN P. O'HARA, STEPHANIE THOMPSON, SUSANNA K.P. TRUONG, VICTORIA GLISSON

Walnut Creek, CA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2019

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

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

On this 31st day of December, 2019, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY NOTARY PUBLIC No. 50079910 NEW JERSEY My Comm. Exp. April 4, 2023

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

## CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, September 02, 2020

B00016

Irene Martins, Assistant Secretary

# 4MM

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
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 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7
☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: McKesson Medical-Surgical Government Solutions LLC

Physical Address: 9954 Mayland Drive Ste 5176

City: Henrico State: VA Zip Code: 23233

Telephone Number: 804.486.1484 Fax Number: 804.264.7679

Toll Free Number: _____

E-mail: danna.sturgill@mckesson.com Website: www.mckesson.com

Facility Manager: Samir David

Professional qualifications and experience of facility manager: VP of Corporate Operations, Operations Manager for facility

Types of licensed outlets or authorized persons firm will serve:

☑ Pharmacies ☑ Practitioners ☑ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☑ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☑ Hypodermic Devices
☐ Veterinary Legend Drugs

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☑
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☑
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☑ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: See Attached
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NV20081620620

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 ☑

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Stanton McComb
Print Name of Authorized Person

1/2/20
Date

| Board Use Only | Date Processed:_____ | Amount: _____ |
|---|---|---|

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

## OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Deleware

Parent Company if any: McKesson Medical-Surgical Inc.

Corporation Name: McKesson Medical-Surgical Government Soluctions LLC

Mailing Address: 9954 Mayland Drive, Suite 5176

City: Henrico State: VA Zip: 23233

Telephone: 804.486.1484 Fax: 804.264.7679

Contact Person: Danna Sturgill

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: 07/07/1994

Registration number issued: 2417015

Stock Exchange: NYSE

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV19941093882

## 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.

**Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.**

McKesson Corporation and its subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. ***The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines***

In 2014 **McKesson** disclosed to the Michigan Board of Pharmacy final agency orders from Colorado, Georgia and Oklahoma that were issued between 2009 and 2012. , The Michigan Board of Pharmacy subsequently filed a complaint alleging that it is a violation of Michigan pharmacy law for a licensee to be the subject of administrative action in another state and asked McKesson to prove compliance with the agency orders in Colorado, Georgia, and Oklahoma. McKesson promptly supplied proof of compliance to the Michigan Board of Pharmacy. The Michigan Board of Pharmacy determined that McKesson had accepted responsibility in Colorado, Georgia, and Oklahoma and taken corrective measures to prevent re-occurrences of the issues that gave rise to those agency orders and the matter was resolved via consent order, pursuant to which McKesson accepted a reprimand and a fine.

In 2014, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning its Landover, Maryland distribution center (the "Landover DC") that had closed in May 2012. The Final Consent Order resolved allegations that, from January 2008 – November 2009, McKesson's Landover DC purchased approximately $2.95 million of prescription drugs/devices from a wholesale distributor that was not licensed in Maryland. McKesson paid a $30,000 fine in November 2014.

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson's Landover DC purchased approximately $2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a $15,000 fine in June 2015.

In 2016 **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Washington Court House, OH distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has

been since August 6, 2014 fully licensed. McKesson paid $400 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Medical-Surgical Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy at its Clear Brook, VA location for failure to report a new Designated Representative within 30 days of change. McKesson paid $200 fine. The fine is related to a non-disciplinary action.

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay $150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson**'s Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson**'s distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of $45,000, with an additional surcharge of 15%, totaling $51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective

1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board $250.00 for administrative costs No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of $2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of $10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation**'s distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and

- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson**'s distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective

1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

In 2018 May **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Memphis, TN distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since December 1, 2017 fully licensed. McKesson paid $1,000 fine. The fine is related to a non-disciplinary action.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On November 7, 2018, the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Denver, Colorado distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of $1,150 was imposed and paid November 29, 2018. The Board released McKesson Medical-Surgical Inc. from the terms and conditions of the December 6, 2018, Stipulation and Final Agency Order and restored the Registration to unencumbered status.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of $10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On March 1, 2019, the Ohio Board of Pharmacy sent a Notice of Opportunity for Hearing to the **McKesson Medical-Surgical Inc.** distribution center in Urbancrest, OH, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing. The allegations relate to an investigation that McKesson Medical-Surgical Inc. shipped dangerous drugs to an unlicensed site in September 2017. A monetary penalty of $4,5000 was imposed and paid on March 27, 2019.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio, Aurora, Colorado and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars ($15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reproval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to the Washington Court House, Ohio distribution center. Subject to the terms of the settlement, McKesson was issued a public letter of Reproval, agreed to pay $4,000 in investigative fees, and On August 29, 2019 McKesson received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 29, 2019 **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of $1,150.00.

# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MCKESSON MEDICAL-SURGICAL GOVERNMENT SOLUTIONS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MCKESSON MEDICAL-SURGICAL GOVERNMENT SOLUTIONS LLC" WAS FORMED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 1969.

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

Jeffrey W. Bullock, Secretary of State

733515 8300

SR# 20198045983

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

Authentication: 203989884

Date: 11-12-19

# Virginia Department of Health Professions
# License Lookup

Current as of 01/15/2020 17:03

## License Information

| | |
|---|---|
| **License Number** | 0215000432 |
| **Occupation** | Wholesale Distributor |
| **Name** | Mckesson Medical-Surgical Government Solutions LLC |
| **Address** | 9954 Mayland Drive Ste 5176<br>Henrico, VA 23233 |
| **Initial License Date** | 08/06/2018 |
| **Expire Date** | 02/28/2021 |
| **License Status** | Current Active |
| **Additional Public Information*** | No |

Back to License Lookup Result

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

** "Yes" means that there is information the Department must make available to the public pursuant to §54.1-2400.2.G 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

| Supplier Name | Address | Address 2 | City | State | Zip | Rx Type | Supplier Desc | Qty - Ship | Rank |
|---|---|---|---|---|---|---|---|---|---|
| SEQIRUS USA INC | 1 HEALTH PLAZA | BUILDING 310 | EAST HANOVER | NJ | 7936 | RX DRUG | SEQIRUS USA INC | 92859 | 1 |
| B. BRAUN MEDICAL INC | 824 12TH AVENUE | | BETHLEHEM | PA | 180180000 | RX DRUG | B BRAUN MEDICAL INC | 73307 | 2 |
| PFIZER INJECTABLES | CUST SRVC D 241 BLG H4 | 275 V FIELD DRIVE | LAKE FOREST | IL | 600450000 | RX DRUG | HOSPIRA WORLDWIDE INC | 56261 | 3 |
| MCKESSON CORPORATION | DC 8165 | 4012 SOUTH PURDUE | OKLAHOMA CITY | OK | 731790000 | RX DRUG | TEVA PHARMA USA | 43939 | 4 |
| BRISTOL MYERS SQUIBB COMPANY | 777 SCUDDERS MILL ROAD | | PLAINSBORO | NJ | 85360000 | RX DRUG | BRISTOL MYERS SQUIBB | 26723 | 5 |
| MCKESSON CORPORATION | DC 8165 | 4012 SOUTH PURDUE | OKLAHOMA CITY | OK | 731790000 | RX DRUG | FRESENIUS KABI USA LLC | 24279 | 6 |
| MCKESSON CORPORATION | DC 8165 | 4012 SOUTH PURDUE | OKLAHOMA CITY | OK | 731790000 | RX DRUG | AMNEAL/AKYMA PHARMACEUTICALS | 19486 | 7 |
| MCKESSON CORPORATION | DC 8165 | 4012 SOUTH PURDUE | OKLAHOMA CITY | OK | 731790000 | RX DRUG | PFIZER | 17083 | 8 |
| ASTELLAS PHARMA US INC | 1 ASTELLAS WAY | | NORTHBROOK | IL | 600620000 | RX DRUG | ASTELLAS PHARMA US INC | 16819 | 9 |
| WG CRITICAL CARE LLC | 190 NORTH MILWAUKEE STREET | | MILWAUKEE | WI | 53202 | RX DRUG | WG CRITICAL CARE LLC | 14673 | 10 |
| AMERICAN REGENT LABS, INC. | ONE LUITPOLD DRIVE | | SHIRLEY | NY | 119670000 | RX DRUG | AMERICAN REGENT LAB | 14512 | 11 |
| BAXTER HEALTHCARE CORP | MEDICATION DELIVERY DIVISION | ONE BAXTER PARKWAY DF4 1E | DEERFIELD | IL | 600150000 | RX DRUG | BAXTER HEALTHCARE CORP | 13506 | 12 |
| MCKESSON CORPORATION | DC 8165 | 4012 SOUTH PURDUE | OKLAHOMA CITY | OK | 731790000 | RX DRUG | WEST WARD PHARMA | 13313 | 13 |
| AMGEN INC. | ONE AMGEN CENTER DRIVE | | THOUSAND OAKS | CA | 913201789 | RX DRUG | AMGEN INC | 11826 | 14 |
| APP PHARMACEUTICALS LLC | 3 CORPORATE DRIVE | | LAKE ZURICH | IL | 600470000 | RX DRUG | APP PHARMACEUTICAL LLC | 10380 | 15 |

# STATE OF NEVADA CERTIFICATE OF AUTHORITY
## DEPARTMENT OF TAXATION

Taxpayer ID: 1024570410-001
Correspondence ID: 1800012040759
Date: 10/30/2018

MOORE MEDICAL LLC
MCKESSON MEDICAL SURGICAL GOVERNMENT SOLUTIONS
6555 STATE HIGHWAY 161
IRVING TX 75039-2402

THIS PERMIT:
IS NOT TRANSFERABLE TO ANY OTHER PERSON.
IS VOID IF ALTERED.
IS NOT ISSUED IN LIEU OF ANY LOCALLY REQUIRED BUSINESS LICENSE, PERMIT OR REGISTRATION.

Is authorized to collect Nevada sales tax at the following location.

**Permit Location:**
MCKESSON MEDICAL SURGICAL GOVERNMEN
9954 MAYLAND DR STE 400
RICHMOND VA 23233-1464

**MUST BE DISPLAYED IN PUBLIC VIEW AT PERMIT LOCATION**

(Detach Here)

Attached is your Nevada Certificate of Authority.

A single number, the TID (Taxpayer Identification Number), identifies a taxpayer for MOST tax types. Please use your TID and LOC (Location Number) on resale certificates, in correspondence or telephone calls to the Department.

Based on your estimated monthly taxable receipts as stated on the Nevada Business Registration Supplemental application, your filing frequency will be quarterly.

As stated on the application, your business start date is 10/29/2018, making your first remittance due on or before 01/31/2019.

The Department of Taxation has forms, publications and information available via internet at **https://tax.nv.gov.**

The Department of Taxation is providing businesses with the ability to view and manage their accounts via the internet through its interactive website, NevadaTax, located at ***http://nevadatax.nv.gov/.*** Businesses can file tax returns, make payments, and view financials associated with their Sales and Use Tax, Modified Business Tax accounts, as well as make payments for other tax types.

A business must first register and receive a username and password before NevadaTax will allow access to view and manage accounts. If you are already registered to use NevadaTax, this tax type will be added to your existing account.

Your business should use the following Pre-approved NevadaTax Activation Code when registering to use NevadaTax:
Pre-approved NevadaTax Activation Code: **2F8199F9-81DF-43D8-9F36-5AA538741EC1**.

The Nevada Certificate of Authority has been issued pursuant to an application duly filed and payment of prescribed fees. This Certificate of Authority is subject to the provisions of Nevada Revised Statutes 372, 374, and 377. This Certificate of Authority shall be considered valid unless canceled, suspended or revoked for good cause in accordance with Title 32.

**If you have questions concerning the permit please call our Department's Call Center at (866) 962-3707**

### DISTRICT OFFICE LOCATIONS

| CARSON CITY MAIN OFFICE | LAS VEGAS OFFICE | HENDERSON OFFICE | RENO OFFICE |
|---|---|---|---|
| 1550 College Parkway,<br>Suite 115<br>Carson City, Nevada, 89706 | Grant Sawyer Office Bldg,<br>Suite 1300<br>555 E. Washington Avenue<br>Las Vegas, Nevada, 89101 | 2550 Paseo Verde Parkway,<br>Suite 180<br>Henderson, Nevada, 89074 | 4600 Kietzke Lane<br>Building L, Suite 235<br>Reno, Nevada, 89502 |

Officers

| Title | Name | Work Address | Work Phone | Fax | Email Address |
|---|---|---|---|---|---|
| President; Director | Stanton J. McComb | 9954 Mayland Drive, Suite 4000 Richmond, VA 23233 | 804-553-2311 | 804-264-7520 | Stanton.McComb@McKesson.com |
| VP & Treasurer; Director | Timothy Skansi | 9954 Mayland Drive, Suite 4000 Richmond, VA 23233 | 804-553-2004 | 804-553-2004 | Tim.Skansi@McKesson.com |
| VP & Secretary; Director | Michele Lau | 1 Post Street San Francisco, CA 94104 | 415-983-8457 | 415-983-8380 | Michele.Lau@McKesson.com |

# UNITED STATES
# SECURITIES AND EXCHANGE COMMISSION
**Washington, D.C. 20549**
# FORM 10-Q

☒ **QUARTERLY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

**For the quarterly period ended September 30, 2019**

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

**For the transition period from_____ to_____**

**Commission File Number: 1-13252**

# McKESSON CORPORATION
**(Exact name of registrant as specified in its charter)**

| **Delaware** | **94-3207296** |
|---|---|
| **(State or other jurisdiction of incorporation or organization)** | **(I.R.S. Employer Identification No.)** |

**6555 State Hwy 161,**
**Irving, TX 75039**
**(Address of principal executive offices, including zip code)**

**(972) 446-4800**
**(Registrant's telephone number, including area code)**

**Securities registered pursuant to Section 12(b) of the Act:**

| *(Title of each class)* | *(Trading Symbol)* | *(Name of each exchange on which registered)* |
|---|---|---|
| **Common stock, $0.01 par value** | **MCK** | **New York Stock Exchange** |

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, or a smaller reporting 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 is a shell company (as defined in Rule 12b-2 of the Act).
Yes ☐ No ☒

Indicate the number of shares outstanding of each of the issuer's classes of common stock, as of the latest practicable date. 180,187,900 shares of the issuer's common stock were outstanding as of September 30, 2019.

**Exhibit 21**

## SUBSIDIARIES OF THE REGISTRANT

There is no parent of the Company. The following is a listing of the significant subsidiaries of the Company.

| | JURISDICTION OF ORGANIZATION |
|---|---|
| McKesson US Finance Corporation | United States |
| McKesson UK Finance I Limited | United Kingdom |
| McKesson International Bermuda IP2A Limited | Bermuda |
| McKesson International Holdings Unlimited Company | Ireland |
| McKesson International Bermuda IP3A Limited | Bermuda |
| McKesson UK Finance II Limited | United Kingdom |
| McKesson Strategic Services Limited | United Kingdom |
| ClarusONE Sourcing Services LLP | United Kingdom |
| McKesson Europe Holdings GmbH & Co. KGaA | Germany |
| McKesson Europe AG | Germany |
| McKesson Specialty Care Distribution LLC | United States |
| McKesson International Bermuda IP5A Limited | Bermuda |
| Northstar Healthcare Holdings Unlimited Company | Ireland |
| McKesson Medical-Surgical Inc. | United States |
| McKesson Medical-Surgical Supply Chain Services LLC | United States |
| McKesson Sourcing Services Inc. | United States |

# 4NN

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
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 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7
☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: McKesson Medical-Surgical Minnesota Supply Inc

Physical Address: 9954 Mayland Drive Ste 5176A

City: Henrico State: VA Zip Code: 23233-1464

Telephone Number: 804.486.1484 Fax Number: 804.264.7679

Toll Free Number: _____

E-mail: danna.sturgill@mckesson.com Website: www.mckesson.com

Facility Manager: Michael Jarvis

Professional qualifications and experience of facility manager: Director Six Sigma (Distribution Operations)

Types of licensed outlets or authorized persons firm will serve:

☑ Pharmacies ☑ Practitioners ☑ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☑ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☑ Hypodermic Devices
☐ Veterinary Legend Drugs

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☑
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☑
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☑ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: See Attached
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NV19911022577

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 ☑

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Stanton McComb
Print Name of Authorized Person

1/2/20
Date

| Board Use Only | Date Processed:_____ | Amount: _____ |
|---|---|---|

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

## OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Minnesota

Parent Company if any: McKesson Medical-Surgical Holdings Inc

Corporation Name: McKesson Medical-Surgical Minnesota Supply Inc.

Mailing Address: 9954 Mayland Drive Ste 5176A

City: Henrico State: VA Zip: 23233-1464

Telephone: 804.486.1484 Fax: 804.264.7679

Contact Person: Danna Sturgill

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: 10/20/1975

Registration number issued: 2R-377

Stock Exchange: NYSE

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV19911022577

## 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.

McKesson Corporation and its subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. ***The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines***

In 2014 **McKesson** disclosed to the Michigan Board of Pharmacy final agency orders from Colorado. Georgia and Oklahoma that were issued between 2009 and 2012. . The Michigan Board of Pharmacy subsequently filed a complaint alleging that it is a violation of Michigan pharmacy law for a licensee to be the subject of administrative action in another state and asked McKesson to prove compliance with the agency orders in Colorado, Georgia, and Oklahoma. McKesson promptly supplied proof of compliance to the Michigan Board of Pharmacy. The Michigan Board of Pharmacy determined that McKesson had accepted responsibility in Colorado, Georgia, and Oklahoma and taken corrective measures to prevent re-occurrences of the issues that gave rise to those agency orders and the matter was resolved via consent order, pursuant to which McKesson accepted a reprimand and a fine.

In 2014, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning its Landover, Maryland distribution center (the "Landover DC") that had closed in May 2012. The Final Consent Order resolved allegations that, from January 2008 – November 2009, McKesson's Landover DC purchased approximately $2.95 million of prescription drugs/devices from a wholesale distributor that was not licensed in Maryland. McKesson paid a $30,000 fine in November 2014.

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson's Landover DC purchased approximately $2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a $15,000 fine in June 2015.

In 2015 **McKesson Medical-Surgical Minnesota Supply Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy for selling hypodermic needles and syringes, classified as dangerous devices to an entity not licensed by the board. McKesson paid $5,000 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Washington Court House, OH distribution center failed to timely notify the state

of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since August 6, 2014 fully licensed. McKesson paid $400 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Medical-Surgical Minnesota Supply Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy related to the fact that its distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since July 1, 2016 fully licensed. McKesson paid $200 fine. The fine is related to a non-disciplinary action.

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay $150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson**'s Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson**'s distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of $45,000, with an additional surcharge of 15%, totaling $51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board $250.00 for administrative costs No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of $2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of $10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation**'s distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement: and

- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson**'s distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

In 2018 May **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Memphis, TN distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since December 1, 2017 fully licensed. McKesson paid $1,000 fine. The fine is related to a non-disciplinary action.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of $10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement").

The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio, Aurora, Colorado and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars ($15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reproval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to the Washington Court House, Ohio distribution center. Subject to the terms of the settlement, McKesson was issued a public letter of Reproval, agreed to pay $4,000 in investigative fees, and On August 29, 2019 McKesson received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 29, 2019 **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of $1,150.00.

# Office of the Minnesota Secretary of State
# Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

| | |
|---|---|
| Name: | McKesson Medical-Surgical Minnesota Supply Inc. |
| Date Filed: | 10/20/1975 |
| File Number: | 2R-377 |
| Minnesota Statutes, Chapter: | 302A |
| Home Jurisdiction: | Minnesota |

This certificate has been issued on: 11/11/2019




Steve Simon
Secretary of State
State of Minnesota

# Virginia Department of Health Professions
# License Lookup

Current as of 01/15/2020 17:04

## License Information

| | |
|---|---|
| **License Number** | 0215000433 |
| **Occupation** | Wholesale Distributor |
| **Name** | McKesson Medical-Surgical Minnesota Supply Inc |
| **Address** | 9954 Mayland Dr Ste 5176A<br>Henrico, VA 23233 |
| **Initial License Date** | 08/06/2018 |
| **Expire Date** | 02/28/2021 |
| **License Status** | Current Active |
| **Additional Public Information*** | No |

Back to License Lookup Result

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

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

Back to License Lookup

# COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

*David E. Brown, D.C., Director*

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

## BOARD OF PHARMACY

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

## Wholesale Distributor Permit

## McKesson Medical-Surgical Minnesota Supply Inc

9954 Mayland Dr Ste 5176A
Henrico VA 23233

Expires
02/29/2020

Number
0215000433

**For Information About This License, visit our website: www.dhp.virginia.gov**
**To File a Complaint About a Licensee, Call: 1-800-533-1560**

| Supplier Name | Address | Address 2 | City | State | Zip | Rank |
|---|---|---|---|---|---|---|
| SEQIRUS USA INC | HEALTH PLAZA | BUILDING | EAST HANOVER | NJ | 07936 | 1 |
| B. BRAUN MEDICAL INC | TH AVENUE | | BETHLEHEM | PA | | 2 |
| PFIZER INJECTABLES | CUST SRVC D BLG | V FIELD DRIVE | LAKE FOREST | IL | | 3 |
| MCKESSON CORPORATION | DC | SOUTH PURDUE | OKLAHOMA CITY | OK | | 4 |
| BRISTOL MYERS SQUIBB COMPANY | SCUDDERS MILL ROAD | | PLAINSBORO | NJ | | 5 |
| MCKESSON CORPORATION | DC | SOUTH PURDUE | OKLAHOMA CITY | OK | | 6 |
| MCKESSON CORPORATION | DC | SOUTH PURDUE | OKLAHOMA CITY | OK | | 7 |
| ASTELLAS PHARMA US INC | ASTELLAS WAY | | NORTHBROOK | IL | | 8 |
| MCKESSON CORPORATION | DC | 2 SOUTH PURDUE | OKLAHOMA CITY | OK | | 9 |
| WG CRITICAL CARE LLC | NORTH MILWAUKEE STREET | | MILWAUKEE | WI | | 10 |
| AMGEN INC. | ONE AMGEN CENTER DRIVE | | THOUSAND OAKS | CA | | 11 |
| AMERICAN REGENT LABS, INC. | ONE LUITPOLD DRIVE | | SHIRLEY | NY | | 12 |
| BAXTER HEALTHCARE CORP | MEDICATION DELIVERY DIVISION | ONE BAXTER PARKWAY | DEERFIELD | IL | | 13 |
| MCKESSON CORPORATION | DC | SOUTH PURDUE | OKLAHOMA CITY | OK | | 14 |
| APP PHARMACEUTICALS LLC | 3 CORPORATE DRIVE | | LAKE ZURICH | IL | | 15 |

NEVADA TAX CENTER
a service of the Nevada Department of Taxation

# Address Details

**Business Name:**
MCKESSON MEDICAL-SURGICAL MINNESOTA SUPPLY INC

**Tax Type:**
Business License

**Taxpayer ID:**
1001370791 - 000

**Location Address:**
1 POST ST
SAN FRANCISCO, CA
94104-5203

## Mailing Address

PO BOX 819066

DALLAS, TX 75381-9066
**Contact:** DONNA ADAMS
**Phone:**
**Fax:**

## Location of Tax Records

8121 N 10TH AVE

GOLDEN VALLEY, MN 55427-0000
**Contact:**
**Phone:**
**Fax:**

If you are making changes to your **account** (other than your mailing or tax record address), you will need to complete the Nevada Business Registration form located on our Department's website and mail it to the Carson City District office. If you need assistance please call our Call Center at 1-866-962-3707.

OFFICERS

| Title | Name | Work Address | Work Phone | Fax | Email Address |
|---|---|---|---|---|---|
| President; Director | Stanton J. McComb | 9954 Mayland Drive, Suite 4000 Richmond, VA 23233 | 804-553-2311 | 804-264-7520 | Stanton.McComb@McKesson.com |
| VP & Treasurer; Director | Timothy Skansi | 9954 Mayland Drive, Suite 4000 Richmond, VA 23233 | 804-553-2004 | 804-553-2004 | Tim.Skansi@McKesson.com |
| VP & Secretary; Director | Michele Lau | 1 Post Street San Francisco, CA 94104 | 415-983-8457 | 415-983-8380 | Michele.Lau@McKesson.com |

# UNITED STATES
# SECURITIES AND EXCHANGE COMMISSION
**Washington, D.C. 20549**
# FORM 10-Q

☒ **QUARTERLY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

**For the quarterly period ended September 30, 2019**

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

**For the transition period from_____ to_____**

**Commission File Number: 1-13252**

# McKESSON CORPORATION
**(Exact name of registrant as specified in its charter)**

| **Delaware** | **94-3207296** |
|---|---|
| **(State or other jurisdiction of incorporation or organization)** | **(I.R.S. Employer Identification No.)** |

**6555 State Hwy 161,**
**Irving, TX 75039**
**(Address of principal executive offices, including zip code)**

**(972) 446-4800**
**(Registrant's telephone number, including area code)**

**Securities registered pursuant to Section 12(b) of the Act:**

| *(Title of each class)* | *(Trading Symbol)* | *(Name of each exchange on which registered)* |
|---|---|---|
| **Common stock, $0.01 par value** | **MCK** | **New York Stock Exchange** |

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, or a smaller reporting 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 is a shell company (as defined in Rule 12b-2 of the Act).
Yes ☐ No ☒

Indicate the number of shares outstanding of each of the issuer's classes of common stock, as of the latest practicable date. 180,187,900 shares of the issuer's common stock were outstanding as of September 30, 2019.

**Exhibit 21**

## SUBSIDIARIES OF THE REGISTRANT

There is no parent of the Company. The following is a listing of the significant subsidiaries of the Company.

| | JURISDICTION OF ORGANIZATION |
|---|---|
| McKesson US Finance Corporation | United States |
| McKesson UK Finance I Limited | United Kingdom |
| McKesson International Bermuda IP2A Limited | Bermuda |
| McKesson International Holdings Unlimited Company | Ireland |
| McKesson International Bermuda IP3A Limited | Bermuda |
| McKesson UK Finance II Limited | United Kingdom |
| McKesson Strategic Services Limited | United Kingdom |
| ClarusONE Sourcing Services LLP | United Kingdom |
| McKesson Europe Holdings GmbH & Co. KGaA | Germany |
| McKesson Europe AG | Germany |
| McKesson Specialty Care Distribution LLC | United States |
| McKesson International Bermuda IP5A Limited | Bermuda |
| Northstar Healthcare Holdings Unlimited Company | Ireland |
| McKesson Medical-Surgical Inc. | United States |
| McKesson Medical-Surgical Supply Chain Services LLC | United States |
| McKesson Sourcing Services Inc. | United States |

# 400

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

and Name - See Attachment B

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH 02540

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 1,2,3,4
☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded ~~Corporation~~ (LLC) – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

### GENERAL INFORMATION to be completed be all types of ownership

Facility Name: MD Logistics LLC

Physical Address: 2370 Perry Road

City: Plainfield State: IN Zip Code: 46168

Telephone Number: 317-839-8900 Fax Number: 317-707-3219

Toll Free Number: N/A

E-mail: info@mdlogistics.com Website: www.mdlogistics.com

Facility Manager: Jeffrey R. Sorrell

Professional qualifications and experience of facility manager: Oversee management of operations to ensure all is running in the most cost effective manner within quality standards. Achieve optimum labor, and least amount of overhead and resource costs. Oversee maximum efficiency in design and production.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Nursing Home Pharmacies and Clinics.

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other:
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☒ No ☐
(If yes, provide a copy of the certificate) See Attachment C

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration) N/A

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Baxter Healthcare Corporation
Address: One Baxter Parkway, Deerfield, IL 60015

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NV20111305685

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 ☒

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Jeffrey R. Sorrell
Print Name of Authorized Person

16 JUL 2020
Date

| Board Use Only | Date Processed: | Amount: |
|---|---|---|

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of ~~Incorporation~~ Formation: Indiana

Parent Company if any: Nippon Express U.S.A., Inc.

Mailing Address: 2370 Perry Road

City: Plainfield State: IN Zip: 46168

Telephone: 317-839-8900 Fax: 317-707-3219

Contact Person: Jeffrey R. Sorrell

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Nippon Express U.S.A., Inc. - 24-01 44th Rd., 14th Floor, Long Island City, NY 11101
Name Business Address

b) N/A - No additional parent companies at this level.
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. N/A - The new company is an LLC.

3) What was the price paid per share? N/A

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV20111305685

## Include with the application for a non-publicly traded corporation

List of officers and directors See Attachment D

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. See Attachment E

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

## Third Party Logistics Provider

| License Number | Expire Date |
|---|---|
| 94000147A | 09/30/2022 |

## MD Logistics, LLC

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency

**Indiana Professional Licensing Agency**
**402 W. Washington Street, W072**
**Indianapolis, IN 46204**

**Third Party Logistics Provider**

| License Number | Expire Date |
|---|---|
| 94000147A | 09/30/2022 |

**MD Logistics, LLC**

Signature _____

# State of Indiana

## DEMOGRAPHIC INFORMATION

Name: MD Logistics, LLC

## ADDRESS INFORMATION

Line 1: 2370 Perry Road
Line 2:
City/State/Zip: Plainfield IN 46168
County: Hendricks

## LICENSE INFORMATION

| | | | | | |
|---|---|---|---|---|---|
| Lic #: | 94000147A | Profession: | Pharmacy Board | Type: | Third Party Logistics Provider |
| Status: | Active | Issued: | 7/15/2020 | Expiration: | 9/30/2022 |
| Method: | Change of Ownership | | | | |

Secondary:

## DISCIPLINE INFORMATION

## RELATED LICENSES

No Related Licenses

## DOCUMENTS

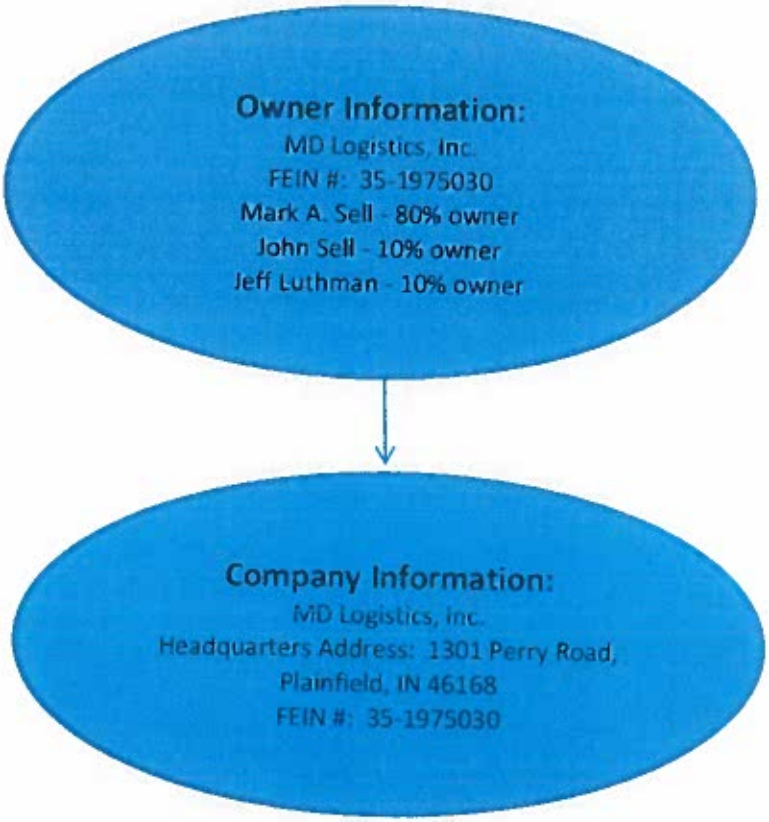
No Public Documents Available

## Attachment B

## Regarding the Ownership and Name Changes

Effective on or around August 31, 2020, MD Logistics, Inc. will undergo changes in name and ownership. The company will first undergo a name change/conversion to MD Logistics LLC. The LLC will then go from being a company that is majority-owned by an individual, Mark A. Sell, to a company that is a wholly-owned subsidiary of Nippon Express U.S.A., Inc. **This will result in changes to the licensee's name and ownership. Note that there have been no changes to the company officers, federal Tax ID #, or facility addresses.** Documentation of the changes will be provided once available. Provided below is the pre and post-ownership change information.

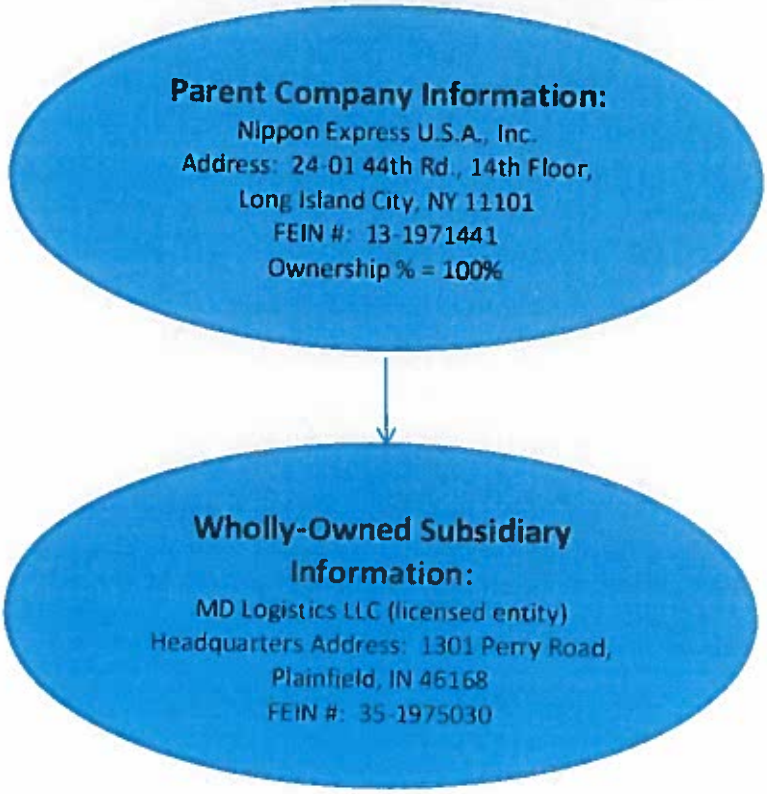
**Pre-Ownership/Name Change Information (prior to 8/31/2020):**



**Attachment B**

**Regarding the Ownership and Name Changes (cont.)**

**Post-Ownership/Name Change Information (after 8/31/2020):**



## Attachment C

## Regarding the Drug Distributor Accreditation

This facility is currently certified with the National Association Boards of Pharmacy (NABP) and verification is available at the following website: https://nabp.pharmacy/programs/drug-distributor/accredited-facilities/ under the previous ownership and name, MD Logistics, Inc.

Enclosed is a copy of the current DDA certificate for this facility. The name and ownership changes are pending with the NABP.

# Drug Distributors

**G DISTRIBUTOR**
**ACCREDITATION**

Apply

Criteria

**Drug Distributors**

## Find an Accredited Drug Distributor

Facility Name

State (All)

Search Reset

### Current list of 4 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditatio

| Name | Address | Accreditation Date |
|---|---|---|
| MD Logistics, Inc | 1301 Perry Rd<br>Plainfield, IN 46168 | 04/26/19 |
| MD Logistics, LLC | 12125 Moya Blvd<br>Reno, NV 89506 | 09/02/18 |
| MD Logistics, LLC | 2150 Stanley Road, Ste 100<br>Plainfield, IN 46168 | 03/31/19 |
| MD Logistics, LLC | 2370 Perry Rd<br>Plainfield, IN 46168 | 11/01/18 |

# NABP ACCREDITED

## DRUG DISTRIBUTOR

located at

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/.

**Carmen A. Catizone, MS, RPh, DPh**
*Executive Director/Secretary*

11/1/2018 - 10/31/2021
Period of Accreditation

Verified 8/11/20 MS

609

**Attachment D**

**LLC Officer Information**

MD Logistics LLC

**MD Logistics LLC is wholly-owned by Nippon Express U.S.A., Inc.**

Mark A. Sell
*President/CEO*

**Attachment E**

**Indiana Certificate of Existence**

Enclosed please find the current company's certificate of existence. Once the new LLC is formed, a copy of that documentation can be provided to your office.

# State of Indiana
# Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

## MD LOGISTICS, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 22, 1995, and was in existence or authorized to transact business in the State of Indiana on August 25, 2020.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.

SEAL OF THE STATE OF INDIANA 1816

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 25, 2020.

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

1995121421 / 20201592426

**All certificates should be validated here:** https://bsd.sos.in.gov/ValidateCertificate

**Expires on September 24, 2020.**

# 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. 60138507

Application/License No. _____

MD Logistics, LLC (Applicant Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1301 Perry Road Plainfield IN 46168 (Address of Applicant Principal), as PRINCIPAL, and Capitol Indemnity Corporation (Surety Company), a corporation organized under the laws of the state of Wisconsin (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1600 Aspens Commons, Suite 300 Middleton WI 53562 (Address of Surety), as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 31 2020 (Effective Date)

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $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.

* Additional locations to be added to this bond

2150 Stanley Road Plainfield IN 46168
12125 Moya Blvd., Reno, NV 89506

# BOND RIDER

To be attached to and form a part of **Pharmaceutical Wholesaler Surety Bond # 60138507** Dated **August 31, 2020**, with **MD Logistics, LLC**, as Principal, and **Capitol Indemnity Corporation**, as Surety, in favor of the **Nevada State Board of Pharmacy**, as Obligee.

It is understood and agreed that the Bond is changed or revised in the particulars as indicated below.

**Additional Location listed below is covered under this bond:**

**2370 Perry Road, Plainfield, IN 46168**

Said Bond shall be subject to all its terms, conditions, and limitations, except as herein expressly modified.

This Bond Rider shall become effective: **August 31, 2020**

Signed, Sealed and Dated August 31, 2020

Capitol Indemnity Corporation
SURETY

By: _____
Deborah M. Roth, Attorney-in-Fact

American Contracting Services, Inc.
P.O. Box 691
Danville, IN 46122
(317) 563-3228

# BOND RIDER

To be attached to and form a part of **Pharmaceutical Wholesaler Surety Bond # 60138507** Dated **August 31, 2020**, with **MD Logistics, LLC**, as Principal, and **Capitol Indemnity Corporation**, as Surety, in favor of the **Nevada State Board of Pharmacy**, as Obligee.

It is understood and agreed that the Bond is changed or revised in the particulars as indicated below.

**Additional Location listed below is covered under this bond:**

**2370 Perry Road, Plainfield, IN 46168**

Said Bond shall be subject to all its terms, conditions, and limitations, except as herein expressly modified.

This Bond Rider shall become effective: **August 31, 2020**

Signed, Sealed and Dated August 31, 2020

Capitol Indemnity Corporation
SURETY

By: _____
Deborah M. Roth, Attorney-in-Fact

American Contracting Services, Inc.
P.O. Box 691
Danville, IN 46122
(317) 563-3228

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 31st day of August, 2020.

APPLICANT/PRINCIPAL

COMPANY

MD Logistics, LLC

Authorized Representative

SURETY

Capitol Indemnity Company

Surety Company's Representative

Deborah M. Ro... 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

Posted February 20, 2020

CAPITOL INDEMNITY CORPORATION

60138507

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: CAPITOL INDEMNITY CORPORATION

---------- SARABETH SCOTT; ANTHONY BALZANO; DEBORAH M. ROTH; ROSALIE S. SMITH; JOANN SMITH ----------

----------ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: $20,000,000.00 ----------

# Jeffrey R. Sorrell

.com

Perry Road Plainfield, Ste 105, IN 46168

## EMPLOYMENT

**Assoc. Director of Shared Pharmaceutical Services** – MD Logistics – Plainfield, IN
June 2020 - Current

- Manages Operations Managers
- Ensures standards for product quality are maintained
- Manages budget and controls expenses
- Develops, monitors, and reports on operating costs
- Ensures quality standards

**Operations Manager Shared Pharma** – MD Logistics – Plainfield, IN
August 2017 – June 2020

- Ensures compliance
- Vendor relations and negotiations
- Reports on daily production, personnel, and quality statistics
- Reviews and approves reports, plans, schedules
- Prepare and manage projects
- Ability to confront and resolve conflict

**National Ocean Operations and Compliance Manager** – Horizon International Cargo, Inc. – Chicago, IL
August 2015 – August 2017

- Negotiate, execute and manage national ocean contracts with direct steamship lines.
- Provide guidance and oversight to all US offices regarding US FMC compliance
- Prepare and manage projects
- Facilitate and execute ocean shipments, negotiate pricing and provide general customer service.

**National Ocean Gateway Manager** – NNR Global Logistics USA, Inc. – Chicago, IL
August 2014 – August 2015

- Evaluate regional office capabilities
- Implement natonal ocean gateway program
- Track, verify and report on export shipments for the gateway stations
- Meet with corporate vendors to negotiate rates, contracts and VID's.

# Jeffrey R. Sorrell

Perry Road Plainfield, Ste 105, IN 46168

**Export Supervisor** – NNR Global Logistics USA, Inc. – Indianapolis, IN
April 2007 – August 2014

- Departmental head for the Ocean Hub, responsible for ocean operations for 8 NNR offices across the U.S.
- Oversee office export operations
- Review and negotiate transportation rates with global vendors
- Provide Export training to local staff as well as national clients

**Human Resource Manager** – Advanced Testing Laboratory, Inc. – Blue Ash, OH
August 2005 – March 2007

- Responsible for coordinating company benefits for 250+ employees
- Negotiate health care insurance rates with vendors
- Recruited and on-boarded over 50 new employees
- Supplied management support and assistance with employee relations and discipline

---

**Technical Skills**

- Microsoft- Word, Excel, Outlook
- WMS proficiency - Red Prairie

---

**CERTIFICATES & MEMBERSHIPS**

- Previously held Certified Export Specialist - issued by the NCBFAA (National Customs Brokers & Forwarders Association of America, Inc.)
- Fork lift Certified

---

**EDUCATION**

- University of Cincinnati – Cincinnati, OH - **Bachelor of Arts / German Studies – Germanistik 1998**

# 4PP

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH 02255

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 1,2,3,4
☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

### GENERAL INFORMATION to be completed be all types of ownership

Facility Name: RxCrossroads 3PL LLC

Physical Address: 4200 Binion Way, Suite 200

City: Mason State: OH Zip Code: 45036

Telephone Number: 866-447-9758 Fax Number: 877-464-5403

Toll Free Number:

E-mail: kevin.waite@mckesson.com Website: www.rxcrossroads.com

Facility Manager: Kevin Waite

Professional qualifications and experience of facility manager: See Attached Resume

### Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Repackager,Reverse Distributors,Manufacturers

### Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☒ Controlled Substances (include copy of DEA)
☒ Other: OTC's
☒ Hypodermic Devices
☒ Veterinary Legend Drugs

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☒ No ☐
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Amici Pharmaceuticals LLC
Address: 425 Broadhollow Road, Suite 115, Mellville, NY 11747

Name: Ascend Laboratories LLC
Address: 339 Jefferson Road, Suite 101, Parsippany, NJ 07054

Name: Hisun Pharmaceuticals USA Inc
Address: 200 Crossing Blvd 2nd FL, Bridgewater, NJ 08807

Name: Method Pharmaceuticals LLC
Address: 7333 Jack Newell Blvd N, Ste 300, Fort Worth, TX 76118

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

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 ☒

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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, site 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.

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 pharmacy 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.

Michele Lau

Original Signature of Person Authorized to Submit Application, no copies or stamps

Michele Lau- VP/Secretary

Print Name of Authorized Person

2/7/2020

Date

| Board Use Only | Date Processed: | Amount: 500.00 |
|---|---|---|

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: RxC Acquisition Company

Mailing Address: 6535 State Highway 161

City: Irving State: TX Zip: 75039

Telephone: 281-863-1000 Fax: _____

Contact Person: Michele Lau

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A - No Individual Owners
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. n/a

3) What was the price paid per share? N/A

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

## Include with the application for a non-publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

**Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.**

McKesson Corporation and its subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. ***The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines***

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson's Landover DC purchased approximately $2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a $15,000 fine in June 2015.

In 2016 **McKesson Packaging Services, a business unit of McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that McKesson Packaging Services failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since February 2, 2016 fully licensed. McKesson paid a $500 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Washington Court House, OH distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since August 6, 2014 fully licensed. McKesson paid $400 fine. The fine is related to a non-disciplinary action.

In January 2017, McKesson entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay $150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to

January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for McKesson's Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson**'s distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of $45,000, with an additional surcharge of 15%, totaling $51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board $250.00 for administrative costs. No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of $2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** entered in a Settlement Agreement as

disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of $10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation**'s distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and

- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson**'s distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

In 2018 May McKesson **Corporation** was fined by the California Board of Pharmacy related to the fact that its Memphis, TN distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since December 1, 2017 fully licensed. McKesson paid $1,000 fine. The fine is related to a non-disciplinary action.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns

with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of $10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio, Aurora, Colorado and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars ($15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reproval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to the Washington Court House, Ohio distribution center. Subject to the terms of the settlement, McKesson was issued a public letter of Reproval, agreed to pay $4,000 in investigative fees.

On August 29, 2019 McKesson received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 29, 2019 McKesson entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of $1,150.00.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

Pending Actions

The Indiana Board of Pharmacy issued a complaint and **McKesson Corporation** responded but have not had further communication with the Board.

The Georgia Board of Pharmacy issued a proposed consent order and **McKesson Corporation** is responding but have not finalized any agreement with the state.

The Delaware Board of Pharmacy issued a proposed consent order and **McKesson Corporation** is responding but have not finalized any agreement with the state.

The Illinois Department of Financial and Professional Regulation informed **McKesson Corporation** that the state would be seeking disciplinary action against Illinois licensed facilities. Please note that for the above-referenced pending actions, no final action has been taken and all

STATE OF OHIO
BOARD OF PHARMACY

# LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2021.

**RxCrossroads 3PL LLC**

**4200 Binion Way Ste 200**
**Mason, OH 45036-9469**

**License Number: 0172000014**

**Third-Party Logistics - Category 3**

**Expiration Date: June 30, 2021**

CLASS: Third-Party Logistics - Category 3
BUSINESS TYPE: 3PL – Third-Party Logistics

**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 |
|---|---|
| **KEVIN WAITE** | |

*Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.*

**State of Ohio Board of Pharmacy**
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

# RxCrossroads 3PL LLC Organizational Chart

Organizational Chart:



**RxCrossroads 3PL LLC**

**Applicant:** RxCrossroads 3PL LLC
4200 Binion Way STE 200
Mason, OH 45036
Warren County
Phone: 866-447-9758
Fax: 877-464-5403
FEIN: 83-3440796

Mailing Address: 3600 Pharma Way
Mason, OH 45036

Delaware Limited Liability Company incorporated on January 4th 2019

**Parent Company:** RxC Acquisition Company
6535 State Highway 161
Irving, TX 75039
FEIN #: 20-3113620

**Corporate Officers:**

Michele Lau, VP/Secretary
Post Street, San Francisco, C.
SS# DOE

**Designated Representative:**

Kevin Waite, Inventory Manager
4200 Binion Way STE 200 Mason, OH 45036
SS DC
Phc Email ckesson.com

**Application Contact:**

Beatrix Erdei, Sr. Manager, Compliance and Regulatory Affairs
Phone: 415-983-9247 Email: Beatrix.Erdei@mckesson.com
One Post Street, San Francisco, CA 94104

**Description of Operation**

Our business operation is that of a third party logistics for various drug/medical device manufactures. We do not take title to the product, but rather provide warehouse, distribution, and other logistics services on behalf of the drug/medical device manufactures .

Hours of Operation: Mon-Fri 7am-12a

Type of Products: Human Prescription Drugs (Solid Dose, Liquids (Oral), Injectables, Topical, Ophthalmic) Veterinary Prescription Drugs, Controlled Substances (Sch II-V); Dangerous devices, OTC, Medical Food

Type of Customers: Wholesalers, Distributors, Drug Manufacturers, Drug Repackager, Reverse Distributor, Pharmacies, Hospitals

# State Of Delaware

Entity Details

3/9/2020 8:18:08PM

File Number: 7223511
Entity Name: RXCROSSROADS 3PL LLC
Entity Kind: Limited Liability Company
Residency: Domestic
Status: Good Standing

Incorporation Date / Formation Date: 1/4/2019
Entity Type: General
State: DELAWARE
Status Date: 1/4/2019

**Registered Agent Information**

Name: CORPORATION SERVICE COMPANY
Address: 251 LITTLE FALLS DRIVE
City: WILMINGTON
State: DE
Phone: 302-636-5401

Country:
Postal Code: 19808

Facility Name

State (All)

Search Reset

## Current list of 3 Verified-Accredited Wholesale Distributors®

VAWD accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

| Name | Address | Accreditation Date |
|---|---|---|
| RxCrossroads 3PL LLC | 1001 Cheri Way, Ste 100<br>Louisville, KY 40118 | Reaccreditation in process |
| RxCrossroads 3PL LLC | 5101 Jeff Commerce Dr<br>Louisville, KY 40219 | 06/22/18 |
| RxCrossroads 3PL LLC | 4200 Binion Way Ste 200<br>Mason, OH 45036 | 08/31/18 |

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Contact

Verified 2/25/20

The National Association of Boards of Pharmacy®

hereby awards

Verified- Accredited Wholesale Distributors®

Accreditation

to

# Masters Drug Company, Inc
# dba RXTPL

located at

4200 Binion Way Ste 200, Mason, OH 45036

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD®) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

August 31, 2018 - August 30, 2021

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy

# KEVIN WAITE

Firshade Tr. Cincinnati OH 9·
@gmail.com

Warehouse manager with management experience and exceptional people skills. Versed in inventory control and production management.

## EXPERIENCE

**JAN 2018 – CURRENT**
WAREHOUSE AND INVENTORY MANAGER, MASTERS DRUG COMPANY, INC
As the warehouse manager for Masters, my job was to monitor and successfully manage an ever growing TPL company. Duties included: The hiring process of new employees, train and develop those employees, monitor and control inventory, coach and terminate when needed, work with executives on how to streamline production, resolve any client issues in a timely manner, record keeping and ensure day to day business was being completed in a timely manner.

**AUG 2012 – DEC 2017**
WAREHOUSE AND INVENTORY MANAGER, RXTPL, LLC
As the warehouse manager for RXTPL, my job was to monitor and successfully manage an ever growing TPL company. Duties included: The hiring process of new employees, train and develop those employees, monitor and control inventory, coach and terminate when needed, work with executives on how to streamline production, resolve any client issues in a timely manner, record keeping and ensure day to day business was being completed in a timely manner.

**FEB 2008 – AUG 2012**
SHIFT LEAD/MULTIPLE DIVISIONS, SAM'S CLUB
I Started with Sam's Club being third shift receiver. The job duties were to unload trailers with forklifts and locate throughout the store. I then moved to a shift lead after 4 months in the tire department. There, I was in charge of inventory control, supervising a team of 8 and scheduling shifts accordingly.

## EDUCATION

2011
CONSTRUCTION MANAGEMENT, NOTHERN KENTUCKEY UNIVERSITY
Started NKU in the fall of 2007, but did not graduate due to financial problems.

2007
HIGH SCHOOL DIPLOMA , NORTHWEST HIGH SCHOOL
3.7 GPA
Coursework in Construction for 2 years

## SKILLS

- Results-oriented
- Operations management/Inventory Control
- Client-focused
- Hazmat Certified
- File/Records Maintenance
- Computer proficient

# 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. 070022483

Application/License No. _____

McKesson Corporation (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is One Post Street, San Francisco, CA 94104 (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 71 Stevenson St, Suite 600, San Francisco, CA 94105 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 15, 2016 (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.

Liberty Mutual. SURETY

**This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.**

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

Certificate No: 8201331

# 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, Heidi Bockus all of the city of Seattle, state of Washington each individually if there be more than one named, its true and lawful attorney-in-fact, with full power and authority hereby conferred to sign, execute and acknowledge the above-referenced surety bond.

**IN WITNESS WHEREOF,** this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 30th day of May, 2019.

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

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 30th day of May, 2019, 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**
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
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-infact 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 26th day of June, 2020.

By: _____
Renee C. Llewellyn, Assistant Secretary

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

To confirm the validity of this Power of Attorney call

# CHANGE RIDER

To be attached to and form a part of Bond No. 070022483

in the amount of $100,000.00 issued by Liberty Mutual Insurance Company

on behalf of McKesson Corporation

in favor of Nevada State Board of Pharmacy

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

Add to the Bond:

RxCrossroads 3PL, LLC

4200 Binion Way, Suite 200
Mason, OH 45036

It is further expressly understood and agreed that the aggregate liability of the Liberty Mutual Insurance Company under said bond to the obligee herein mentioned shall not exceed the amount stated above.

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

Signed, sealed and dated this 21st day of July, 2020.

Liberty Mutual Insurance Company

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

BY: Heidi Bockus
Heidi Bockus Attorney-in-Fact

# CHANGE RIDER

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Signed, sealed and dated this 21st day of July, 2020.

Liberty Mutual Insurance Company

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

BY: Heidi Bockus
Heidi Bockus Attorney-in-Fact

# 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. 070022483

Application/License No. _____

McKesson Corporation (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is One Post Street, San Francisco, CA 94104 (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 71 Stevenson St, Suite 600, San Francisco, CA 94105 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 15, 2016 (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 15th day of September, 20 16.

APPLICANT/PRINCIPAL
McKesson Corporation

By: _____
Authorized Representative

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SURETY COMPANY
Liberty Mutual Insurance Company

By: Heidi Bockus
Surety Company's Representative

Heidi Bockus, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

Countersigned by:
Heidi Bockus
Nevada ~~Resident Agent~~ Nonresident Agent License #503307
Heidi Bockus

**THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.**
**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.**

Certificate No. 7240835

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

# POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That American Fire & Casualty Company and The Ohio Casualty Insurance Company are corporations 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, Heidi Bockus; Krista M. Lee

all of the city of Seattle, state of 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 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 14th day of January 2016.

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

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 14th day of January, 2016, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of American Fire and Casualty Company, Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Plymouth Twp., Montgomery County
My Commission Expires March 28, 2017
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 American Fire and Casualty Company, 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, Gregory W. Davenport, the undersigned, Assistant Secretary, of American Fire and Casualty Company, 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 8th day of Sep, 20__

By: _____
Gregory W. Davenport, Assistant Secretary

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

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

**RxCrossroads 3PL LLC**

November 26, 2019




**VIA UPS**

**Nevada State Board of Pharmacy**

**431 W Plumb Lane**

**Reno, NV 89509**

**RE: Change in Ownership – Masters Drug Company, Inc – 4200 Binion Way STE 200 Mason OH 45036**

**Nevada State Board of Pharmacy - WH02255**

To Whom it May Concern:

McKesson underwent an internal multi-step transaction and re-organization on July 1, 2019. As a result, a new entity RxCrossroads 3PL LLC ("RXC 3PL") was formed with a parent company of RXC Acquisition Company, where RXC 3PL would be the entity holding the permit. As the Board is aware, Masters Drug Company, Inc's ultimate parent company is McKesson Corporation. Since the re-organization, Masters Drug Company Inc, Third Party Logistics Division will now become RxCrossroads 3PL LLC on January 1, 2020. Only the third-party logistics division licensed at 4200 Binion Way STE 200 Mason, OH 45036 will be affected by the internal change of ownership to the new entity RxCrossroads 3PL LLC. Accordingly, we will be sending a change of ownership application and the appropriate fee for processing.

Please feel free to contact Beatrix Erdei at Beatrix.Erdi@mckesson.com or me at 513-619-8041, Courtney.Phelps@mckesson.com if you have any questions or would like any additional information regarding this transaction. Thank you for your consideration.

Regards.

Courtney Phelps

Sr. Manager Regulatory Affairs, Quality Assurance

# 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. 070022483

Application/License No. _____

McKesson Corporation (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is One Post Street, San Francisco, CA 94104 (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 71 Stevenson St, Suite 600, San Francisco, CA 94105 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 15, 2016 (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 15th day of September, 20 16.

APPLICANT/PRINCIPAL
McKesson Corporation

By: _____
Authorized Representative

SIGNED and SEALED in the presence of

_____
Witness

_____
Witness

SURETY COMPANY
Liberty Mutual Insurance Company

By: Heidi Bockus
Surety Company's Representative

Heidi Bockus, Attorney-in-fact
print name

SIGNED and SEALED in the presence of

_____
Witness

_____
Witness

Countersigned by:
Heidi Bockus
Nevada ~~Resident Agent~~ Nonresident Agent License #503307
Heidi Bockus

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. 644

Certificate No. 7240835

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

# POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That American Fire & Casualty Company and The Ohio Casualty Insurance Company are corporations 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, Heidi Bockus; Krista M. Lee

all of the city of Seattle, state of 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 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 14th day of January, 2016.

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

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 14th day of January, 2016, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of American Fire and Casualty Company, Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Plymouth Twp., Montgomery County
My Commission Expires March 28, 2017
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 American Fire and Casualty Company, 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, Gregory W. Davenport, the undersigned, Assistant Secretary, of American Fire and Casualty Company, 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 14th day of January, 2016.

By: _____
Gregory W. Davenport, Assistant Secretary

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

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

# CHANGE RIDER

To be attached to and form a part of Bond No. 070022483

in the amount of $100,000.00 issued by Liberty Mutual Insurance Company

on behalf of McKesson Corporation

in favor of Nevada State Board of Pharmacy

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

Add to the bond

RxCrossroads 3PL, LLC

5101 Jeff Commerce Dr.
Louisville, KY 40219

1001 Cheri Way, Suite 100
Fairdale, KY 40118

It is further expressly understood and agreed that the aggregate liability of the Liberty Mutual Insurance Company under said bond to the obligee herein mentioned shall not exceed the amount stated above.

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

Signed, sealed and dated this 26th day of June, 2020.

Liberty Mutual Insurance Company

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

BY: Heidi Bockus
Heidi Bockus, Attorney-in-Fact

Liberty Mutual. SURETY

**This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.**

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

Certificate No: 8201331

# 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, Heidi Bockus all of the city of Seattle, state of Washington each individually if there be more than one named, its true and lawful attorney-in-fact, with full power and authority hereby conferred to sign, execute and acknowledge the above-referenced surety bond.

**IN WITNESS WHEREOF,** this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 30th day of May, 2019.

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

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 30th day of May, 2019, 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**
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
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-infact 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 26th day of June, 2020.

By: _____
Renee C. Llewellyn, Assistant Secretary

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

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00am and 4:30pm EST on any business day.

# 4QQ

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

and Name - See Attachment B

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH 01172

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 1,2,3,4
☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded ~~Corporation~~ (LLC) – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

### GENERAL INFORMATION to be completed be all types of ownership

Facility Name: MD Logistics LLC

Physical Address: 1301 Perry Road

City: Plainfield State: IN Zip Code: 46168

Telephone Number: 317-839-8900 Fax Number: 317-707-3214

Toll Free Number: N/A

E-mail: info@mdlogistics.com Website: www.mdlogistics.com

Facility Manager: Timothy C. Lawyer

Professional qualifications and experience of facility manager: Oversee management of operations to ensure all is running in the most cost effective manner within quality standards. Achieve optimum labor, and least amount of overhead and resource costs. Oversee maximum efficiency in design and production.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Nursing Home Pharmacies and Clinics.

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other:
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☒ No ☐
(If yes, provide a copy of the certificate) See Attachment C

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration) See Attachment D

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Novo Nordisk Inc.
Address: 800 Scudders Mill Road, Plainsboro, NJ 08536

Name: CSL Behring LLC
Address: 1020 First Avenue, King of Prussia, PA 19406

Name: Jacobus Pharmaceuticals, Inc
Address: IRL Building Schalks Crossing Road, Plainsboro, NJ 08536

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NV20111305685

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 ☒

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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, site 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.

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 pharmacy 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.

Timothy C Lawyer

Original Signature of Person Authorized to Submit Application, no copies or stamps

Timothy C. Lawyer

Print Name of Authorized Person

7/16/2020

Date

| **Board Use Only** | Date Processed:_____ | Amount: _____ |
|---|---|---|

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of ~~Incorporation:~~ Formation: Indiana

Parent Company if any: Nippon Express U.S.A., Inc.

Mailing Address: 1301 Perry Road

City: Plainfield State: IN Zip: 46168

Telephone: 317-839-8900 Fax: 317-707-3214

Contact Person: Timothy C. Lawyer

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Nippon Express U.S.A., Inc - 24-01 44th Rd., 14th Floor, Long Island City, NY 11101
Name Business Address

b) N/A - No additional parent companies at this level.
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. N/A - The new company is an LLC.

3) What was the price paid per share? N/A

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV20111305685

## Include with the application for a non-publicly traded corporation

List of officers and directors See Attachment E

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. See Attachment F

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

## Third Party Logistics Provider

| License Number | Expire Date |
|---|---|
| 94000148A | 09/30/2022 |

## MD Logistics, LLC

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Third Party Logistics Provider

| License Number | Expire Date |
|---|---|
| 94000148A | 09/30/2022 |

MD Logistics, LLC

Signature _____

# State of Indiana

## DEMOGRAPHIC INFORMATION

Name: MD Logistics, LLC

## ADDRESS INFORMATION

Line 1: 1301 Perry Road
Line 2:
City/State/Zip: Plainfield IN 46168
County: Hendricks

## LICENSE INFORMATION

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Lic #: | 94000148A | Profession: | Pharmacy Board | Type: | Third Party Logistics Provider | Secondary: | |
| Status: | Active | Issued: | 7/15/2020 | Expiration: | 9/30/2022 | | |
| Method: | Change of Ownership | | | | | | |

## DISCIPLINE INFORMATION

## RELATED LICENSES

No Related Licenses

## DOCUMENTS

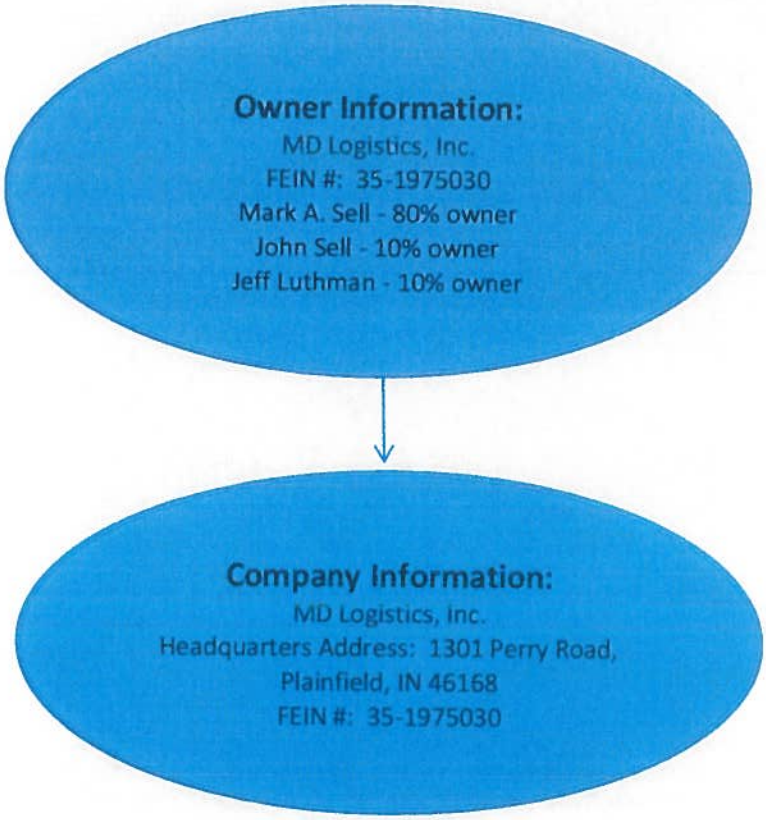
No Public Documents Available

## Attachment B

## Regarding the Ownership and Name Changes

Effective on or around August 31, 2020, MD Logistics, Inc. will undergo changes in name and ownership. The company will first undergo a name change/conversion to MD Logistics LLC. The LLC will then go from being a company that is majority-owned by an individual, Mark A. Sell, to a company that is a wholly-owned subsidiary of Nippon Express U.S.A., Inc. **This will result in changes to the licensee's name and ownership. Note that there have been no changes to the company officers, federal Tax ID #, or facility addresses.** Documentation of the changes will be provided once available. Provided below is the pre and post-ownership change information.

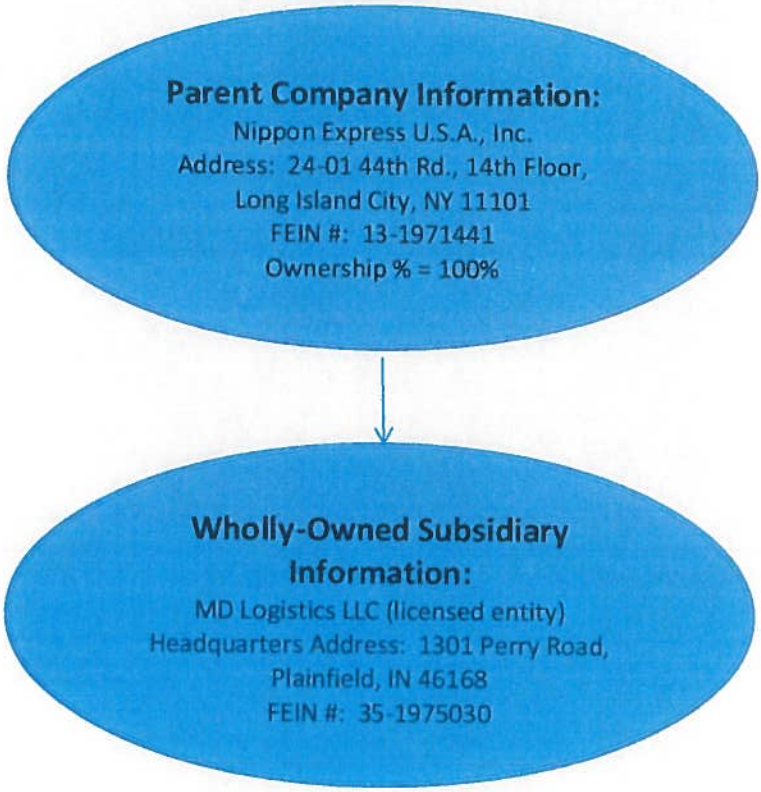
**Pre-Ownership/Name Change Information (prior to 8/31/2020):**



**Attachment B**

**Regarding the Ownership and Name Changes (cont.)**

**Post-Ownership/Name Change Information (after 8/31/2020):**



## Attachment C

## Regarding the Drug Distributor Accreditation

This facility is currently certified with the National Association Boards of Pharmacy (NABP) and verification is available at the following website: https://nabp.pharmacy/programs/drug-distributor/accredited-facilities/ under the previous ownership and name, MD Logistics, Inc.

Enclosed is a copy of the current DDA certificate for this facility. The name and ownership changes are pending with the NABP.

# NABP ACCREDITED

## DRUG DISTRIBUTOR

located at

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/.

**Carmen A. Catizone**, MS, RPh, DPh
*Executive Director/Secretary*

4/26/2019 - 4/25/2022
Period of Accreditation

Verified 8/11/20 MS

657

# Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&TITLE=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&DESCRIPTION=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

PRINT

New Search (default.cfm)

Search Results for **MD Logistics**

CSVExcel

**Filter:**

| Firm Name | FDA Establishment Identifier | DUNS | Business Operations | Address | Expiration Date |
|---|---|---|---|---|---|
| MD Logistics, LLC | 3004026589 | 965636525 | LABEL; PACK; | 1301 Perry Road Ste 101, Plainfield, Indiana (IN) 46168, United States (USA) | 12/31/2020 |

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Tuesday, Sep 22, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified MS

9/22/2020, 8:03 AM

**Attachment E**

**LLC Officer Information**

MD Logistics LLC

**MD Logistics LLC is wholly-owned by Nippon Express U.S.A., Inc.**

Mark A. Sell
*President/CEO*

# State of Indiana
# Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

## MD LOGISTICS, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 22, 1995, and was in existence or authorized to transact business in the State of Indiana on August 25, 2020.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 25, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

1995121421 / 20201592426

**All certificates should be validated here:** https://bsd.sos.in.gov/ValidateCertificate

**Expires on September 24, 2020.**

# 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. 60138507

Application/License No. _____

MD Logistics LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1301 Perry Road, Plainfield, IN 46168 (Address of Applicant/Principal), as PRINCIPAL, and Capitol Indemnity Corporation (Surety Company), a corporation organized under the laws of the state of Wisconsin (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1600 Aspens Commons, Suite 300, Middleton, WI 53562 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 31, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $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.

* Additional locations to be added to this bond

2150 Stanley Road, Plainfield, IN 46168
12125 Moya Blvd., Reno, NV 89506

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 31st day of August, 2020.

APPLICANT/PRINCIPAL

COMPANY

MD Logistics, LLC

Authorized Representative

SURETY

Capitol Indemnity Company

Surety Company's Representative

Deborah M. Roth, 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

CAPITOL INDEMNITY CORPORATION

60138507

POWER OF ATTORNEY

---------- SARABETH SCOTT; ANTHONY BALZANO; DEBORAH M. ROTH; ROSALIE S. SMITH; JOANN SMITH ----------

----------ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: $20,000,000.00 ----------

31st August

# Timothy Lawyer

com

Perry Road Plainfield, IN 46168

## EMPLOYMENT

**Assoc. Director of Shared Pharmaceutical Services** – MD Logistics – Plainfield, IN
January 2015 - Current

- Manages Operations Managers
- Ensures standards for product - quality are maintained
- Manages budget and controls expenses
- Develops, monitors, and reports on operating costs
- Ensures quality standards

**Operations Manager Shared Pharma** – MD Logistics – Plainfield, IN
October 2010 – January 2015

- Ensures compliance
- Vendor relations and negotiations
- Reports on daily production, personnel, and quality statistics
- Reviews and approves reports, plans, schedules
- Prepare and manage projects
- Ability to confront and resolve conflict

**Operations Manager Shared Logistics** – MD Logistics – Plainfield, IN
August 2007 – October 2010

- Able to navigate WMS
- Reviews and approves all operational SOP's, operational deviations, and corrective actions
- Facilitate and maintain departmental training records
- Prepare and manage projects

**Lead Supervisor** – Atlas Cold Storage
March 2004 – August 2007

- Monitor employee production
- Enforce company policy
- Manage first shift operations
- Oversee the training and mentoring of employees

## Technical Skills

- Microsoft- word, Excel, Publisher, Visio
- Red Prairie
- DOT Hazardous Materials Training

## CERTIFICATES & MEMBERSHIPS

- Air National Guard Member: Honorably Discharged in 1995
- DOT Hazardous Materials Certificate
- Fork lift Certified

# Timothy Lawyer

cs.com

Perry Road Plainfield, IN 46168

---

## EDUCATION

- Indiana State University; Terre Haute, IN - **Business Management**
- Solano Community College; Fairfield, CA - **Business Management**
- Air Force Tech School; Lowry Air Force Base – Denver, CO

# 4RR

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

and Name - See Attachment C

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH 02167

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 1,2,3,4
☒ Non Publicly Traded ~~Corporation~~ (LLC) – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

### GENERAL INFORMATION to be completed be all types of ownership

Facility Name: MD Logistics LLC

Physical Address: 2150 Stanley Road

City: Plainfield State: IN Zip Code: 46168

Telephone Number: 317-838-8900 Fax Number: 317-707-3219

Toll Free Number: N/A

E-mail: info@mdlogistics.com Website: www.mdlogistics.com

Facility Manager: Chad P. Hodges

Professional qualifications and experience of facility manager: Oversee management of operations to ensure all is running in the most cost effective manner within quality standards. Achieve optimum labor, and least amount of overhead and resource costs. Oversee maximum efficiency in design and production.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Nursing Home Pharmacies and Clinics.

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☒ Poisons or Chemicals
☒ Controlled Substances (include copy of DEA) See Attachment B
☐ Other:
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☒ No ☐
(If yes, provide a copy of the certificate) See Attachment D

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration) See Attachment B

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Merck Sharp & Dohme Corp
Address: 770 Sumeytown Pike, Building 56, West Point, PA 19486

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NV20111305685

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 ☒

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

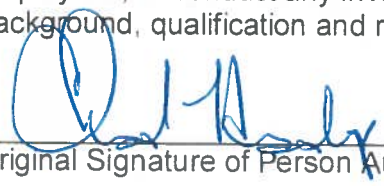
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Chad P. Hodges
Print Name of Authorized Person

16 Jul 2020
Date

| Board Use Only | Date Processed: _____ | Amount: _____ |
|---|---|---|

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of ~~Incorporation~~ Formation: Indiana

Parent Company if any: Nippon Express U.S.A., Inc.

Mailing Address: 2150 Stanley Road

City: Plainfield State: IN Zip: 46168

Telephone: 317-838-8900 Fax: 317-707-3219

Contact Person: Chad P. Hodges

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Nippon Express U.S.A., Inc - 24-01 44th Rd., 14th Floor, Long Island City, NY 11101
Name Business Address

b) N/A - No additional parent companies at this level.
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. N/A - The new company is an LLC.

3) What was the price paid per share? N/A

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV20111305685

## Include with the application for a non-publicly traded corporation

List of officers and directors See Attachment E

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. See Attachment F

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

## Third Party Logistics Provider

| License Number | Expire Date |
|---|---|
| 94000150A | 09/30/2022 |

## MD Logistics, LLC

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency

**Indiana Professional Licensing Agency**
**402 W. Washington Street, W072**
**Indianapolis, IN 46204**

**Third Party Logistics Provider**

| License Number | Expire Date |
|---|---|
| **94000150A** | **09/30/2022** |

**MD Logistics, LLC**

Signature _____

# State of Indiana

## DEMOGRAPHIC INFORMATION

Name: MD Logistics, LLC

## ADDRESS INFORMATION

Line 1: 2150 Stanley Road
Line 2:
City/State/Zip: Plainfield IN 46168
County: Hendricks

## LICENSE INFORMATION

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Lic #: | 94000150A | Profession: | Pharmacy Board | Type: | Third Party Logistics Provider | Secondary: | |
| Status: | Active | Issued: | 7/22/2020 | Expiration: | 9/30/2022 | | |
| Method: | Change of Ownership | | | | | | |

## DISCIPLINE INFORMATION

## RELATED LICENSES

No Related Licenses

## DOCUMENTS

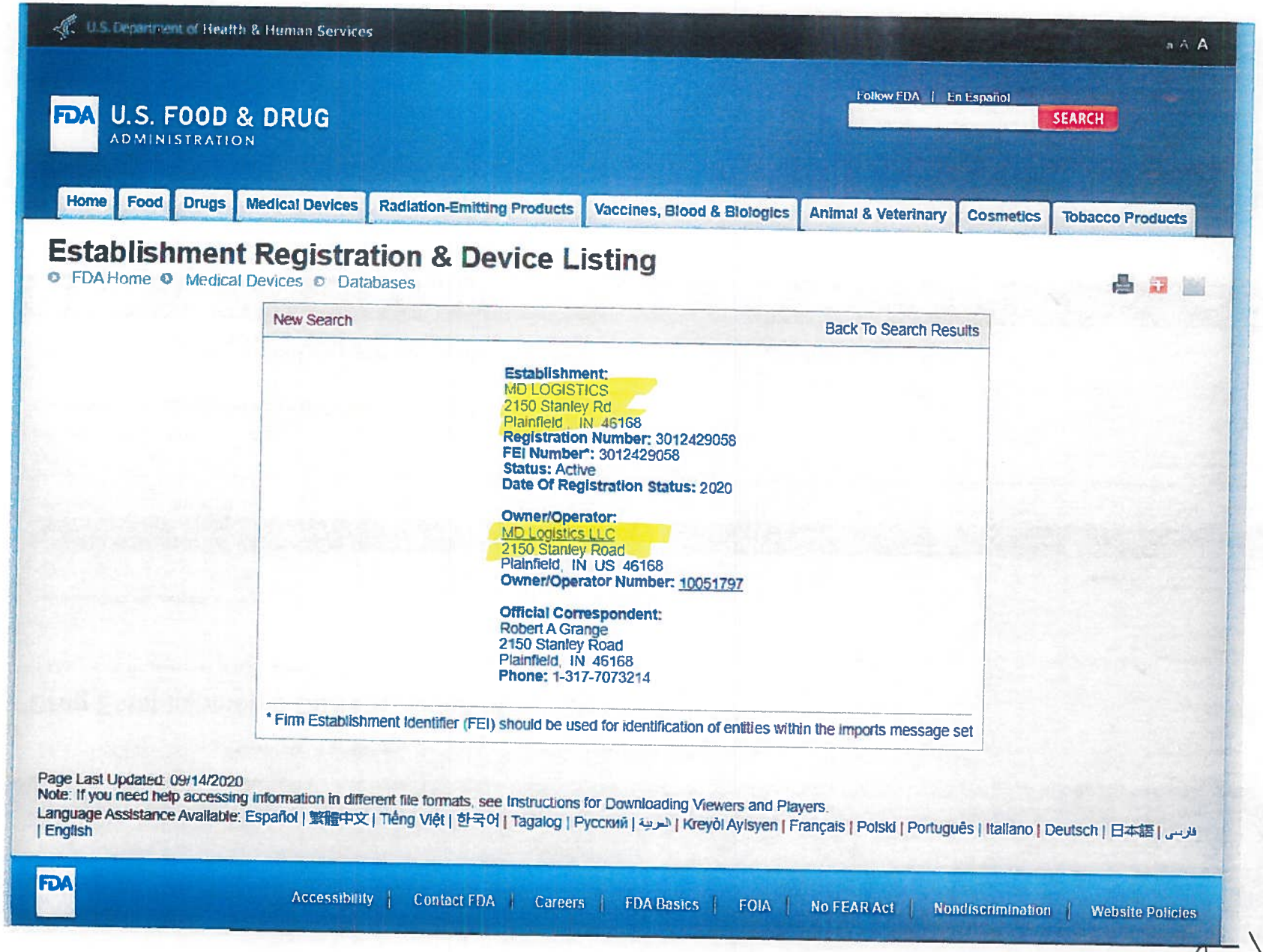
No Public Documents Available

**Attachment B**

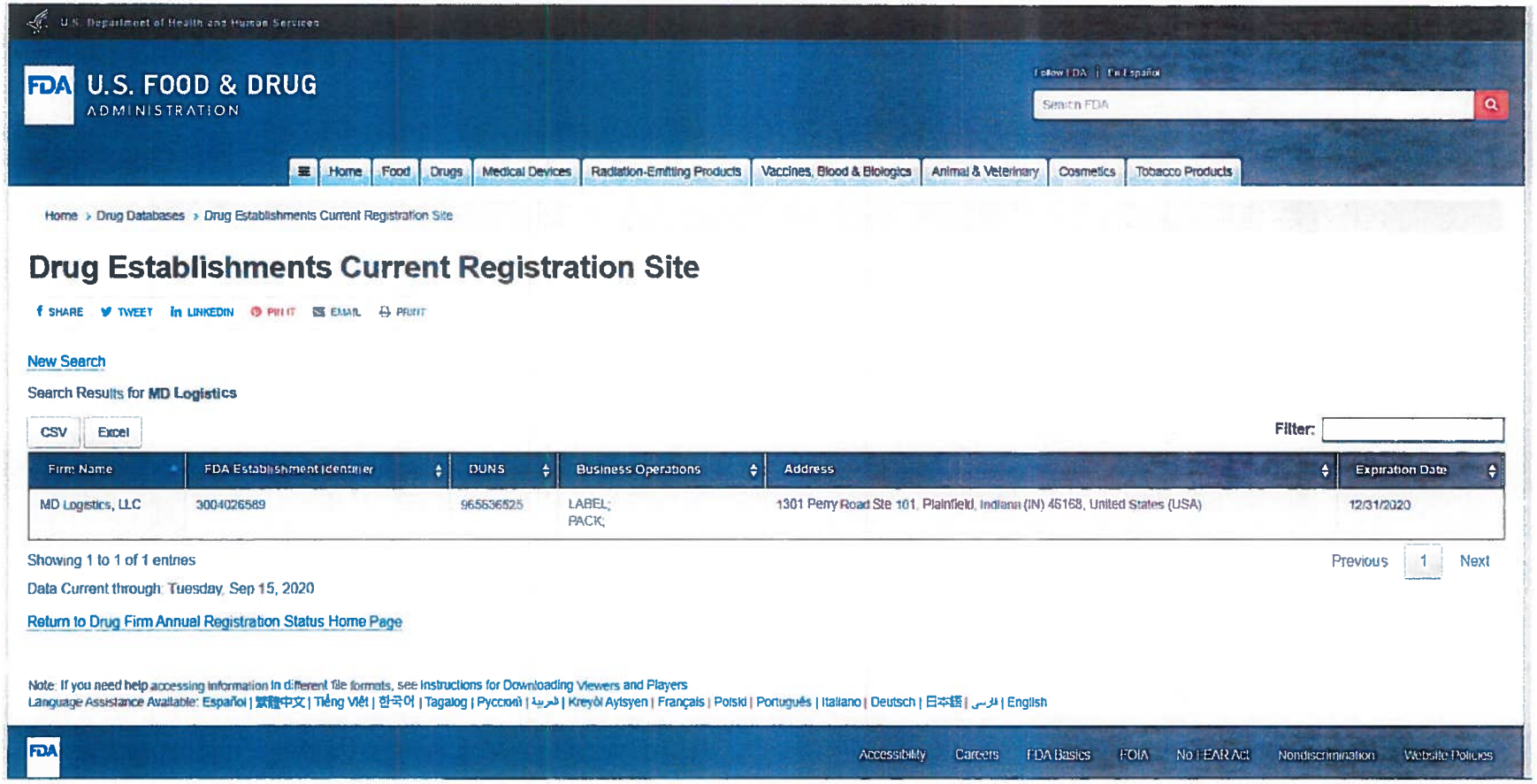
**Regarding the DEA and FDA Registrations**

Please note that a name and ownership change application is currently pending with the Drug Enforcement Agency (DEA). In the interim, a Power of Attorney will be entered into between the seller and buyer to allow the buyer to use the seller's DEA registrations (list 1 chemical and distributor) for business continuity until the new registrations are issued by DEA. Enclosed please find the current DEA certificate. Upon receipt, a copy of the updated certificate will be forwarded to your office.

Additionally, this facility is currently registered with the Food and Drug Administration (FDA) under the previous ownership and name, MD Logistics, Inc. Enclosed is a copy of the current proof of FDA registration for this facility. The name and ownership changes are pending with the FDA.




Verified MS 6/2020



U.S. Department of Health and Human Services

FDA U.S. FOOD & DRUG ADMINISTRATION

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Home | Food | Drugs | Medical Devices | Radiation-Emitting Products | Vaccines, Blood & Biologics | Animal & Veterinary | Cosmetics | Tobacco Products

Home > Drug Databases > Drug Establishments Current Registration Site

# Drug Establishments Current Registration Site

SHARE TWEET LINKEDIN PIN IT EMAIL PRINT

New Search

Search Results for **MD Logistics**

CSV Excel

Filter:

| Firm Name | FDA Establishment Identifier | DUNS | Business Operations | Address | Expiration Date |
|---|---|---|---|---|---|
| MD Logistics, LLC | 3004026589 | 965536525 | LABEL; PACK; | 1301 Perry Road Ste 101, Plainfield, Indiana (IN) 46168, United States (USA) | 12/31/2020 |

Showing 1 to 1 of 1 entries

Previous 1 Next

Data Current through: Tuesday, Sep 15, 2020

Return to Drug Firm Annual Registration Status Home Page

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Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

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U.S. Department of Health & Human Services

A A A

FDA U.S. FOOD & DRUG ADMINISTRATION

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SEARCH

Home | Food | Drugs | Medical Devices | Radiation-Emitting Products | Vaccines, Blood & Biologics | Animal & Veterinary | Cosmetics | Tobacco Products

# Establishment Registration & Device Listing

FDA Home | Medical Devices | Databases

New Search | Back To Search Results

**Establishment:**
MD LOGISTICS
2150 Stanley Rd
Plainfield , IN 46168
**Registration Number:** 3012429058
**FEI Number*:** 3012429058
**Status:** Active
**Date Of Registration Status:** 2020

**Owner/Operator:**
MD Logistics
2150 Stanley Road
Plainfield, IN US 46168
**Owner/Operator Number:** 10051797

**Official Correspondent:**
Robert A Grange
2150 Stanley Road
Plainfield, IN 46168
**Phone:** 1-317-7073214

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

Page Last Updated: 05/18/2020
Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

FDA Accessibility | Contact FDA | Careers | FDA Basics | FOIA | No FEAR Act | Nondiscrimination | Website Policies

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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Industry
Health Professionals
FDA Archive

U.S. Department of Health & Human Services

Verified 9/2012
MS

FDA

FDA Home[3] Medical Devices[4] Databases[5]

# Establishment Registration & Device Listing

New Search

Back To Search Results

**Establishment:**
MD LOGISTICS
2150 Stanley Rd
Plainfield , IN 46168
**Registration Number:** 3012429058
**FEI Number*:** 3012429058
**Status:** Active
**Date Of Registration Status:** 2020

**Owner/Operator:**
MD Logistics LLC[6]
2150 Stanley Road
Plainfield, IN US 46168
**Owner/Operator Number:** 10051797[7]

**Official Correspondent:**
Robert A Grange
2150 Stanley Road
Plainfield, IN 46168
**Phone:** 1-317-7073214

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

**Links on this page:**

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10051797&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10051797&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=

Page Last Updated: 09/21/2020

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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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U.S. Department of **Health & Human Services**

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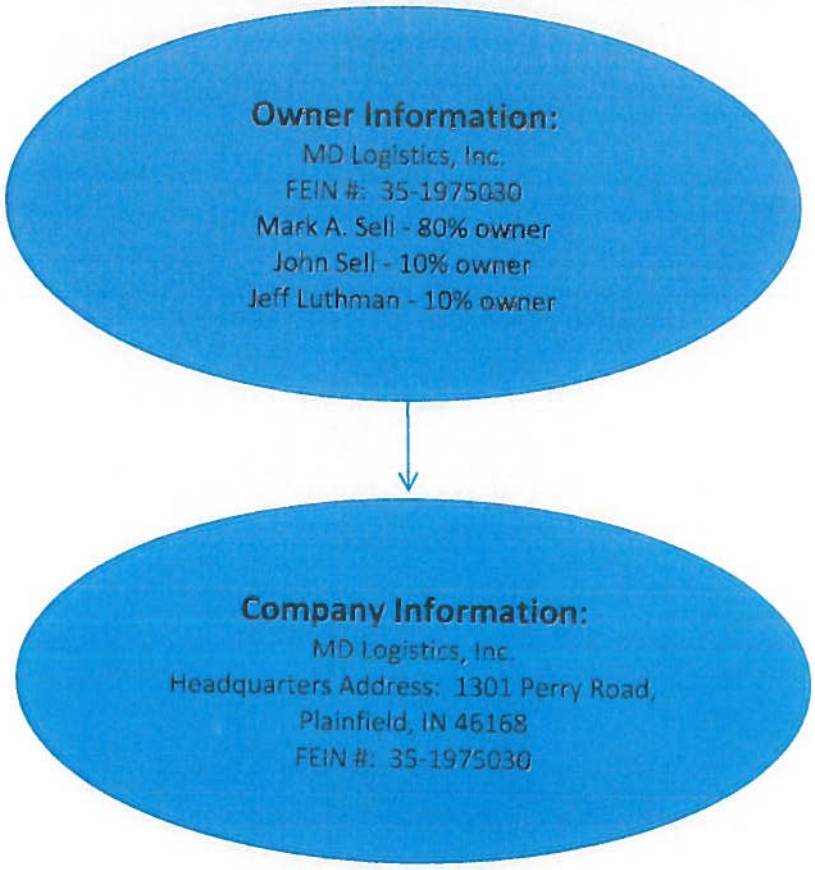
1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10051797&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10051797&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=

**Attachment C**

**Regarding the Ownership and Name Changes**

Effective on or around August 31, 2020, MD Logistics, Inc. will undergo changes in name and ownership. The company will first undergo a name change/conversion to MD Logistics LLC. The LLC will then go from being a company that is majority-owned by an individual, Mark A. Sell, to a company that is a wholly-owned subsidiary of Nippon Express U.S.A., Inc. This will result in changes to **the licensee's name and ownership. Note that there have been no changes to the company officers, federal Tax ID #, or facility addresses.** Documentation of the changes will be provided once available. Provided below is the pre and post-ownership change information.

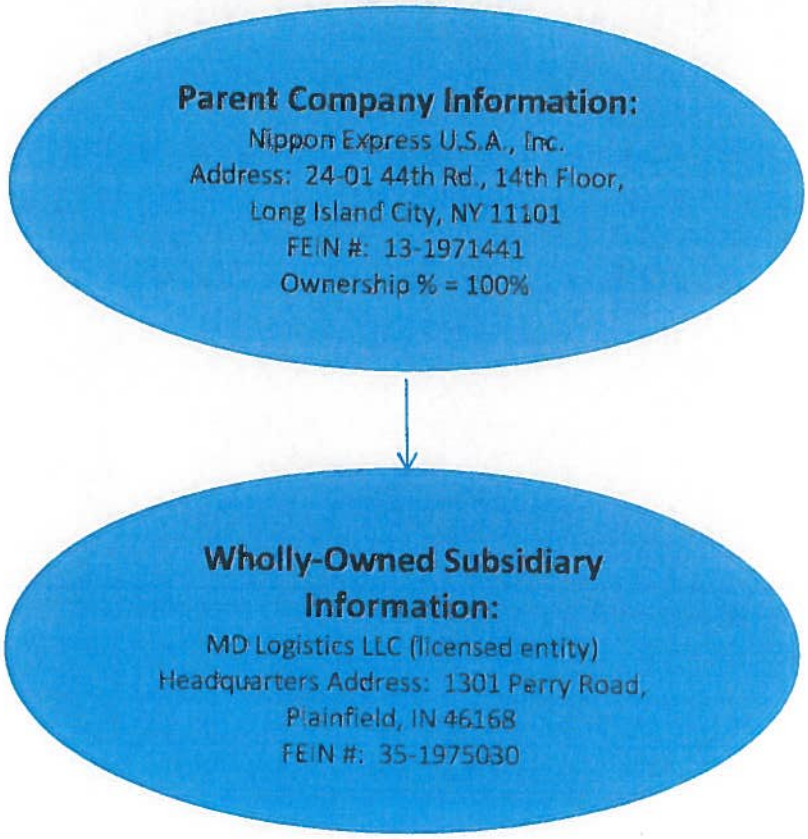
**Pre-Ownership/Name Change Information (prior to 8/31/2020):**



**Attachment C**

**Regarding the Ownership and Name Changes (cont.)**

**Post-Ownership/Name Change Information (after 8/31/2020):**



**Attachment D**

**Regarding the Drug Distributor Accreditation**

This facility is currently certified with the National Association Boards of Pharmacy (NABP) and verification is available at the following website: https://nabp.pharmacy/programs/drug-distributor/accredited-facilities/ under the previous ownership and name, MD Logistics, Inc.

Enclosed is a copy of the current DDA certificate for this facility. The name and ownership changes are pending with the NABP.

# Drug Distributors

**G DISTRIBUTOR**
**CCREDITATION**

Apply

Criteria

**Drug Distributors**

## Find an Accredited Drug Distributor

Facility Name

State (All)

Search Reset

### Current list of 4 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation

| Name | Address | Accreditation Date |
|---|---|---|
| MD Logistics, Inc | 1301 Perry Rd<br>Plainfield, IN 46168 | 04/26/19 |
| MD Logistics, LLC | 12125 Moya Blvd<br>Reno, NV 89506 | 09/02/18 |
| MD Logistics, LLC | 2150 Stanley Road, Ste 100<br>Plainfield, IN 46168 | 03/31/19 |
| MD Logistics, LLC | 2370 Perry Rd<br>Plainfield, IN 46168 | 11/01/18 |

# NABP ACCREDITED

## DRUG DISTRIBUTOR

located at

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/.

**Carmen A. Catizone**, MS, RPh, DPh
*Executive Director/Secretary*

3/31/2019 - 3/30/2022
Period of Accreditation

Verified
8/14/20
MS

683

**Attachment E**

**LLC Officer Information**

MD Logistics LLC

**MD Logistics LLC is wholly-owned by Nippon Express U.S.A., Inc.**

Mark A. Sell
*President/CEO*

# State of Indiana
# Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

## MD LOGISTICS, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 22, 1995, and was in existence or authorized to transact business in the State of Indiana on August 25, 2020.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 25, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

1995121421 / 20201592426

**All certificates should be validated here:** https://bsd.sos.in.gov/ValidateCertificate

**Expires on September 24, 2020.**

**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. 60138507

Application/License No. _____

MD Logistics, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1301 Perry Road, Plainfield, IN 46168 (Address of Applicant/Principal), as PRINCIPAL, and Capitol Indemnity Corporation (Surety Company), a corporation organized under the laws of the state of Wisconsin (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1600 Aspens Commons, Suite 300, Middleton, WI 53562 (Address of Surety), as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 31, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $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.

* Additional locations to be added to this bond

2150 Stanley Road, Plainfield, IN 46168
12125 Moya Blvd., Reno, NV 89506

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 31st day of August, 2020.

APPLICANT/PRINCIPAL

COMPANY

MD Logistics LLC

Authorized Representative

SURETY

Capitol Indemnity Company

Surety Company's Representative

Deborah M. Roth, 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

CAPITOL INDEMNITY CORPORATION

60138507

POWER OF ATTORNEY

---------- SARABETH SCOTT; ANTHONY BALZANO; DEBORAH M. ROTH; ROSALIE S. SMITH; JOANN SMITH ----------

----------ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: $20,000,000.00 ----------

# Chad Hodges

[redacted].com

[redacted]tanley Rd. Plainfield, IN 46168

## EMPLOYMENT

**Director of Pharma –** MD Logistics – Plainfield, IN
August 2009 - Current

- Develops financial and operational objectives
- Manages resources to ensure financial objectives are met
- Leveraging knowledge of competitive advantage
- Ensures operational plans are in line with business objectives
- Develops relationships with key internal/external customers
- Resolves complex problems

**Operations Manager** – MD Logistics – Plainfield, IN
June 2006- August 2009

- Ensures compliance
- Vendor relations and negotiations
- Reports on daily production, personnel, and quality statistics
- Reviews and approves reports, plans, schedules
- Prepare and manage projects

**Logistics Manager** – Ryder Logistics – Plainfield, IN
March 2003 – February 2006

## KEY SKILLS

- RedPrairie WMS Configuration
- Microsoft Project, Excel, PowerPoint, Word, Visio
- RedPrairie Parcel
- RedPrairie Labor Management
- QCBD
- Labelview
- EDI Flow

## CERTIFICATES & MEMBERSHIPS

- DOT Security Training Certified
- Emergency Coordinator and Hazardous Waste Management Certified
- Basic Operator Training for Basic Lift Trucks Certified
- Red Prairie Training Certification

## EDUCATION

- Indiana Weslyan University – **Masters of Business Administration**
- Indiana State University – **Bachelor of Science in Business Management**
  - **Minor: Systems and Decision Sciences**
- Crawfordsville High School, Indiana – **HS Diploma**

# 4SS

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
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 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: Rhythm Pharmaceuticals, Inc.

Physical Address: 222 Berkeley Street 12th Floor

City: Boston State: MA Zip Code: 02116

Telephone Number: (857) 264-4294 Fax Number: _____

Toll Free Number: N/A

E-mail: licensing@rhythmtx.com Website: http://www.rhythmtx.com/

Facility Manager: Jared Pray

Professional qualifications and experience of facility manager:
See attached resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Specialty Pharmacies

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: N/A
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

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 ☒

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Nithya Desikan-Robertelli
Print Name of Authorized Person

7/15/20
Date

**Board Use Only** Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

## OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: N/A

Corporation Name: Rhythm Pharmaceuticals

Mailing Address: 222 Berkeley Street

City: Boston State: MA Zip: 02116

Telephone: (857) 264-4294 Fax: N/A

Contact Person: Jared Pray

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: 11/14/2019

Registration number issued: 5287458

Stock Exchange: RYTM

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

## 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.

# The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

## CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

| NUMBER | ISSUED | EXPIRES | TYPE |
|---|---|---|---|
| MA0000567 | 12/19/2019 | 12/19/2020 | Virtual Drug Manufacturers |

ISSUED TO

RHYTHM PHARMACEUTICALS, INC.
222 BERKELEY STREET
12TH FLOOR
BOSTON, MA 02116
ATTN: NITHYA DESIKAN CHIEF COMMERCIAL OFFICER

COMMISSIONER OF PUBLIC HEALTH

837522

RECIPIENT'S COPY

NEW


## CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

| NUMBER | ISSUED | EXPIRES | TYPE |
|---|---|---|---|
| MA0000567 | 12/19/2019 | 12/19/2020 | Virtual Drug Manufacturers |

ISSUED TO

RHYTHM PHARMACEUTICALS, INC.
222 BERKELEY STREET
12TH FLOOR
BOSTON, MA 02116
ATTN: NITHYA DESIKAN CHIEF COMMERCIAL OFFICER

NEW

# The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Drug Control Program
239 Causeway Street, Suite 500
Boston, MA 02114

Tel: 617-973-0949
TTY : 617-973-0988
www.mass.gov/dph/boards

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner


August 13, 2020

RE: Verification of Massachusetts Controlled Substances Registration (MCSR)

To whom it may concern:

Please be advised that **RHYTHM PHARMACEUTICALS, INC. (MA0000567)**, located at **222 BERKELEY STREET, 12TH FLOOR, BOSTON MA, 02116** has an active MCSR as a Drug Distributor and is in good standing. The current registration has an issue date of **12/19/2019** and expires on **12/19/2020**.
This Facility was last Reviewed by the Drug Control Program on **12/19/2019** and has met all the requirements for the Virtual Drug Manufacturer Controlled Substances Registration.

As of the date on this letter, there has been no disciplinary action issued by the Drug Control Program for this registrant.

Please note that the licensing authority for Drug Manufacturers and Distributors in Massachusetts is the Drug Control Program (DCP) and not the Massachusetts Board of Pharmacy.

Should you have any questions or concerns regarding the above information, please contact us at 617-973-0949.

Signed,

Ryan Walker

Ryan Walker, MPA
Director, MCSR
Massachusetts Department of Public Health

Online Licensure Verification Services: https://www.mass.gov/service-details/registration-verification-for-mcsr . The Information provided in this 'Certified Statement' is based on the records maintained by the Massachusetts Division of Health Professions Licensure and its licensing boards. Facilities 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 'Certified Statement'. Disciplinary status is defined as voluntary surrender, revocation, suspension, or probation of a license.

Rhythm
PHARMACEUTICALS

## OWNERSHIP

Rhythm Pharmaceuticals, Inc. ("Rhythm") is a publicly-held, Boston-based, clinical-stage pharmaceutical company that plans to develop and commercialize genetic obesity therapies across the United States. Rhythm is a publicly traded company (NASDAQ: RYTM).

## COMPANY INFORMATION

Rhythm Pharmaceuticals, Inc.
222 Berkeley Street, 12th Floor
Boston, MA 02116
857-264-4280
Tax ID: 46-2159271

## CORPORATE OFFICERS

Nithya Desikan, Chief Commercial Officer
222 Berkeley Street, 12th Floor
Boston, MA 02116
857-264-4280

Simon Kelner, Chief Human Resources Officer
222 Berkeley Street, 12th Floor
Boston, MA 02116
857-264-4280

Hunter Smith, Chief Financial Officer
222 Berkeley Street, 12th Floor
Boston, MA 02116
857-264-4280

Murray Stewart, Chief Medical Officer
222 Berkeley Street, 12th Floor
Boston, MA 02116
857-264-4280

Rhythm
PHARMACEUTICALS

## DESCRIPTION OF OPERATIONS

Rhythm Pharmaceuticals, Inc. ("Rhythm") is a publicly held, Massachusetts-based, clinical-stage pharmaceutical company that plans to develop and commercialize genetic obesity therapies across the United States.

## THIRD-PARTY LOGISTICS

Rhythm's products are manufactured by a contract manufacturer and distributed to customers by their third-party logistics provider, Cardinal Health Third Party Logistics Services. Rhythm utilizes the following facility for distribution of product:

Cardinal Health Third Party Logistics Services
501 Mason Road, Suite 200
La Vergne, TN 37086

## CONTRACT MANUFACTURERS

Rhythm uses the following contract manufacturer to produce product:

Recipharm Monts
18 Rue de Montbazon
Monts, France 37 260
FEI Number: 1000171152
FEIN Expiration Date: 12/31/2020

## PRODUCTS

As a virtual manufacturer, Rhythm does not manufacture, distribute or store product at their Massachusetts facility. At no time do contact manufacturers own Rhythm's products, contract with Rhythm's customers, invoice or sell Rhythm products. Rhythm's products are not controlled substances. Accordingly, Rhythm is not required to maintain DEA registration.

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RHYTHM PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2020.*

*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.*

Jeffrey W. Bullock, Secretary of State

5287458 8300

SR# 20206897370

Authentication: 203523740

Date: 08-24-20

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

# 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, 2018**
**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 001-38223**

# RHYTHM PHARMACEUTICALS, INC.

(Exact name of registrant as specified in its charter)

| **Delaware** | **46-2159271** |
|---|---|
| (State or other jurisdiction of incorporation or organization) | (I.R.S. Employer Identification No.) |

**500 Boylston Street**
**11th Floor**
**Boston, MA 02116**
(Address of principal executive offices)
(Zip Code)

**(857) 264-4280**
(Registrant's telephone number, including area code)

**N/A**
(Former name, former address and former fiscal year, if changed since last report)

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 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 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 if disclosure of delinquent filers pursuant to Item 405 of Regulation S-K (§229.405 of this chapter) is not contained herein, and will not be contained, to the best of registrant's knowledge, in definitive proxy or information statements incorporated by reference in Part III of this Form 10-K or any amendment to this Form 10-K. ☒

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 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 was approximately $640.8 million, based on the closing price of the registrant's Common Stock on June 29, 2018, the last business day of the registrant's most recently completed second fiscal quarter.

There were 34,425,830 shares of Common Stock outstanding as of March 1, 2019.

**DOCUMENTS INCORPORATED BY REFERENCE**

The registrant intends to file a definitive proxy statement pursuant to Regulation 14A within 120 days of the end of the fiscal year ended December 31, 2018. Portions of such definitive proxy statement are incorporated by reference into Part III of this Annual Report on Form 10-K.

**RHYTHM PHARMACEUTICALS, INC.**
**ANNUAL REPORT ON FORM 10-K**
**For the Year Ended December 31, 2018**

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## CAUTIONARY NOTE REGARDING FORWARD-LOOKING STATEMENTS

*This Annual Report on Form 10-K, or this Annual Report, contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended, and is subject to the "safe harbor" created by those sections. Any statements about our expectations, beliefs, plans, objectives, assumptions or future events or performance are not historical facts and may be forward-looking. Some of the forward-looking statements can be identified by the use of forward-looking terms such as "anticipates," "believes," "could," "estimates," "expects," "intends," "may," "might," "likely," "plans," "potential," "predicts," "projects," "seeks," "should," "target," "will," "would," or similar expressions and the negatives of those terms include forward-looking statements that involve risks and uncertainties. Forward-looking statements include, but are not limited to, statements regarding our expectations regarding timing and enrollment of clinical trials, timing for the announcement of data and filing of regulatory applications, expectations regarding our indications for our product candidates, expectations regarding our strategy and commercial sales, anticipated expenses, the sufficiency of cash, and the impact of accounting pronouncements. We cannot guarantee future results, levels of activity, performance or achievements, and you should not place undue reliance on our forward-looking statements. Our actual results may differ significantly from the results discussed in the forward-looking statements. Factors that might cause such a difference include, but are not limited to, those set forth in "Item 1A. Risk Factors" and elsewhere in this Annual Report. Except as may be required by law, we have no plans to update our forward-looking statements to reflect events or circumstances after the date of this Annual Report. We caution readers not to place undue reliance upon any such forward-looking statements, which speak only as of the date made.*

*Unless the content requires otherwise, references to "Rhythm Pharmaceuticals," "Rhythm," "the Company," "we," "our," and "us," in this Annual Report refer to Rhythm Pharmaceuticals, Inc. and its subsidiaries.*

## PART I

### Item 1. Business

### Overview

We are a biopharmaceutical company focused on the development and commercialization of therapeutics for the treatment of rare genetic disorders that result in severe, life-threatening metabolic disorders. Our lead product candidate is setmelanotide, a potent, first-in-class melanocortin-4 receptor, or MC4R, agonist peptide for the treatment of rare genetic disorders of obesity. We believe setmelanotide, for which we have exclusive worldwide rights, has the potential to serve as replacement therapy for the treatment of melanocortin-4, or MC4, pathway deficiencies. MC4 pathway deficiencies result in the disruption of satiety signals and energy homeostasis in the body, which, in turn, leads to intense feelings of hunger and to obesity. Our development efforts are initially focused on obesity related to six single gene-related, or monogenic, MC4 pathway deficiencies—pro-opiomelanocortin, or POMC, leptin receptor, or LEPR, Bardet-Biedl syndrome, Alström syndrome, POMC heterozygous, and POMC epigenetic disorders—for which there are currently no effective or approved treatments. We believe that the MC4 pathway is a compelling target for treating these genetic disorders because of its critical role in regulating appetite and weight by promoting satiety and weight control, and that peptide therapeutics are uniquely suited for activating this target.

We have demonstrated proof of concept in Phase 2 clinical trials in POMC deficiency obesity, LEPR deficiency obesity, Bardet-Biedl syndrome and Alström syndrome, four genetic disorders of extreme and unrelenting appetite and obesity, in which setmelanotide dramatically reduced both weight and hunger. The U.S. Food and Drug Administration, or the FDA, has acknowledged the importance of these results by giving setmelanotide Breakthrough Therapy designation for the treatment of obesity associated with genetic defects upstream of the MC4 receptor in the leptin-melanocortin pathway. This designation currently covers four Breakthrough Therapy designation indications: POMC deficiency obesity, LEPR deficiency obesity, Bardet-Biedl syndrome and Alström syndrome. Setmelanotide is currently in Phase 3 development for POMC deficiency obesity and LEPR deficiency obesity, and we have initiated a combined Phase 3 trial for Bardet-Biedl syndrome and Alström syndrome. In addition, in late June 2018 setmelanotide was designated as Priority Medicne, or PRIME, by the European Medicines Agency, or EMA, Committee for Medicinal Products for Human Use, or CHMP. We have completed enrollment in the pivotal cohorts for both our POMC deficiency obesity Phase 3 clinical

## Cathy Folster

**From:** edrls@fda.hhs.gov
**Sent:** Thursday, January 31, 2019 7:13 AM
**To:** Cathy Folster
**Subject:** Labeler Code Request Approved

**EXTERNAL EMAIL**

eDRLS - Electronic Drug Registration & Listing System

**Current Date: 31-JAN-2019**
**Labeler DUNS: 061479535**
**Labeler Name: Rhythm Pharmaceuticals, Inc**
**Labeler Code: 72829**

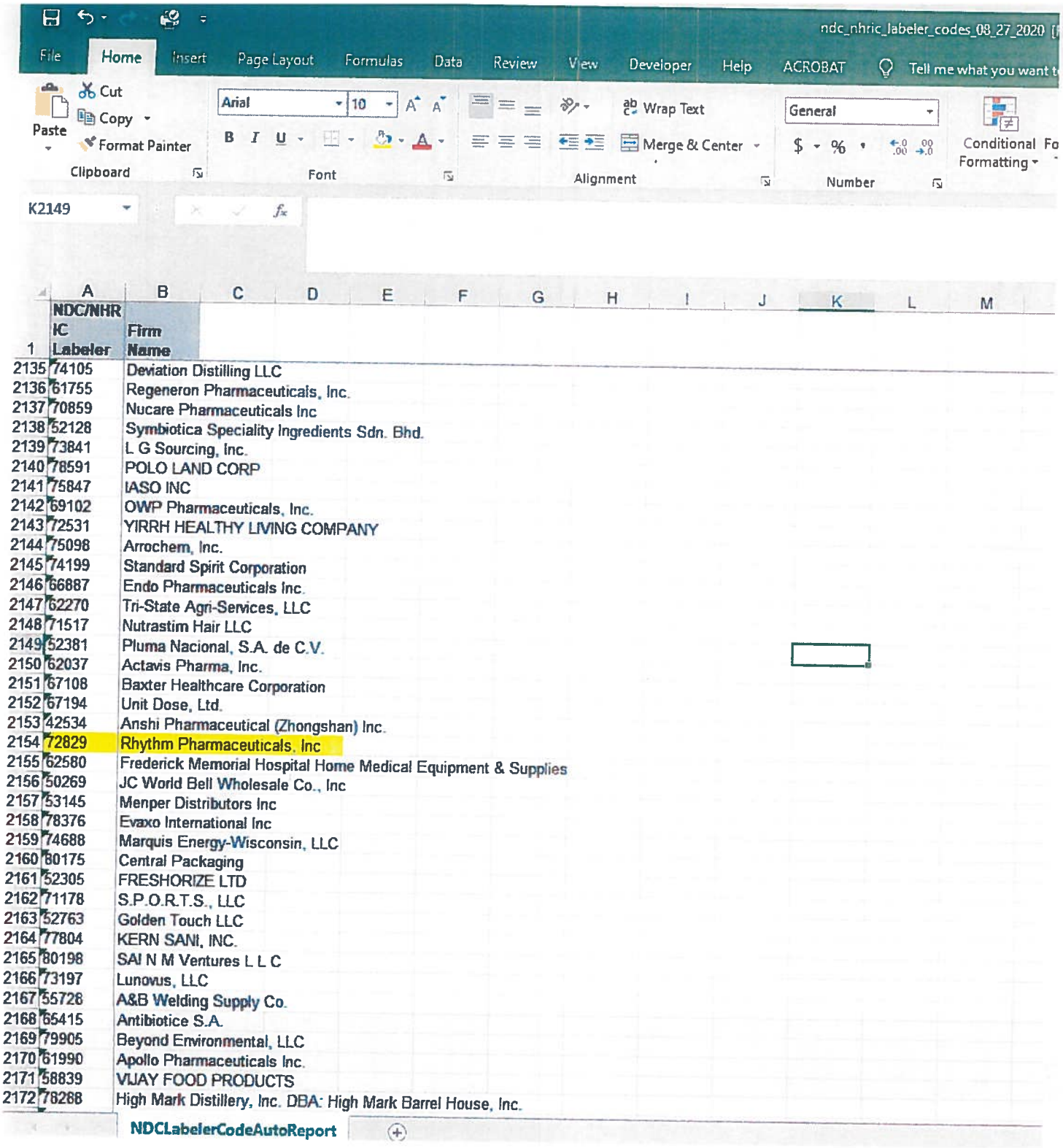
Verified 8/27/20 WS

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. **To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) § 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).


ndc_nhric_labeler_codes_08_27_2020
File
Home
Insert
Page Layout
Formulas
Data
Review
View
Developer
Help
ACROBAT
Tell me what you want t
Cut
Copy
Format Painter
Paste
Clipboard
Arial
10
Font
Wrap Text
Merge & Center
Alignment
General
Number
Conditional Formatting
K2149
NDC/NHRIC Labeler
Firm Name
2135 74105 Deviation Distilling LLC
2136 61755 Regeneron Pharmaceuticals, Inc.
2137 70859 Nucare Pharmaceuticals Inc
2138 52128 Symbiotica Speciality Ingredients Sdn. Bhd.
2139 73841 L G Sourcing, Inc.
2140 78591 POLO LAND CORP
2141 75847 IASO INC
2142 69102 OWP Pharmaceuticals, Inc.
2143 72531 YIRRH HEALTHY LIVING COMPANY
2144 75098 Arrochem, Inc.
2145 74199 Standard Spirit Corporation
2146 66887 Endo Pharmaceuticals Inc.
2147 62270 Tri-State Agri-Services, LLC
2148 71517 Nutrastim Hair LLC
2149 52381 Pluma Nacional, S.A. de C.V.
2150 62037 Actavis Pharma, Inc.
2151 67108 Baxter Healthcare Corporation
2152 67194 Unit Dose, Ltd.
2153 42534 Anshi Pharmaceutical (Zhongshan) Inc.
2154 72829 Rhythm Pharmaceuticals, Inc
2155 62580 Frederick Memorial Hospital Home Medical Equipment & Supplies
2156 50269 JC World Bell Wholesale Co., Inc
2157 53145 Menper Distributors Inc
2158 78376 Evaxo International Inc
2159 74688 Marquis Energy-Wisconsin, LLC
2160 80175 Central Packaging
2161 52305 FRESHORIZE LTD
2162 71178 S.P.O.R.T.S., LLC
2163 52763 Golden Touch LLC
2164 77804 KERN SANI, INC.
2165 80198 SAI N M Ventures L L C
2166 73197 Lunovus, LLC
2167 55726 A&B Welding Supply Co.
2168 65415 Antibiotice S.A.
2169 79905 Beyond Environmental, LLC
2170 61990 Apollo Pharmaceuticals Inc.
2171 58839 VIJAY FOOD PRODUCTS
2172 78268 High Mark Distillery, Inc. DBA: High Mark Barrel House, Inc.
NDCLabelerCodeAutoReport

Rhythm
PHARMACEUTICALS

**Product List**

Setmelanotide, subcutaneous injection – Labeler code - 72829

**Jared W. Pray**
Singletary Way, Hopkinton, MA 01748
mail.com

## *Executive Summary*

A biotech professional with experience throughout the value chain, including:

- A key contributor to 4 different novel US drug launches in 3 therapeutic areas, from pre-launch planning and preparation through post-launch strategic adjustments and issue resolution
- Channel design and strategy, including the design and implementation of distribution channels for multiple drugs, encompassing a 3PL, specialty pharmacies, 340B customers, distributors, and a prescription & services Hub.
- Strategic marketing, with experience in developing strategy and tactics to be used with payers, including commercial, Medicaid and Medicare, and throughout the channel

## *Employment Experience*

**Rhythm Pharmaceuticals**, Boston, Massachusetts — 2018 - Present

*Senior Director, US Market Access & Commercialization*

- Building out US Market Access function to support the launch of novel rare disease therapy, including development of payer/channel strategy, pricing, and payer account management.
- Responsible for development of patient access strategy, including building a Patient Services Hub and integrated distribution channel
- Supported the development of Global Market Access & HEOR strategy, with a particular focus on EU5 markets
- Responsible for leading the commercialization in the first two indications for Rhythm's novel rare disease launch.

**Wave Life Sciences**, Cambridge, Massachusetts — 2017 - 2018

*Director, Market Access*

- Responsible for the development and ultimately implementing all market access launch strategy, both US and ex-US, in support of Wave's rare neurology portfolio, including Payer Value Story, HEOR tactics, and Early Access Programs (EAP)
- As one of two commercially-focused employees, responsible for all early commercial launch planning, scheduling, & organizational strategy
- Developing strategy & operational plan for all Market Access Operations, including reimbursement and case management hub, 3PL, Distribution Channel, & Government Pricing systems.

**Ironwood Pharmaceuticals**, Cambridge, Massachusetts — 2017

*Director, Payer Marketing*

- Led all payer marketing activities, development and launch of a Patient Assistance Program (PAP), and onboarding of a contract Account Management team for two launch products
- Joined the company at product launch, and left immediately after it became clear that the product would be pulled from the market

**Biogen**, Cambridge & Weston, Massachusetts — 2006 - 2017

*Associate Director, Hemophilia Payer & Channel Marketing*

- Responsible for all marketing activities and tactics throughout the channel and to payers, including marketing to public and private payers as well as pharmacies and 340B treatment centers
- Developed payer strategies and ensured alignment on payer strategy throughout Market Access, Medical, and Brand
- Extensively supported account management team by traveling to key face-to-face payer and channel customer meetings, using learnings to inform future strategies and tactics
- Experience across the payer reimbursement spectrum, including buy-and-bill, medical benefit coverage and pharmacy benefit
- Managed external advertising agency in the development of tactics for field based personnel calling on payer and channel customers
- Represented hemophilia channel and payer strategies and customer perspectives on internal working groups for pricing and contracting
- Responsible for all aspects of Channel and Distribution in preparation for and leading through the launch of two Hemophilia brands (*ALPROLIX* & *ELOCTATE*), including implementation of Channel Strategy, Channel Marketing, oversight of 3PL and oversight of non-commercial (free goods) programs.

- Developed and implemented the distribution plan for the launch in support of overall brand & channel strategies. Channel customers include Specialty Pharmacies, 340B customers and Specialty Distributors. Coordinated with internal supply chain to establish commercially aligned processes for the market entry of the new products.

*Manager, US Commercial Business Planning*

- Overall project manager for the US Commercial Launch of *TECFIDERA*, called the "Holy mother of all launches" by analyst Mark Schoenebaum. Responsible for overseeing readiness and schedule for the commercialization of Biogen Idec's newest MS (Multiple Sclerosis) therapy across all areas of launch, including the Brand Team, HCP and Patient Marketing, Patient Advocacy, Managed Markets & Reimbursement, Sales, Medical Affairs, Marketing Analytics and Reporting, and Supply Chain.
- Tasked with identifying and highlighting any potentially misaligned strategies as discovered during weekly / bi-weekly meetings with key functional areas, and facilitating the discussion to ensure cross-functional strategic alignment.
- Responsible for leading the biweekly Launch Readiness meeting, as well as delivering an objective assessment of overall launch readiness and highlighting any areas of concern to US Commercial leadership
- Part of a team that designed a novel Commercial Distribution and Patient Support Strategy, implemented in a very tight timeline, ahead of launch.
- Post-launch, led the team that tracked & resolved Channel and Distribution challenges that resulted from patient volumes that far, far exceeded even the most optimistic forecasts.

*Project Manager*

- Overall Project Lead on Multiple Business-Critical Projects. Highlights include:
  - Led and managed the site-wide response to an unfavorable FDA inspection in Cambridge, MA. Ultimately, all response actions were successfully delivered on or ahead of schedule.
  - Communicated response progress to senior-level and executive management on an ongoing basis and incorporated their feedback.
  - For one key FDA-mandated project, built and managed a highly-productive, multi-disciplinary, and multi-national team of contractors and internal resources consisting of over 25 people. Through non-monetary incentives, created a high team moral and team pride in driving towards a very aggressive schedule. Overall result was a very successful project that delivered high-quality results ahead of schedule.

*Process Engineer*

- Managed smooth transition from development-scale to commercial-scale for multiple clinical drug products.
- Sent to Biogen's Hillerød, Denmark facility to scope design modifications and recommend staffing levels ahead of facility re-start
- Led cross-functional teams of four to ten people on regular basis

**Stryker Corporation**, Biotech Division, West Lebanon, NH and Hopkinton, MA 2004 - 2006
*Project Engineer:* Responsible for leading capital projects in support of Stryker's then-expanding Biotech Division

**Akzo Nobel,** Pasadena, Texas 2002 – 2004
Kvarntorp, Sweden 2000
*Production Engineer:* Responsibilities included overseeing production, project management, troubleshooting, and day-to-day process supervision in a large chemical plant

## *EDUCATION*

**Bentley University**, Waltham, Massachusetts
*Master of Business Administration (MBA), with Distinction*
*International Experience*: Completed three separate intensive study-abroad programs in China, Eastern Europe (Hungary, Austria and the Czech Republic), and France

**Dartmouth College** (Tuck School of Business and Thayer School of Engineering,) Hanover, New Hampshire
*Master of Engineering Management*
The MEM is a professional degree offered jointly through the Tuck School of Business and Thayer School of Engineering.

**Bucknell University**, Lewisburg, Pennsylvania
*Bachelor of Science in Chemical Engineering*

August 12, 2020

**Via Fed Ex**

Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

To Whom It May Concern:

On behalf of Rhythm Pharmaceuticals, Inc., attached is Rhythm Pharmaceuticals, Inc.'s application for licensure.

Rhythm Pharmaceuticals, Inc. is a biopharmaceutical company aimed at developing and commercializing therapies for the treatment of rare genetic disorders of obesity.

Rhythm Pharmaceuticals, Inc. is a "Virtual Manufacturer" whose products are manufactured by a contract manufacturer and distributed by a Third-Party Logistics Provider, who meets licensure requirements to ship pharmaceutical products into your state. At no time is commercial product manufactured at, stored at, or distributed from Rhythm Pharmaceuticals, Inc.'s office. Rhythm Pharmaceuticals, Inc.'s product is not a controlled substance. Accordingly, Rhythm Pharmaceuticals, Inc. is not required to obtain a DEA registration. At the time of this filing, Rhythm Pharmaceuticals, Inc. only holds a license in their home state of Massachusetts.

I hope this narrative is helpful as you review Rhythm Pharmaceuticals, Inc.'s application. If you have a question regarding this application, please contact me at 614-370-2801 or via email at stacie.borngrebe@twolabs.com. Please also address all written communication to me. My address is 2123 English Turn Dr., Grove City, OH 43123.

Thank you in advance for your consideration.

Stacie Borngrebe
*Licensing Analyst*
PharmaLicense

# 4TT

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____

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 1,2,3,4 ☐ Partnership - Pages 1,2,3,7

☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: McKesson Medical-Surgical Inc.

Physical Address: 4027 Martinsburg Pike

City: Clear Brook, VA State: Zip Code: 22624 Telephone

Number: 540.409.3400 Fax Number: _____

Toll Free Number: _____

E-mail: Elaine.Stutman@McKesson.com Website: www.mckesson.com

Facility Manager: Benjamin Harper

Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers

☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☒ Hypodermic Devices

☐ Poisons or Chemicals ☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other: _____

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☒ No ☐
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: see attached
Address:

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NV19951055144

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 ☒

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Stanton McComb
Print Name of Authorized Person

5/24/20
Date

| Board Use Only | Date Processed: | Amount: 500.00 |
|---|---|---|

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

## OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Virginia

Parent Company if any: see attached, ultimate parent McKesson Corporation

Corporation Name: McKesson Medical-Surgical Inc.

Mailing Address: 6651 Gate Parkway

City: Jacksonville State: FL Zip: 32256

Telephone: 904.332.4179 Fax: 904.332.3349

Contact Person: Elaine Stutman

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: 7.7.1994

Registration number issued: 2417015

Stock Exchange: NYSE

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV19951055144

## 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.

McKesson Corporation and its subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. ***The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions.***

In 2013, **McKesson** entered into a consent order with the Virginia Board of Pharmacy based on the discovery of McKesson product in a non-McKesson warehouse that did not have proper security or temperate controls. Without McKesson's knowledge, an independent courier had placed McKesson customer returns in a warehouse used by the courier. After a default on the lease, McKesson was informed that its product was in the warehouse, but when McKesson attempted to retrieve the product, the owner of the warehouse denied entry. The Virginia Board was informed of the issue and ultimately held McKesson responsible for the courier's activity. A $4,000 penalty was assessed against McKesson's Landover, Maryland distribution center (this facility closed as of May 31, 2012).

In 2014 **McKesson** disclosed to the Michigan Board of Pharmacy final agency orders from Colorado, Georgia and Oklahoma that were issued between 2009 and 2012. , The Michigan Board of Pharmacy subsequently filed a complaint alleging that it is a violation of Michigan pharmacy law for a licensee to be the subject of administrative action in another state and asked McKesson to prove compliance with the agency orders in Colorado, Georgia, and Oklahoma. McKesson promptly supplied proof of compliance to the Michigan Board of Pharmacy. The Michigan Board of Pharmacy determined that McKesson had accepted responsibility in Colorado, Georgia, and Oklahoma and taken corrective measures to prevent re-occurrences of the issues that gave rise to those agency orders and the matter was resolved via consent order, pursuant to which McKesson accepted a reprimand and a fine.

In 2014, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning its Landover, Maryland distribution center (the "Landover DC") that had closed in May 2012. The Final Consent Order resolved allegations that, from January 2008 – November 2009, McKesson's Landover DC purchased approximately $2.95 million of prescription drugs/devices from a wholesale distributor that was not licensed in Maryland. McKesson paid a $30,000 fine in November 2014.

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson's Landover DC purchased approximately $2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a $15,000 fine in June 2015.

In April 2016 the **McKesson Medical-Surgical Inc.** Clear Brook, VA facility, which is a wholly-owned subsidiary of McKesson Corporation, was fined by the California Board of Pharmacy for failure to report a new Designated Representative within 30 days of change. McKesson paid $200 fine. The fine is related to a non-disciplinary action.

In September 2016, **McKesson Medical Surgical, Inc.** entered into a Consent Agreement for a $2,750 fine with the Louisiana Board of Drug and Device concerning its St. Rose, Louisiana distribution center (the "St. Rose DC"). McKesson Medical Surgical, Inc agreed that it failed to maintain copies of current licenses for customers that are shipped or sold drugs or devices, or, if customer licenses are maintained offsite, by failing to maintain at the licensed distribution location a list of customer names, addresses, license numbers, and license expiration dates for all customers that are shipped or sold drugs or devices.

In 2016 **McKesson Packaging Services, a business unit of McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that McKesson Packaging Services failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since February 2, 2016 fully licensed. McKesson paid a $500 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Washington Court House, OH distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since August 6, 2014 fully licensed. McKesson paid $400 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Medical-Surgical Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy at its Clear Brook, VA location for failure to report a new Designated Representative within 30 days of change. McKesson paid $200 fine. The fine is related to a non-disciplinary action.

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay $150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson**'s Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson**'s distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of $45,000, with an additional surcharge of 15%, totaling $51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board $250.00 for administrative costs No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of $2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of $10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation**'s distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by

Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and

- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson**'s distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

In 2018 May **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Memphis, TN distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since December 1, 2017 fully licensed. McKesson paid $1,000 fine. The fine is related to a non-disciplinary action.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On November 7, 2018, the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Denver, Colorado distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of $1,150 was imposed and paid November 29, 2018. The Board released McKesson Medical-

Surgical Inc. from the terms and conditions of the December 6, 2018, Stipulation and Final Agency Order and restored the Registration to unencumbered status.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of $10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On March 1, 2019, the Ohio Board of Pharmacy sent a Notice of Opportunity for Hearing to the **McKesson Medical-Surgical Inc.** distribution center in Urbancrest, OH, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing. The allegations relate to an investigation that McKesson Medical-Surgical Inc. shipped dangerous drugs to an unlicensed site in September 2017. A monetary penalty of $4,5000 was imposed and paid on March 27, 2019.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by New Mexico aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars ($15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reproval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Reproval, agreed to pay $4,000 in investigative fees.

On July 31, 2019 **McKesson Medical-Surgical Inc.** received a citation from the California Board of Pharmacy regarding it`s Urbancrest, OH location for failure to report a new Designated Representative within 30 days of change. No fine was assessed.

On August 29, 2019 **McKesson** received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 29, 2019 **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of $1,150.00.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

On January 14, 2020 **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Arizona State Board of Pharmacy, regarding its Tempe, AZ distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $1,000 was imposed and paid on January 14, 2020.

On February 20, 2020, in response to the DEA Settlement, **McKesson** entered into a final agreement with the Indiana Board of Pharmacy. The agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Indiana has been placed on indefinite probation until the facility's DEA Registration is fully re-instated on or about February 16, 2021. he suspension period imposed by Indiana aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 29, 2020 the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Roseville, CA distribution center for failure to submit in a

timely manner, an application to the Board detailing a change of designated representative. A fine of $1,150 was imposed and paid in June 2020.

# UNITED STATES
# SECURITIES AND EXCHANGE COMMISSION
## Washington, D.C. 20549
## FORM 10-K

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

**For the fiscal year ended March 31, 2020**

**OR**

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

**For the transition period from_____ to_____**

**Commission File Number: 1-13252**

**McKESSON CORPORATION**

(Exact name of registrant as specified in its charter)

| Delaware | 94-3207296 |
|---|---|
| (State or other jurisdiction of incorporation or organization) | (I.R.S. Employer Identification No.) |

**6555 State Hwy 161,**
**Irving, TX 75039**
**(Address of principal executive offices, including zip code)**
**(972) 446-4800**
**(Registrant's telephone number, including area code)**
**Securities registered pursuant to Section 12(b) of the Act:**

| *(Title of each class)* | *(Trading Symbol)* | *(Name of each exchange on which registered)* |
|---|---|---|
| Common stock, $0.01 par value | MCK | New York Stock Exchange |
| 0.625% Notes due 2021 | MCK21A | New York Stock Exchange |
| 1.500% Notes due 2025 | MCK25 | New York Stock Exchange |
| 1.625% Notes due 2026 | MCK26 | New York Stock Exchange |
| 3.125% Notes due 2029 | MCK29 | New York Stock Exchange |

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

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☑ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. Yes ☐ No ☑

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ No ☐

Indicate by check mark whether the registrant has submitted electronically, every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☑ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act. (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. ☑

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☑

The aggregate market value of the voting and non-voting common equity held by non-affiliates of the registrant, computed by reference to the closing price as of the last business day of the registrant's most recently completed second fiscal quarter, September 30, 2019, was approximately $25 billion.

Number of shares of common stock outstanding on April 30, 2020: 161,853,218

**DOCUMENTS INCORPORATED BY REFERENCE**

Portions of the registrant's Proxy Statement for its 2020 Annual Meeting of Stockholders are incorporated by reference into Part III of this Annual Report on Form 10-K.

Exhibit 2

## SUBSIDIARIES OF THE REGISTRANT

There is no parent of the Company. The following is a listing of the significant subsidiaries of the Company.

| | JURISDICTION OF ORGANIZATION |
|---|---|
| ClarusONE Sourcing Services LLP | United Kingdom |
| McKesson Europe AG | Germany |
| McKesson International Bermuda IP5A Limited | Bermuda |
| McKesson Medical-Surgical Inc. | United States |
| McKesson Medical-Surgical Supply Chain Services LLC | United States |
| McKesson Sourcing Services Inc. | United States |
| McKesson Specialty Care Distribution LLC | United States |
| McKesson Strategic Services Limited | United Kingdom |
| McKesson UK Finance I Limited | United Kingdom |
| McKesson US Finance Corporation | United States |
| Northstar Healthcare Holdings Unlimited Company | Ireland |
| US Oncology Holdings, Inc. | United States |

# Benjamin Harper

@hotmail.com
McWharton Way, Bunker Hill,

**Objective**

To work for a company that allows you to manage your area of responsibility and grow your internal business to help the overall success of the company!

**Skills & Abilities**

I have been associated with the transportation field for over 10 years now and I know that I bring a creative outlook on producing result and maximizing my resources.

**Experience**

**Transportation Manager | McKesson Medical |**
**July 2014 - Present**
I manage 3 Trans supervisors with a total of 48 drivers that operate out of 6 different cross dock in the Mid-Atlantic area.
**Projects:**

- Moving from using outside carriers to our own McKesson drivers to deliver to our cross docks – I was able to save the company $308,000 Annually. This entailed hiring 6 Class A CDL drivers.

- Worked to remove from a courier service that made deliveries for us in the Roanoke, VA market to an LTL carrier saving 225,000 Annually.

**Operational Supervisor (Transportation)| FedEx Freight |**
**June 2010 – July 2014**

- While as a city planner I was responsible for planning and prioritizing all city loads
- I was able to reduce our miles between stops from 5.3 to 2.4, I accomplished this by make sure I was routed their last delivery near their first pick up for the day.

**Education**

**Shepheard University – Shepherdstown WV – Chemistry Major 2004-2006**
Some College – was a double major in Chemistry/Biology

**Leadership/Volunteer Experience**

I currently help to promote growth in my locale community by holding a position on our youth soccer board for South Berkeley Soccer.

**References**

**Reference Name**
Jason Baiana, McKesson
540-664-6128

# Commonwealth of Virginia

## State Corporation Commission

### CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That McKesson Medical-Surgical Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on February 27, 1980;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date:

April 22, 2020

Joel H. Peck

Joel H. Peck, Clerk of the Commission

CERTIFICATE NUMBER : 2020042214372751

## Ownership Information

McKesson Medical-Surgical Inc. (Federal ID 94-2640465), located at 4027 Martinsburg Pike Clear Brook, VA 22624 is 100% owned by

McKesson Medical-Surgical Inc., (Federal ID 94-2640465), 9954 Mayland Drive, Suite 4000, Richmond, VA 23233 which is 100% owned by

McKesson Medical-Surgical Holdings Inc., (Federal ID 13-3734754), 9954 Mayland Drive Suite 4000 Richmond, VA 23233 which is 100% owned by

McKesson Medical-Surgical Top Holdings Inc., (Federal ID 59-2280364), 6651 Gate Parkway, Jacksonville, FL 32256 which is 100% owned by:

McKesson Corporation, (Federal ID 94-3207296), 6535 N. State Highway 161, Irving, TX 75039– a publicly held company

# McKesson Medical-Surgical Inc.
## Officer Listing

| Title | Name | Address | Phone | DOB |
|---|---|---|---|---|
| President; Director | Stanton J. McComb | 9954 Mayland Drive, Suite 4000<br>Richmond, VA 23233 | | |
| VP & Treasurer; Director | Timothy Skansi | 9954 Mayland Drive, Suite 4000<br>Richmond, VA 23233 | | |
| VP & Secretary; Director | Michele Lau | 1 Post Street<br>San Francisco, CA 94104 | | |

LISTING OF SECURITY FEATURES ON REVERSE SIDE

# COMMONWEALTH OF VIRGINIA

## DEPARTMENT OF HEALTH PROFESSIONS

*David E. Brown, D.C., 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

## Wholesale Distributor Permit

**Mckesson Medical-Surgical Inc.**

4027 Martinsburg Pike
Clear Brook VA 22624

Number
**0215000405**

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

**COMMONWEALTH OF VIRGINIA**
DEPARTMENT OF HEALTH PROFESSIONS

**Wholesale Distributor**
**Number 0215000405**
**Mckesson Medical-Surgical Inc.**

To verify the current status of any license, permit or registration, visit our website at www.dhp.virginia.gov.

Ver. Fied
6/25/20
MS

# Virginia Department of Health Professions
# License Lookup

Current as of 06/25/2020 17:47

## License Information

| | |
|---|---|
| **License Number** | 0215000405 |
| **Occupation** | Wholesale Distributor |
| **Name** | Mckesson Medical-Surgical Inc. |
| **Address** | 4027 Martinsburg Pike<br>Clear Brook, VA 22624 |
| **Initial License Date** | 12/06/2013 |
| **Expire Date** | 02/28/2021 |
| **License Status** | Current Active |
| **Additional Public Information*** | No |

Back to License Lookup Result

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

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

Back to License Lookup

Facility Name

State (All)

Search Reset

# Current list of 1 Verified-Accredited Wholesale Distributors®

VAWD accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

| Name | Address | Accreditation Date |
|---|---|---|
| McKesson Medical-Surgical Inc | 4027 Martinsburg Pike<br>Clear Brook, VA 22624 | Reaccreditation in process |

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Verified
6/25/20
MS

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The National Association of Boards of Pharmacy®

hereby awards

Verified-Accredited Wholesale Distributors®

Accreditation

to

# McKesson Medical-Surgical Inc

located at

4027 Martinsburg Pike, Clear Brook, VA 22624

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy

Carmen A. Catizone, Executive Director Secretary

Reaccreditation In Process

March 10, 2017 - March 9, 2020

Period of Accreditation

Survey on hold due to COVID-19

Top 4 Rx Suppliers

731

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | 26891 | B. BRAUN MEDICAL INC | 824 12TH AVENUE | | BETHLEHEM | PA | 180180000 |
| 2 | 4535800 | MCKESSON CORPORATION | DC 8120 | 10504 MCKESSON DRIVE | RUTHER GLEN | VA | 225460000 |
| 3 | 27004 | PFIZER INJECTABLES | CUST SRVC D 241 BLG H4 | 275 V FIELD DRIVE | LAKE FOREST | IL | 600450000 |
| 4 | 26650 | BAXTER HEALTHCARE CORP | MEDICATION DELIVERY DIVISION | ONE BAXTER PARKWAY DF4 1E | DEERFIELD | IL | 600150000 |

# 4UU

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
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 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7
☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: McKesson Medical-Surgical Inc.

Physical Address: 885 Paragon Way

City: Rock Hill, SC State: Zip Code: 29730 Telephone

Number: 803.832.0132 Fax Number: _____

Toll Free Number: _____

E-mail: Elaine.Stutman@McKesson.com Website: www.mckesson.com

Facility Manager: Bradford Pittman

Professional qualifications and experience of facility manager: see attached

_____

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☒ Hypodermic Devices
☐ Veterinary Legend Drugs

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☒ No ☐
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: see attached
Address:

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NV19951055144

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 ☒

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Stanton McComb
Print Name of Authorized Person

5/24/20
Date

| Board Use Only | Date Processed: | Amount: 300.00 |
|---|---|---|

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

## OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Virginia

Parent Company if any: see attached, ultimate parent McKesson Corporation

Corporation Name: McKesson Medical-Surgical Inc.

Mailing Address: 6651 Gate Parkway

City: Jacksonville State: FL Zip: 32256

Telephone: 904.332.4179 Fax: 904.332.3349

Contact Person: Elaine Stutman

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: 7.7.1994

Registration number issued: 2417015

Stock Exchange: NYSE

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV19951055144

## 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.

**Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.**

McKesson Corporation and its subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. ***The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions.***

In 2013, **McKesson** entered into a consent order with the Virginia Board of Pharmacy based on the discovery of McKesson product in a non-McKesson warehouse that did not have proper security or temperate controls. Without McKesson's knowledge, an independent courier had placed McKesson customer returns in a warehouse used by the courier. After a default on the lease, McKesson was informed that its product was in the warehouse, but when McKesson attempted to retrieve the product, the owner of the warehouse denied entry. The Virginia Board was informed of the issue and ultimately held McKesson responsible for the courier's activity. A $4,000 penalty was assessed against McKesson's Landover, Maryland distribution center (this facility closed as of May 31, 2012).

In 2014 **McKesson** disclosed to the Michigan Board of Pharmacy final agency orders from Colorado, Georgia and Oklahoma that were issued between 2009 and 2012. , The Michigan Board of Pharmacy subsequently filed a complaint alleging that it is a violation of Michigan pharmacy law for a licensee to be the subject of administrative action in another state and asked McKesson to prove compliance with the agency orders in Colorado, Georgia, and Oklahoma. McKesson promptly supplied proof of compliance to the Michigan Board of Pharmacy. The Michigan Board of Pharmacy determined that McKesson had accepted responsibility in Colorado, Georgia, and Oklahoma and taken corrective measures to prevent re-occurrences of the issues that gave rise to those agency orders and the matter was resolved via consent order, pursuant to which McKesson accepted a reprimand and a fine.

In 2014, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning its Landover, Maryland distribution center (the "Landover DC") that had closed in May 2012. The Final Consent Order resolved allegations that, from January 2008 – November 2009, McKesson's Landover DC purchased approximately $2.95 million of prescription drugs/devices from a wholesale distributor that was not licensed in Maryland. McKesson paid a $30,000 fine in November 2014.

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson's Landover DC purchased approximately $2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant

additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a $15,000 fine in June 2015.

In April 2016 the **McKesson Medical-Surgical Inc.** Clear Brook, VA facility, which is a wholly-owned subsidiary of McKesson Corporation, was fined by the California Board of Pharmacy for failure to report a new Designated Representative within 30 days of change. McKesson paid $200 fine. The fine is related to a non-disciplinary action.

In September 2016, **McKesson Medical Surgical, Inc.** entered into a Consent Agreement for a $2,750 fine with the Louisiana Board of Drug and Device concerning its St. Rose, Louisiana distribution center (the "St. Rose DC"). McKesson Medical Surgical, Inc agreed that it failed to maintain copies of current licenses for customers that are shipped or sold drugs or devices, or, if customer licenses are maintained offsite, by failing to maintain at the licensed distribution location a list of customer names, addresses, license numbers, and license expiration dates for all customers that are shipped or sold drugs or devices.

In 2016 **McKesson Packaging Services, a business unit of McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that McKesson Packaging Services failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since February 2, 2016 fully licensed. McKesson paid a $500 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Washington Court House, OH distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since August 6, 2014 fully licensed. McKesson paid $400 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Medical-Surgical Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy at its Clear Brook, VA location for failure to report a new Designated Representative within 30 days of change. McKesson paid $200 fine. The fine is related to a non-disciplinary action.

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay $150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland

facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson**'s Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson**'s distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of $45,000, with an additional surcharge of 15%, totaling $51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board $250.00 for administrative costs No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of $2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of $10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation**'s distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and

- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson**'s distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

In 2018 May **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Memphis, TN distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since December 1, 2017 fully licensed. McKesson paid $1,000 fine. The fine is related to a non-disciplinary action.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On November 7, 2018, the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Denver, Colorado distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of $1,150 was imposed and paid November 29, 2018. The Board released McKesson Medical-Surgical Inc. from the terms and conditions of the December 6, 2018, Stipulation and Final Agency Order and restored the Registration to unencumbered status.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of $10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On March 1, 2019, the Ohio Board of Pharmacy sent a Notice of Opportunity for Hearing to the **McKesson Medical-Surgical Inc.** distribution center in Urbancrest, OH, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing. The allegations relate to an investigation that McKesson Medical-Surgical Inc. shipped dangerous drugs to an unlicensed site in September 2017. A monetary penalty of $4,5000 was imposed and paid on March 27, 2019.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by New Mexico aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio and

Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars ($15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reproval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Reproval, agreed to pay $4,000 in investigative fees.

On July 31, 2019 **McKesson Medical-Surgical Inc.** received a citation from the California Board of Pharmacy regarding it's Urbancrest, OH location for failure to report a new Designated Representative within 30 days of change. No fine was assessed.

On August 29, 2019 **McKesson** received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 29, 2019 **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of $1,150.00.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

On January 14, 2020 **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Arizona State Board of Pharmacy, regarding its Tempe, AZ distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $1,000 was imposed and paid on January 14, 2020.

On February 20, 2020, in response to the DEA Settlement, **McKesson** entered into a final agreement with the Indiana Board of Pharmacy. The agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Indiana has been placed on indefinite probation until the facility's DEA Registration is fully re-instated on or about February 16, 2021. he suspension period imposed by Indiana aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 29, 2020 the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Roseville, CA distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of $1,150 was imposed and paid in June 2020.

**Pending Actions**

The Georgia Board of Pharmacy issued a proposed consent order and **McKesson Corporation** is responding but have not finalized any agreement with the state.

The Delaware Board of Pharmacy issued a proposed consent order and **McKesson Corporation** is responding but have not finalized any agreement with the state.

The Illinois Department of Financial and Professional Regulation informed **McKesson Corporation** that the state would be seeking disciplinary action against Illinois licensed facilities. Please note that for the above-referenced pending actions, no final action has been taken and all relate directly to reciprocal discipline related to the DEA Settlement Agreement.

Top 4 suppliers

| | | | | | |
|---|---|---|---|---|---|
| 1 | 26891 | B. BRAUN MEDICAL INC | 824 12TH AVENUE | BETHLEHEI | PA |
| 2 | 26593 | MCKESSON CORPORATION | 2975 EVERGREEN DRIVE | DULUTH | GA |
| 3 | 22702 | AMERICAN REGENT LABS, INC. | ONE LUITPOLD DRIVE | SHIRLEY | NY |
| 4 | 27122 | BRISTOL MYERS SQUIBB COMPANY | 777 SCUDDERS MILL ROAD | PLAINSBOR | NJ |

# UNITED STATES
# SECURITIES AND EXCHANGE COMMISSION
## Washington, D.C. 20549
## FORM 10-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

**For the fiscal year ended March 31, 2020**

**OR**

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

**For the transition period from_____ to_____**

**Commission File Number: 1-13252**

**McKESSON CORPORATION**

(Exact name of registrant as specified in its charter)

| **Delaware** | **94-3207296** |
|---|---|
| **(State or other jurisdiction of incorporation or organization)** | **(I.R.S. Employer Identification No.)** |

**6555 State Hwy 161,**
**Irving, TX 75039**
**(Address of principal executive offices, including zip code)**
**(972) 446-4800**
**(Registrant's telephone number, including area code)**
**Securities registered pursuant to Section 12(b) of the Act:**

| *(Title of each class)* | *(Trading Symbol)* | *(Name of each exchange on which registered)* |
|---|---|---|
| Common stock, $0.01 par value | MCK | New York Stock Exchange |
| 0.625% Notes due 2021 | MCK21A | New York Stock Exchange |
| 1.500% Notes due 2025 | MCK25 | New York Stock Exchange |
| 1.625% Notes due 2026 | MCK26 | New York Stock Exchange |
| 3.125% Notes due 2029 | MCK29 | New York Stock Exchange |

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

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically, every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act. (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. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

The aggregate market value of the voting and non-voting common equity held by non-affiliates of the registrant, computed by reference to the closing price as of the last business day of the registrant's most recently completed second fiscal quarter, September 30, 2019, was approximately $25 billion.

Number of shares of common stock outstanding on April 30, 2020: 161,853,218

**DOCUMENTS INCORPORATED BY REFERENCE**

Portions of the registrant's Proxy Statement for its 2020 Annual Meeting of Stockholders are incorporated by reference into Part III of this Annual Report on Form 10-K.

**Exhibit 21**

# SUBSIDIARIES OF THE REGISTRANT

There is no parent of the Company. The following is a listing of the significant subsidiaries of the Company.

| | JURISDICTION OF ORGANIZATION |
|---|---|
| ClarusONE Sourcing Services LLP | United Kingdom |
| McKesson Europe AG | Germany |
| McKesson International Bermuda IP5A Limited | Bermuda |
| McKesson Medical-Surgical Inc. | United States |
| McKesson Medical-Surgical Supply Chain Services LLC | United States |
| McKesson Sourcing Services Inc. | United States |
| McKesson Specialty Care Distribution LLC | United States |
| McKesson Strategic Services Limited | United Kingdom |
| McKesson UK Finance I Limited | United Kingdom |
| McKesson US Finance Corporation | United States |
| Northstar Healthcare Holdings Unlimited Company | Ireland |
| US Oncology Holdings, Inc. | United States |

# BRADFORD PITTMAN

' Forest Home Drive, Fort Mill, SC C: com

## PROFESSIONAL SUMMARY

## SKILLS

- Cost reduction strategies
- Project planning and development
- Budgeting and forecasting
- Merger and Acquisitions
- Quality assurance and control
- Logistics management
- Risk management
- Vendor sourcing
- Human resources management
- Employee relations
- Project development and life cycle
- Work flow planning
- Contract negotiation
- Unsurpassed work ethic
- Advanced training in Microsoft Office Tools

## WORK HISTORY

**Distribution Center Leader**, 06/2015 to Current
**McKesson Medical-Surgical, Inc.** – Rock Hill, SC

- Manage all aspects of a newly constructed 300,080 square foot distribution center for the purpose of order fulfillment and distribution of pharmaceuticals and medical surgical supplies to extended and primary care sites.
- Manage capital funding requests of up to $28 million from project approval to project closeout.
- Supervise a team of 4 distribution center managers and 210 personnel.
- Prepare and manage budgets, forecasts and primary P&L responsibility for $241 million in revenue.
- Coordinate business activities with 6 Sales Managers and 76 Account Managers
- Lead corporate initiatives such as labor management programs, certified cold chain process, packing standardization, compliant waste disposal and pharmaceutical credit compliance.
- Reduced employee turnover significantly in comparison to previous DC implementations through building an employee on boarding program, setting them up for success and building a great culture.

**Distribution Center Leader**, 12/2014 to 06/2015
**McKesson Medical Surgical, Inc.** – Charlotte, NC

- Managed 2 Distribution Centers in North Carolina. A 65,000 square foot primary care site in Charlotte, NC employing 84 personnel and a 50,000 square foot extended care site in Raleigh, NC employing 35 personnel.
- Established budgets and held primary responsibility for $123 million in revenue.
- Coordinated business activities with 4 Sales Leaders and 48 Account Managers.
- Established operational objectives, work plans and delegated assignments to subordinate managers.
- Helped earn the company 96% customer satisfaction ratings through process improvements to order fulfillment and transportation.
- Led the process for closing both distribution centers as part of an integration strategy and new construction of the Rock Hill, SC site.

**Operations Leader I**, 06/2009 to 12/2014
**PSS World Medical, Inc.** – Charlotte, NC

- Managed a 65,000 square foot primary care distribution center employing 84 personnel.
- Established budgets and held primary P&L responsibility for $93 million in revenue.
- Coordinated business activities with 3 Sales Leaders and 40 Account Managers.
- Managed order fulfillment activities, distribution, compliance and customer accounts receivable.

- Led the distribution center from the least performing operation to the top performing within 2 years of assuming control.
- Reduced accounts receivable from 15% over 60 to less than 2% through process improvement, and most importantly working with our customers and account managers without a loss in revenue.

**Operations and Compliance Leader**, 01/1998 to 06/2009
**Southern Anesthesia and Surgical** – Columbia, SC

- Managed a 55,000 square foot distribution and office site serving the Oral and Maxillofacial industry employing 65 personnel.
- Established budgets and held primary P&L responsibility for $55 million in revenue.
- Supervised a team of 4 leaders responsible for compliance, procurement, order fulfillment and customer service.
- Developed and ensured compliance to DEA regulations regarding the sale and distribution of controlled pharmaceuticals.
- Established tracking and compliance to PDMA regulations regarding distribution of pharmaceuticals and pedigree.
- Selected, purchased and implemented the JDE OneWorld ERP system significantly improving the operation.
- Assisted the owner with the sale of Southern Anesthesia to PSS World Medical.

**Procurement/Key Account Sales/Inventory Control/Systems Administrator**, 02/1994 to 01/1998
**Southern Anesthesia and Surgical** – Columbia, SC

- Held numerous positions in a private fast growing medical supply company serving the Oral and Maxillofacial market.
- Increased company profit by reducing operating expenses and improving buy side margins.

## Education

**Bachelor of Science**: Business Administration - Management, 1996
**University of South Carolina** - Columbia, SC

**MBA**: Business Administration - Management, 2004
**University of South Carolina** - Columbia, SC

## Accomplishments

- Generated $8 million in first-year profit growth by developing and leading a companywide initiative to promote customer sales from branded to our private brand offering at PSS World Medical.
- Improved profitability at Southern Anesthesia by $4 million through vendor contract negotiations.
- Developed a working relationship with the DEA, FDA and other entities throughout my career, passing all inspections with no recommendations or improvement action items.
- Developed controlled pharmaceutical suspicious order tracking system meeting and exceeding DEA requirements.
- Implemented and led Lean Processes for PSS World Medical for the Charlotte distribution center.
- Nominated 5 times for the most prestigious award in PSS World Medical and Mckesson Medical Surgical. The Eagle Award is voted on by peers and senior leadership. I received the award 2012, 2014 and 2015.
- Nominated and served on the Operations Excellence Team for PSS World Medical and Mckesson for 7 years.

## Certifications

Certified Designated Representative – State of California – EXC19849
Certified Designated Representative – State of Florida – 88:10890
Certified Designated Representative – State of South Carolina, Arizona, Tennessee, Virginia

PRC 1039971

PERMIT NO. 15689
DATE ISSUED: 07/01/2020

South Carolina Department of Labor, Licensing and Regulation

# Board of Pharmacy

## Non-Dispensing Drug Outlet Permit

## 2020-2021

Expires 06/30/2021

Eric Strauss, Chairman

J. Addison Livingston, Vice Chairman

**MCKESSON MEDICAL-SURGICAL, INC.**
**Permit Holder:** BRADFORD PITTMAN
885 PARAGON WAY
ROCK HILL SC 29730

Print this page

# South Carolina Board of Pharmacy

**McKESSON MEDICAL-SURGICAL, INC.**
885 PARAGON WAY
ROCK HILL, SC 29730

**License number:** 15689
**License type:** Non-Dispensing Drug Outlet
**Status:** Active
**First Issue Date:** 03/12/2015
**Expiration:** 06/30/2021

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

751

# NABP ACCREDITED

## DRUG DISTRIBUTOR

McKesson Medical-Surgical Inc.

located at

885 Paragon Way, Rock Hill, SC 29730

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/.

**Carmen A. Catizone,** MS, RPh, DPh
*Executive Director/Secretary*

06/03/2019 - 06/02/2022
Period of Accreditation

Verified 6/25/20 MMS

# Commonwealth of Virginia

## State Corporation Commission

### CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That McKesson Medical-Surgical Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on February 27, 1980;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date:

April 22, 2020

Joel H. Peck

Joel H. Peck, Clerk of the Commission

CERTIFICATE NUMBER : 2020042214372751

# McKesson Medical-Surgical Inc.
## Officer Listing

| Title | Name | Address | Phone | DOB |
|---|---|---|---|---|
| President; Director | Stanton J. McComb | Mayland Drive, Sui<br>Richmond, VA | | |
| VP & Treasurer; Director | Timothy Skansi | Mayland Drive, Suite<br>Richmond, VA | | |
| VP & Secretary; Director | Michele Lau | Post Street<br>San Francisco, CA | | |

Ownership Information

McKesson Medical-Surgical Inc. (Federal ID 94-2640465), located at 885 Paragon Way, Rock Hill, SC 29730 is 100% owned by

McKesson Medical-Surgical Inc., (Federal ID 94-2640465), 9954 Mayland Drive Suite 4000, Richmond, VA 23233 which is 100% owned by

McKesson Medical-Surgical Holdings Inc., (Federal ID 13-3734754), 9954 Mayland Drive Suite 4000, Richmond, VA 23233 which is 100% owned by

McKesson Medical-Surgical Top Holdings Inc., (Federal ID 59-2280364), 6651 Gate Parkway Jacksonville, FL 32256 which is 100% owned by:

McKesson Corporation, (Federal ID 94-3207296), 6535 N. State Highway 161, Irving, TX 75039– a publicly held company

# 4VV

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____

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 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7
☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: McKesson Specialty Distribution LLC

Physical Address: [illegible]

City: _____ State: _____ Zip Code: _____

Telephone Number: Pending Fax Number: Pending

Toll Free Number: Pending

E-mail: mckessonlicensing@mckesson.com Website: www.mckesson.com

Facility Manager: Coleman Harris

Professional qualifications and experience of facility manager: See Attached Resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☑ Practitioners ☑ Hospitals ☐ Wholesalers
☑ Other: Health Departments & Clinics

Type of Products to be handled or wholesaled by firm:

☑ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☑ Other: _____
☑ Hypodermic Devices
☐ Veterinary Legend Drugs

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☑
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☑
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☑ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: New facility - no purchases yet.
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NV20041313052

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 ☑

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Michele Lau
Print Name of Authorized Person

9/2/20
Date

**Board Use Only** Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

## OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: McKesson Corporation

Corporation Name: McKesson Specialty Distribution LLC

Mailing Address: 6535-6555 State Hwy 161

City: Irving State: TX Zip: 75039

Telephone: 972-446-4800 Fax:

Contact Person: Maria Spencer

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: 7/7/1994

Registration number issued: 2417015

Stock Exchange: NYSE - MCK

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV19951055144

## 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.

**McKesson Specialty Distribution LLC**
FEIN: 20-1858098

Delaware Limited Liability Company incorporated on 11/04/2004.

**Parent Company:**
McKesson Corporation
6535 N. State Highway 161, Irving, TX 75039
FEIN: 94-3207296

**Corporate Officers**
Kirk Kaminsky, President
North State Highway 161, Irving, TX 75039
SSN:
DOB:

Todd Baldanzi, Vice President and Treasurer
North State Highway 161, Irving, TX 75039
SSN:
DOB:

Michele Lau, Vice President and Secretary
Post Street, San Francisco, CA 94104
SSN:
DOB:

**Application Contact:**
Beatrix Erdei, Sr. Manager, Compliance and Regulatory Affairs
Phone: 415-983-9247
Email: mckessonlicensing@mckesson.com
6651 Gate Parkway, Regulatory Affairs/McKesson, Jacksonville, FL 32256

**Description of Operation**

Table of Contents

# UNITED STATES
# SECURITIES AND EXCHANGE COMMISSION
## Washington, D.C. 20549
## FORM 10-K

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended March 31, 2020

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from_____ to_____

Commission File Number: 1-13252

McKESSON

McKESSON CORPORATION

(Exact name of registrant as specified in its charter)

| Delaware | 94-3207296 |
|---|---|
| (State or other jurisdiction of incorporation or organization) | (I.R.S. Employer Identification No.) |

6555 State Hwy 161,
Irving, TX 75039
(Address of principal executive offices, including zip code)

(972) 446-4800
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

| *(Title of each class)* | *(Trading Symbol)* | *(Name of each exchange on which registered)* |
|---|---|---|
| Common stock, $0.01 par value | MCK | New York Stock Exchange |
| 0.625% Notes due 2021 | MCK21A | New York Stock Exchange |
| 1.500% Notes due 2025 | MCK25 | New York Stock Exchange |
| 1.625% Notes due 2026 | MCK26 | New York Stock Exchange |
| 3.125% Notes due 2029 | MCK29 | New York Stock Exchange |

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

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically, every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232 405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act. (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. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

The aggregate market value of the voting and non-voting common equity held by non-affiliates of the registrant, computed by reference to the closing price as of the last business day of the registrant's most recently completed second fiscal quarter, September 30, 2019, was approximately $25 billion.

Number of shares of common stock outstanding on April 30, 2020: 161,853,218

**DOCUMENTS INCORPORATED BY REFERENCE**

Portions of the registrant's Proxy Statement for its 2020 Annual Meeting of Stockholders are incorporated by reference into Part III of this Annual Report on Form 10-K.

# State Of Delaware

Entity Details

9/2/2020 12:50:36PM

File Number: 3877194
Incorporation Date / Formation Date: 11/4/2004
Entity Name: MCKESSON SPECIALTY DISTRIBUTION LLC
Entity Kind: Limited Liability Company
Entity Type: General
Residency: Domestic
State: DELAWARE
Status: Good Standing
Status Date: 11/4/2004

**Registered Agent Information**

Name: CORPORATION SERVICE COMPANY
Address: 251 LITTLE FALLS DRIVE
City: WILMINGTON
Country:
State: DE
Postal Code: 19808
Phone: 302-636-5401

McKESSON

# Attachment

## *Home State License*

The applicant is applying for the resident state license. We will provide this license as soon as we receive them.

**McKesson Corporation**
6535 N. State Highway 161
Irving, TX 75039

www.mckesson.com

- **Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.**

McKesson Corporation and its subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. ***The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions. This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines.***

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson's Landover DC purchased approximately $2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a $15,000 fine in June 2015.

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay $150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In February 2017, in response to California Board of Pharmacy fine **McKesson Specialty Distribution LLC** was fined by the Florida Business and Professional Regulation, Division of Drugs, Devices, and Cosmetics for failing to operate in compliance with applicable state law. McKesson paid the $1,500 fine. The fine is related to a non-disciplinary action.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson**'s Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson**'s distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of $45,000, with an additional surcharge of 15%, totaling $51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board $250.00 for administrative costs No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of $2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** (Lakeland distribution center) entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of $10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation**'s distribution

centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and

- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson**'s distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of $10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making

deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by New Mexico aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars ($15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reproval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Reproval, agreed to pay $4,000 in investigative fees.

On August 29, 2019 **McKesson** received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 29, 2019 **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of $1,150.00.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

On February 20, 2020, in response to the DEA Settlement, **McKesson** entered into a final agreement with the Indiana Board of Pharmacy. The agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Indiana has been placed on indefinite probation until the facility's DEA Registration is fully re-instated on or about February 16, 2021. he suspension period imposed by Indiana aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

# COLEMAN B. HARRIS

m • (719) Linkedin.com/in/colemanharris

## OPERATIONS AND DISTRIBUTION MANAGEMENT PROFESSIONAL

***Supply Chain Management ▪ Distribution Center Operations ▪ Leadership ▪ Process Improvement***

Accomplished leader with over 12 years of managerial and operations experience that drives results through a culture of high performance, continuous learning and team-oriented leadership. Proven ability to effectively prioritize operations and conduct strategic planning and forecasting. Directed significant programs, creating innovative supply chain solutions and systems improvement. Demonstrated success developing training programs and mentoring team members for continuous growth and future advancement.

- Proven leader of teams exceeding 100 employees within the military and corporate America
- Recognized as an Exceptional Performance Leader by a Fortune #8 company
- Successfully managed customer relations with over 1600 pharmacy accounts and $160M in on-site inventory
- Bronze Star recipient for exceptional meritorious service in support of Operation Enduring Freedom

## EXPERIENCE

**MCKESSON CORPORATION,** 2017—Present

*Logistics Manager, National Redistribution Center (NOV2019 – Present)*

Lead a Logistics Team with 6 direct reports responsible for the on-time movement of 200+ weekly high-value truck loads to 26 forward distribution centers across the United States. Manage strong carrier portfolio that exceeds 98.5% on-time delivery. Actively manage transportation costs and carrier scorecards to drive superior performance.

**Key Achievements:**

- Streamlined transportation lanes that resulted in $1.4M in savings for the year, within 60 days in role.
- Created automated tools that consolidated reporting that led to significant labor optimization within team.
- Developed innovative carrier scorecard and dynamic cost analysis tools resulting in an increase in visibility and carrier performance.

**MCKESSON CORPORATION,** McCalla, AL 2017—Present

*Distribution Center Inventory Manager (MAY2017 – NOV2019)*

Led a pharmaceutical inventory control team with 11 direct reports essential to the execution of five distribution center functions: quality control, reverse logistics, regulatory, warehouse optimization and customer service.

**Key Achievements:**

- Selected as an Exceptional Performance Leader FY19 due to high leader engagement, exceeding performance metrics and demonstrating leadership potential two levels above current role
- Awarded Top Performing Distribution Center 2019 and achieved record breaking performance by reducing inventory loss below .005% of $160M for 18 months consecutive
- Exceeded critical performance metrics in FY19: Cost Per Line by 5% resulting in $400k savings, Inventory Control by 243% resulting in $45k savings and Safety Index improved by 25% YOY

**LOVES TRAVEL STOPS,** McCalla, AL 2016—2017

*Operations Manager (MAY2016 – MAY2017)*

Managed high volume retail facility and supported the development of operational programs, budget trend analysis and accountable for profit and loss. Led internal operations to include sales, inventory, customer service and maintenance.

**Key Achievements:**

- Selected for promotion to GM after 10 months for outstanding leadership and achieving performance goals
- Decreased facilities turnover rate from 225% to under 120% within 6 months through quality recruiting practices and high leader engagement
- Decreased loss by 20% by collaborating with team leadership and streamlining inventory management practices

**Coleman B. Harris - Page 2**
ı • (719) . • Linkedin.com/in/colemanharris

**UNITED STATES ARMY,** Fort Carson, CO 2008—2016
*Company Commander (SEP2014 – MAY2016)*
Led 99-person company cross-functionally and synchronized logistics for 577-person organization. Managed four logistics programs simultaneously to include food service, transportation, supply and maintenance.

**Key Achievements:**
- Earned Meritorious Service Medal for the development and launch of logistics model that optimized performance and program efficiency; ranked #1 of 6 units at the National Training Center
- Created optimal supply discipline program; reduced shortages by 570%, from $1.2 million to $210,000
- Managed 297 vehicles, largest combat fleet out of 6 units in 4,000-person Brigade; exceeded 90% readiness

**UNITED STATES ARMY,** Fort Carson, CO 2008—2016
*Logistics Development Officer (OCT2012 – SEP2014)*
Developed and integrated creative solutions for the training, fielding, maintenance, and logistics programs of the Afghan National Army and Regional Logistics Support Command while deployed to Afghanistan.

**Key Achievements:**
- Earned Bronze Star for developing and spearheading innovative training program resulting in a 35% increase in Afghan Army maintenance operational readiness
- Generated comprehensive progress reviews to measure growth and develop improvement plans for the Afghanistan National Army; reviews impacted regional and national Ministry of Defense policies

**UNITED STATES ARMY,** Fort Riley, KS 2008—2016
*Logistics Plans Officer (JUN2011 – OCT2012)*
Provided, directed and synchronized timely and accurate logistics support to 3,700 Soldiers, 110 army aviation aircraft and over 500 motorized vehicles for Brigade Global Response Force mission.

**Key Achievements:**
- Earned Army Commendation for producing combat ready force capable of deploying within 48 hours worldwide
- Received additional Army Commendation Medal for creating response team initiative and training program, resulting in the recovery of downed aircraft in combat area

**UNITED STATES ARMY,** Fort Riley, KS 2008—2016
*Senior Transportation Officer (JAN2011 – JUN2011)*
Led team providing logistics and transportation support for over 4,100 Soldiers employing 550 vehicles and 233 aircraft in Iraq. Managed airfield control team at Taji Airbase to ensure safe boarding and departure of personnel and cargo.

**Key Achievements:**
- Led and coordinated flights that moved 3,550 Soldiers and 233 aircraft from Iraq to US with no incidents
- Directed and synchronized Army and Air Force ground and aviation assets; resulted in successful execution of 51 high priority missions across Iraq that delivered critical aviation assets essential to 95% readiness rate

**UNITED STATES ARMY,** Fort Riley, KS 2008—2016
*Brigade Adjutant (MAR2010 – JAN2011)*
Planned and synchronized protocol and logistics for Brigade Commander, distinguished visitors and VIPs for 3,700-person Brigade in Iraq for 12 months. Manage Brigade commander's schedule and enable battlefield site visits.

**Key Achievements:**
- Selected through special appointment by senior commander; rated top 1% of 98 lieutenants in Brigade
- Earned Army Commendation Medal for exceptionally meritorious service during combat operations in Iraq

## EDUCATION AND CREDENTIALS

**UNIVERSITY OF ARKANSAS,** Fayetteville, AR December 2007
**Bachelor of Arts, Music**

# 4WW

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable** and **non-transferable checks only)**

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
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 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7
☐ Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: McKesson Specialty Distribution LLC

Physical Address: _____

City: _____ State: _____ Zip Code: ____ ____

Telephone Number: Pending Fax Number: Pending

Toll Free Number: Pending

E-mail: mckessonlicensing@mckesson.com Website: www.mckesson.com

Facility Manager: Neil Chabot

Professional qualifications and experience of facility manager: See Attached Resume

_____

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☑ Practitioners ☑ Hospitals ☐ Wholesalers
☑ Other: Health Departments & Clinics

Type of Products to be handled or wholesaled by firm:

☑ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☑ Other: _ s
☑ Hypodermic Devices
☐ Veterinary Legend Drugs

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☑
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☑
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☑ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: New facility - no purchases yet.
Address:

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NV20041313052

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 ☑

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Michele Lau
Print Name of Authorized Person

9/2/20
Date

**Board Use Only** Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

## OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: McKesson Corporation

Corporation Name: McKesson Specialty Distribution LLC

Mailing Address: 6535-6555 State Hwy 161

City: Irving State: TX Zip: 75039

Telephone: 972-446-4800 Fax:

Contact Person: Maria Spencer

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: 7/7/1994

Registration number issued: 2417015

Stock Exchange: NYSE - MCK

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV19951055144

## 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.

Table of Contents

# UNITED STATES
# SECURITIES AND EXCHANGE COMMISSION
## Washington, D.C. 20549
## FORM 10-K

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended March 31, 2020

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from_____ to_____

Commission File Number: 1-13252

McKESSON

McKESSON CORPORATION

(Exact name of registrant as specified in its charter)

| Delaware | 94-3207296 |
|---|---|
| (State or other jurisdiction of incorporation or organization) | (I.R.S. Employer Identification No.) |

6555 State Hwy 161,
Irving, TX 75039
(Address of principal executive offices, including zip code)

(972) 446-4800
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

| *(Title of each class)* | *(Trading Symbol)* | *(Name of each exchange on which registered)* |
|---|---|---|
| Common stock, $0.01 par value | MCK | New York Stock Exchange |
| 0.625% Notes due 2021 | MCK21A | New York Stock Exchange |
| 1.500% Notes due 2025 | MCK25 | New York Stock Exchange |
| 1.625% Notes due 2026 | MCK26 | New York Stock Exchange |
| 3.125% Notes due 2029 | MCK29 | New York Stock Exchange |

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

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically, every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act. (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. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

The aggregate market value of the voting and non-voting common equity held by non-affiliates of the registrant, computed by reference to the closing price as of the last business day of the registrant's most recently completed second fiscal quarter, September 30, 2019, was approximately $25 billion.

Number of shares of common stock outstanding on April 30, 2020: 161,853,218

**DOCUMENTS INCORPORATED BY REFERENCE**

Portions of the registrant's Proxy Statement for its 2020 Annual Meeting of Stockholders are incorporated by reference into Part III of this Annual Report on Form 10-K.

**McKesson Specialty Distribution LLC**
FEIN: 20-1858098

Delaware Limited Liability Company incorporated on 11/04/2004.

**Parent Company:**
McKesson Corporation
6535 N. State Highway 161, Irving, TX 75039
FEIN: 94-3207296

**Corporate Officers**
Kirk Kaminsky, President
5 North State Highway 161, Irving, TX 75039
SSN:
DOB:

Todd Baldanzi, Vice President and Treasurer
North State Highway 161, Irving, TX 75039
SSN:
DOB:

Michele Lau, Vice President and Secretary
3 Post Street, San Francisco, CA 94104
SSN:
DOB:

**Application Contact:**
Beatrix Erdei, Sr. Manager, Compliance and Regulatory Affairs
Phone: 415-983-9247
Email: mckessonlicensing@mckesson.com
6651 Gate Parkway, Regulatory Affairs/McKesson, Jacksonville, FL 32256

**Description of Operation**

McKESSON

# Attachment

## *Home State License*

The applicant is applying for the resident state license. We will provide this license as soon as we receive them.

**McKesson Corporation**
6535 N. State Highway 161
Irving, TX 75039

www.mckesson.com

# State Of Delaware

Entity Details

9/2/2020 12:50:36PM

File Number: 3877194
Incorporation Date / Formation Date: 11/4/2004
Entity Name: MCKESSON SPECIALTY DISTRIBUTION LLC
Entity Kind: Limited Liability Company
Entity Type: General
Residency: Domestic
State: DELAWARE
Status: Good Standing
Status Date: 11/4/2004

**Registered Agent Information**

Name: CORPORATION SERVICE COMPANY
Address: 251 LITTLE FALLS DRIVE
City: WILMINGTON
Country:
State: DE
Postal Code: 19808
Phone: 302-636-5401

- **Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.**

McKesson Corporation and its subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. ***The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions. This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines.***

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson's Landover DC purchased approximately $2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a $15,000 fine in June 2015.

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay $150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In February 2017, in response to California Board of Pharmacy fine **McKesson Specialty Distribution LLC** was fined by the Florida Business and Professional Regulation, Division of Drugs, Devices, and Cosmetics for failing to operate in compliance with applicable state law. McKesson paid the $1,500 fine. The fine is related to a non-disciplinary action.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson**'s Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson**'s distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of $45,000, with an additional surcharge of 15%, totaling $51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board $250.00 for administrative costs No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of $2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** (Lakeland distribution center) entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of $10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation**'s distribution

centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and
- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson**'s distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of $10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making

deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by New Mexico aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars ($15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reproval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Reproval, agreed to pay $4,000 in investigative fees.

On August 29, 2019 **McKesson** received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 29, 2019 **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of $1,150.00.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

On February 20, 2020, in response to the DEA Settlement, **McKesson** entered into a final agreement with the Indiana Board of Pharmacy. The agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Indiana has been placed on indefinite probation until the facility's DEA Registration is fully re-instated on or about February 16, 2021. he suspension period imposed by Indiana aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

# NEIL T. CHABOT

Fallen Timbers Ln ~ Collierville TN ~ 919· ~ neil.chabot@mckesson.com

## MANAGEMENT PROFESSIONAL

Demonstrated areas of expertise include:

| | | |
|---|---|---|
| * Business Profitability | * P&L Performance | * Expense Management |
| * Sales Force Management | * Six Sigma Blackbelt | * cGMP Compliance |
| * DEA Security and distribution | * Team Development | * FDA Compliance |

## PROFESSIONAL EXPERIENCE

**SR. DIRECTOR OF OPERATIONS** **2020 – Present**
**Mckesson Specialty Distribution Services**
Responsible for 3PL Rx product distribution in an ambient, refrigerated and freezer environment.

- Responsible for team of 75+ for Receiving. Shipping, and Distribution activities
- Assemble SOPs for safe shipment of refrigerated and frozen Rx products
- Oversea complete plant management and physical site security

**SR. DIRECTOR OF OPERATIONS** **2018 - 2020**
**DIRECTOR of OPERATIONS** **2005 - 2018**
**McKesson Packaging Services - RxPak ~ Concord, NC-Memphis TN**
Responsible for all aspects of SKY branded NDC pharmaceutical packaging operation which includes DEA controlled substances Class II-V.

- Oversee complete plant management and physical site security.
- Responsible for an operational team of 52 while managing operations, receiving, shipping, and technical support.
- Responsible for all operational and capital budget development, adherence, and expenditure control.
- Direct and manage all raw material purchasing, finished goods production, and inventory management/distribution.

**BUSINESS PROCESS RE-DESIGN MANAGER** **2002 to 2005**
**McKesson Corporation ~ San Francisco, CA**
McKesson trained six sigma Greenbelt and **Blackbelt** working on financial projects in Richmond Medical-Surgical corporate office. Two baseline projects completed on accounts payable process functions. **Rigorous adherence to six sigma core values and methodology, extensive analytical and methodical process redesigns.**

- Six Sigma liaison to McK Packaging in Concord, NC performing various process improvements centered on improved production efficiencies and SAP utilization and planning.
- Completed additional McK CEUs in Project Management, Kaizen, and Lean Six Sigma.
- 1.0MM annual savings within Medical-Surgical division back office project.

## EDUCATION

New Hampshire Technical College, Nashua, NH
AAS, Machine Tool Processes – 1983
Journeyman Tool & Die Maker

# 4XX

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
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 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☑ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: Safe Chain Solutions dba SC wholesale

Physical Address: 1812 W. Sunset Blvd #34

City: St. George State: Utah Zip Code: 84770

Telephone Number: 855-437-5727 Fax Number: 855-614-4118

Toll Free Number: _____

E-mail: Compliance@safechain.com Website: www.safechain.com

Facility Manager: Jon C. Bennett

Professional qualifications and experience of facility manager: please see separate page attached.

Types of licensed outlets or authorized persons firm will serve:

☑ Pharmacies ☐ Practitioners ☑ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☑ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Capital Wholesale Drugs
Address: 873 Williams Ave. Grandview Heights. OH 43212.

Name: Anda, Inc
Address: 2915 Weston Rd. Weston, FL 33331

Name: TopRx LLC
Address: 2950 Brother Blvd. Bartlett, TN 38133

Name: Richie Pharmacal
Address: 119 State Avenue. Glasgow, KY 42141

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

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 ☒

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Charles Boyd
Print Name of Authorized Person

1-7-2020
Date

| Board Use Only | Date Processed:_____ | Amount: 500.00 |
|---|---|---|

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

**OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.**

Type of Partnership: General _____ Limited ✓

List names of 4 largest partners and percentage of ownership:

Name: Charles Boyd %: 50

Name: Patrick Boyd %: 50

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: Safe Chain Solutions

Mailing Address: 822 Chesapeake Drive

City, State Zip Code: Cambridge, MD 21613

Telephone Number: 855-437-5727 Fax Number: 855-614-4118

Contact Person: Abbie Divilio / Kelsey Jones compliance@safechain.com

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

**Include with the application for a partnership**

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

JON BENNETT 1/7/2020

OPERATIONS MANAGER – UTAH WAREHOUSE

* Designated Rep *

My professional qualifications and experience include 36 years in Pharmaceutical Sales and Sales Management, 32 years of which were with Merck Pharmaceuticals. Much of that time I was responsible for managing and procuring pharmaceuticals both prescription and over-the-counter types.

During the past 12 months as Operations Manager at Safe Chain Solutions in Utah, I have been actively involved receiving, packing, shipping and the general maintenance of inventory. This has been done while adhering to strict state and federal regulations and guidelines. Below is a list of daily duties conducted as the Operations Manager:

1. Manage day to day delivery receipts
2. Check and confirm NDC, LOT and Expiration dates
3. Enter receipts into our ERP system
4. Possess a thorough understanding of our shipping system
5. Manage day to day outbound shipping
6. Carefully pack outbound shipments
7. Maintain a clean and organized warehouse
8. Keep sufficient quantities of packing supplies on hand
9. Maintain proficiency in our software's
10. Hire and train warehouse workers to grow with the company
11. Maintain compliance with all Federal and UT State regulations in regard to purchasing and sale of pharmaceuticals.

STATE OF UTAH
DEPARTMENT OF COMMERCE

ACTIVE LICENSE

**Safe Chain Solutions, LLC. dba SC Wholesale**

EFFECTIVE 01/24/2019

EXPIRATION 09/30/2021

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

11126931-1710 Pharmacy - Class C

Wholesaler
Distributor

SIGNATURE OF HOLDER

**IMPORTANT LICENSURE REMINDERS:**

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

SAFE CHAIN SOLUTIONS, LLC. DBA SC
WHOLESALE
1812 W SUNSET BLVD STE 34
SAINT GEORGE UT 84770

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE

# DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

## ACTIVE LICENSE

EFFECTIVE DATE: 01/24/2019

EXPIRATION DATE: 09/30/2021

ISSUED TO: **Safe Chain Solutions, LLC. dba SC Wholesale**
**1812 W Sunset Blvd Ste 34**
**Saint George UT 84770**

THE GREAT SEAL OF THE STATE OF UTAH
INDUSTRY
1847
1896

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

**11126931-1710** **Pharmacy - Class C**

**Wholesaler**
**Distributor**

SIGNATURE OF HOLDER

SafeChain Solutions

**SAFE CHAIN SOLUTIONS**

**OFFICER INFORMATION**

**Charles Boyd – President**
Calves Acre Lane
Easton, MD 21601
com
**SSN**
**D(**
*50% Ownership*

**Patrick Boyd – Managing Partner**
Waverly Road
Easton, MD 21601
.com
**SSN**
**DOB**
*50% Ownership*

# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAFE CHAIN SOLUTIONS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF AUGUST, A.D. 2020.

Jeffrey W. Bullock, Secretary of State

4848635 8300

SR# 20206969053

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

Authentication: 203552687

Date: 08-31-20

# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAFE CHAIN SOLUTIONS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAFE CHAIN SOLUTIONS LLC" WAS FORMED ON THE FIFTEENTH DAY OF JULY, A.D. 2010.

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

Jeffrey W. Bullock, Secretary of State

4848635 8300

SR# 20197476877

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

Authentication: 203867324

Date: 10-25-19

# RENEWAL VERIFICATION CERTIFICATE

This is to certify that Bond No. LPM7644231 issued by FIDELITY AND DEPOSIT COMPANY OF MARYLAND, written on behalf of Safe Chain Solutions, LLC as Principal, in favor of Nevada State Board of Pharmacy, as Obligee, the amount of $100,000, covers an indefinite term which began on March 26, 2015, and ends with the cancellation of said bond; that said bond is now in full force and effect and will continue in full force and effect until cancelled.

Anniversary Premium Period: March 26, 2020 through March 26, 2021

Signed, sealed and dated this 11 day of January, 2020.

**FIDELITY AND DEPOSIT COMPANY OF MARYLAND**

By: Laura Scholze

Laura Scholze, Attorney-in-Fact

LPM7644231
Bond Number

Nevada State Board of Pharmacy
Obligee

**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 Laura Scholze, 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 11th day of January, A.D. 2020.

**ATTEST:**
**ZURICH AMERICAN INSURANCE COMPANY**
**COLONIAL AMERICAN CASUALTY AND SURETY COMPANY**
**FIDELITY AND DEPOSIT COMPANY OF MARYLAND**

*By: Robert D. Murray*
*Vice President*

*By: Dawn E. Brown*
*Secretary*

**State of Maryland**
**County of Baltimore**

On this 11th day of January, A.D. 2020, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, 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.

Constance A. Dunn
Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2023

## EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify 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 11th day of January, 2020.




Brian M. Hodges

By: Brian M. Hodges
Vice President

**TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:**

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsfclaims@zurichna.com
800-626-4577

SafeChain Solutions

Safe Chain Solutions, LLC dab SC Wholesale

1812 W Sunset Blvd. Suite 34

St. George, UT 84770

Employee List:

Jon Bennett, Designated Representative

Collin Christensen, Warehouse Manager

# *STATE OF MARYLAND*
## *Department of Assessments and Taxation*

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES , OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SAFE CHAIN SOLUTIONS LLC (Z14124358) , REGISTERED MAY 19, 2011, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF DELAWARE, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 24, 2019.

Michael L. Higgs
Director

*301 West Preston Street, Baltimore, Maryland 21201*
*Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941*
*MRS (Maryland Relay Service) (800) 735-2258 TT/Voice*

Online Certificate Authentication Code: W45orfM2dEmCiKBJqa2PmA
To verify the Authentication Code, visit http://dat.maryland.gov/verify

# *STATE OF MARYLAND*
## *Department of Assessments and Taxation*

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES , OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SAFE CHAIN SOLUTIONS LLC (Z14124358) , REGISTERED MAY 19, 2011, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF DELAWARE, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 27, 2020.

Michael L. Higgs
Director

*301 West Preston Street, Baltimore, Maryland 21201*
*Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941*
*MRS (Maryland Relay Service) (800) 735-2258 TT/Voice*

Online Certificate Authentication Code: m9Ks1tAcb0Ct23MKV6dl_A
To verify the Authentication Code, visit http://dat.maryland.gov/verify

# RENEWAL VERIFICATION CERTIFICATE

This is to certify that Bond No. LPM7644231 issued by FIDELITY AND DEPOSIT COMPANY OF MARYLAND, written on behalf of Safe Chain Solutions, LLC as Principal, in favor of Nevada State Board of Pharmacy, as Obligee, the amount of $100,000, covers an indefinite term which began on March 26, 2015, and ends with the cancellation of said bond; that said bond is now in full force and effect and will continue in full force and effect until cancelled.

Anniversary Premium Period: March 26, 2019 through March 26, 2020

Signed, sealed and dated this 31 day of July, 2019.

FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Laura Scholze
Laura Scholze, Attorney-in-Fact

**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 Maryland, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Maryland (herein collectively called the "Companies"), by **GERALD F. HALEY, 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 **Thomas A. WHIPPLE, Douglas J. DIXON and Laura SCHOLZE, all of Timonium, Maryland, EACH** its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings,** and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND,** this 8th day of December, A.D. 2014.

**ATTEST:**

**ZURICH AMERICAN INSURANCE COMPANY**
**COLONIAL AMERICAN CASUALTY AND SURETY COMPANY**
**FIDELITY AND DEPOSIT COMPANY OF MARYLAND**

By: _____

*Secretary*
*Michael McKibben*

_____

*Vice President*
*Gerald F. Haley*

State of Maryland
County of Baltimore

On this 8th day of December, A.D. 2014, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **GERALD F. HALEY, Vice President, and MICHAEL MCKIBBEN, 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.

_____

Constance A. Dunn, Notary Public
My Commission Expires: July 14, 2015

# 4YY

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR NEVADA PHARMACY 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 Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH_____

Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b
☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b
☐ Partnership - Pages 1,2,6,10,11a&b
☐ Sole Owner – Pages 1,2,8,10,11a&b

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Renown Regional Medical Center dba Renown Pharmacy

Physical Address: 75 Pringle Way

City: Reno State: Zip Code: 89502 Telephone: 775-982-7737

Fax: 775-982-7738 Toll Free Number: n/a

E-mail: john.gagliardi@renown.org

Website: _____

Managing Pharmacist: John Gagliardi License Number: 6199

**TYPE OF PHARMACY AND SERVICES PROVIDED**

| Yes/No | TYPE OF PHARMACY | Yes/No | SERVICES PROVIDED |
|---|---|---|---|
| ☒ | ☐ Retail | ☐ | ☒ Off-site Cognitive Services |
| ☐ | ☒ Hospital (# beds_____) | ☐ | ☒ Parenteral |
| ☐ | ☒ Internet | ☐ | ☒ Parenteral (outpatient) |
| ☐ | ☒ Nuclear | ☒ | ☐ Outpatient/Discharge |
| ☐ | ☒ Ambulatory Surgery Center | ☒ | ☐ Mail Service |
| ☒ | ☐ Community | ☐ | ☒ Long Term Care |
| ☐ | ☒ Other: _____ | ☐ | ☒ Sterile Compounding |
| | | ☒ | ☐ Non Sterile Compounding |
| | All boxes must be checked | ☐ | ☒ Mail Service Sterile Compounding |
| | For the application to be complete | ☐ | ☒ Other Services: _____ |

Retail location

## APPLICATION FOR NEVADA PHARMACY LICENSE

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, site 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.

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 pharmacy 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.

P H

Original Signature of Person Authorized to Submit Application, no copies or stamps

Paul Harris, Chief Legal Officer

Print Name of Authorized Person

8/27/20

Date

**Board Use Only** Date Processed:_____ Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation: Nevada

Parent Company if any: Renown Health

Mailing Address: W. Liberty

City: Reno State: NV Zip: 89502

Telephone: 775-982-5722 Fax: 775-982-4742

Contact Person: Paul Harris, Chief Legal Officer

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A
Name Business Address

b) N/A
Name Business Address

c) N/A
Name Business Address

d) N/A
Name Business Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

**Hours of Operation for the pharmacy:**

Monday thru Friday 8 am 5:30 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Paul Harris

Responsible Person of Renown Regional Medical Center dba Renown Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Paul Harris, Chief Legal Officer
Print Name of Authorized Person

8/27/20
Date

## Managing Pharmacist

Pharmacist Name: John Gagliardi License #: 6199

Pharmacy Name: Renown Pharmacy, 75 Pringle Way

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

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 the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

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.

| | 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 above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

## PHARMACY MANAGER'S RESPONSIBILITIES
## (PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature

8-26-2020
Date

List of Officers and Directors

| Last | First | Position |
|---|---|---|
| Cooney | Kimberly | Secretary/Director |
| Dermody | Tammy | Director |
| Deveny | (Thomas) Cliff | Director |
| Devia | Alvaro | Director |
| DeVolld | James | Chair/Director |
| Fennell | Harvey | Director |
| Johnson | Steve | Director |
| Knobel | Mark | Director |
| Kramer | Adam | Vice Chair/Director |
| Matteoni | Christi | Director |
| McKenzie | Todd | Treasurer/Director |
| Mora | Marc | Director |
| Olsen | Joanne | Director |
| Peterson | Michael | Director |
| Resnik | Jeff | Director |
| Slonim | Anthony | President/Director |
| Smith | Blake | Director |

SECRETARY OF STATE

STATE OF NEVADA

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, 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, corporation soles, 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 following is a list of all organizational documents on file in this office for

RENOWN REGIONAL MEDICAL CENTER

| Organizational Documents on File | Filing Date |
|---|---|

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, RENOWN REGIONAL MEDICAL CENTER, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 07/29/1985, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/24/2020

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202008241026217
You may verify this certificate online at http://www.nvsos.gov

# APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada



Date 8-26-2020

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for RETAIL PHARMACY
Nature of Pharmacy or Wholesaler

RENOWN PHARMACY 75 PRINGLE WAY - RENO, NV 89502
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It is Now Operated

### 1. PERSONAL INFORMATION:

Last Name GAGLIARDI | First Name JOHN | Middle Name MICHAEL
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] GLEN EAGLES DR. | RENO | NV | 89523
Present Residence Address-Street or RFD | City | State/Zip

[redacted] LOCUST ST. | Dates 5/2011 - PRESENT | RENO, NV 89502
Present Business Address | City | State/Zip

RETAIL PHARMACY SUPERVISOR | Dates 5/2011 - PRESENT
Present Position with the Pharmacy or Wholesaler

Phone: Residence [redacted]

[redacted] | GRASSVALLEY, NEVADA, CALIFORNIA | Business 775-982-5281
Date of Birth | Place of Birth (City, County, State)

69 | [redacted] | M
Age | Social Security Number or ITIN | Sex

HAZEL | BLACK | OLIVE | 245 | STOCKY | 5'10"
Color of Eyes | Color of Hair | Complexion | Weight | Build | Height

Scars, tattoos or distinguishing marks and/or characteristics NONE

Are you a citizen of the United States? (Yes) → No → If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single → (Married) → Separated → Divorced → Widowed → Engaged →

Applicant's initial _____

A. **Current Marriage** DECEMBER 15, 1973 NEVADA CITY, NEVADA, CALIF.
Date City, County and State

Spouse's full name (Maiden) ANN ERNESTINA SHAHANK SS# or ITIN [redacted]

Date of Birth [redacted] Place of Birth BERKELEY, CA

Resident address [redacted] GLEN EAGLES DR. RENO, NV 89523
Street City State Zip

Telephone: Residence [redacted] Business N/A

Spouse's employer N/A Occupation RETIRED

Address of employer
Street City State Zip

B. **Previous Marriages**: If ever legally separated, divorced, or annulled, indicate below:

| Name of Spouse | Date of Order or Decree | Date of Place of Marriage | Nature of Action | City County and State |
|---|---|---|---|---|
| N/A | | | | |
| | | | | |
| | | | | |

List of names, current address and telephone numbers of previous spouses:

| Name | Street | City | State | Zip | Telephone |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

**3. FAMILY INFORMATION:**

**A. Children and Dependents**:

List all children, including step-children and adopted children and give the following information:

| Name | Birth Date | Birth Place | Residence Address |
|---|---|---|---|
| CHRISTINA M. SCHETTLER | [redacted] | LAS VEGAS, NV | [redacted] WHITNEY OAKS, LA RENO, NV 89523 |
| ERICA L. ORME | [redacted] | SACRAMENTO, CA | [redacted] PEAVINE CREEK R NV 89523 |
| John M. GAGLIARDI, II | [redacted] | GRASS VALLEY, CA | [redacted] PROVENCE CT. RENO, NV 89523 |

**B. Child Support Information:**

Please mark the appropriate response:

X I am not subject to a court order for the support of child.

- I am subject to a court order for the support of one or more children and 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; or

- I am subject to a court order for the support of one or more children and NOT in compliance with the order or 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.

Applicant's initial [signature]

District attorney or public agency responsible for enforcing the child support order:

Name

Address

Contact person

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

| | Name (Maiden) | Birth Date | Address | Occupation |
|---|---|---|---|---|
| Father | ARTHUR J. GAGLIARDI | [redacted] | ALEXANDER ST. NEVADA CITY, CA | DECEASED |
| Mother | INEZ M. AUSTI | [redacted] | SAME | DECEASED |
| Father-in-Law | ALVIN B. SPARHAWK | [redacted] | 15528 RIDGE ROAD NEVADA CITY, CA | DECEASED |
| Mother-in-Law | ALIDA D. OLDENBOURG | [redacted] | SAME | DECEASED |

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

| | Name (Maiden) | Birth Date | Address | Occupation |
|---|---|---|---|---|
| | ROBERT J. GAGLIARDI | [redacted] | MORRISTOWN RD MODESTO, CA 95356 | RETIRED |
| Spouse | CAROLANN CANTANZARO | [redacted] | SAME | RETIRED |
| | JANIS M. GAGLIARDI | [redacted] | HUNTER GLEN DR. RENO, NV 89523 | RETIRED |
| Spouse | DOUGLAS P. PEACOCK | [redacted] | SAME | RETIRED |
| | JOSEPH P. GAGLIARDI | [redacted] | SUTTER ST FOLSOM, CA 95630 | ADMINISTRATOR |
| Spouse | MAUREEN FLYNN GAGLIARDI | [redacted] | SAME | TEACHER |
| Spouse | | | | |

**4. EDUCATION:**

| | Name of School | Location | Dates Attended | Graduate |
|---|---|---|---|---|
| Grammar School | NEVADA CITY ELEMENTARY | NEVADA CITY, CA | 1956-1965 | (Yes) No |
| High School | NEVADA UNION HIGH SCHOOL | GRASS VALLEY, CA | 1965-1969 | (Yes) No |
| College University | IDAHO STATE UNIVERSITY | POCATELLO, ID. | 1969-1971 | Yes (No) |
| Other | UNIVERSITY OF UTAH | SALT LAKE CITY, UT | 1971-1974 | (Yes) No |

Type of degree obtained, if any BS PHARMACY

College or university where obtained UNIVERSITY OF UTAH

Applicant's initial

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes → (No) →

Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes → No → If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? (Yes) → No →

County NEVADA State CA Date registered 12/1966

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes → (No) → If yes, give details in space provided below. List all cases without exception.

| Date of Arrest | Age | Charge | Location-City and State | Deposition/Date | Arresting Agency |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes → (No) → If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes → (No) →

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes → (No) →

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes → (No) →

F Have you ever had a civil or criminal record expunged or sealed by a court order? Yes → (No) →
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes → (No) →
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes → (No) →
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

| Name | Relationship | Charge | Location | Date |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

Applicant's initial_____

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes — No — (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

| Plaintiff/Defendant or Claimant/Respondent | Date Filed | Court and Case Number | City, County and State | Disposition/Date |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes — No — If yes, complete the following:

| Name of Entity | Type of Entity | Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy |
|---|---|---|
| | | |
| | | |
| | | |

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

| Month and Year (From-To) | Street and Number | City | State or County |
|---|---|---|---|
| 6/2005-PRESENT | [redacted] GLENEAGLES DR | RENO | NV |
| 6/2004-6/2005 | 2 MTNS. VISTA DR. | RENO, | NV |
| 6/2003-6/2004 | 2 MTN VISTA DR | RENO, | NV |
| 6/2001-6/2003 | 2 MORGAN RANCH ESTATES | GRASS VALLEY | CA |
| 8/1995-6/2001 | 10747 BANNER LAVA CAP | NEVADA CITY | CA |

Applicant's initial _____

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

5/2011 – | RENO PHARMACY - 21 LOCUST ST. - RENO 89502 | 18000+
Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours

RETAIL PHARMACY SUPERVISOR | | ADAM PORATH
Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours

Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours

Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours

Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours

Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours

Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours

Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours

Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours

Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours

Title | Description of Duties | Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

| Name of Where Employed | Street | City | State | Zip | Telephone | Years Known |
|---|---|---|---|---|---|---|
| Name RON DARBY | Home GLEN EAGLES DR. | RENO, | NV | 89523 | | 15 |
| Employer RETIRED | Business | | | | | |
| Name LEIGHTON BRUMBLE | Home S. McCARRAN BLVD | RENO, | NV | 89502 | | 5 |
| Employer RETIRED | Business | | | | | |
| Name SUSAN ORME | Home STUDY CT. | TROUTDALE, | OR | 97060 | | 17 |
| Employer RETIRED | Business | | | | | |
| Name JOHN GALLEGOS | Home BROOKDALE CT. | ALBUQUERQUE, | N | 87113 | | 50 |
| Employer RETIRED | Business | | | | | |
| Name PATTI SPENCER | Home CHAPEL ST. | GRASS VALLEY, | CA | 95945 | | |
| Employer RETIRED | Business | | | | | |

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

| | | | | |
|---|---|---|---|---|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |

Yes — (No)

If yes, state type, where and years held

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? (Yes) — No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

GAGLIARDI'S PHARMACY 715 ZION ST NEVADA CITY, CA 3/81-3/1997

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes — (No)

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes — (No)

If yes to the above, state where, when and for what reason:

Applicant's initial _____

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

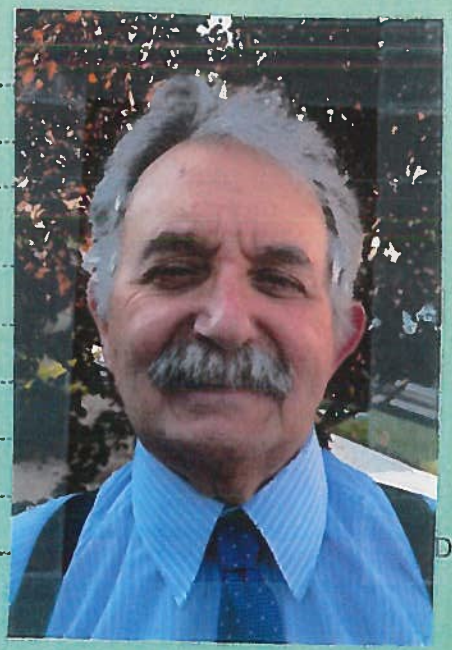
17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes No



ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph 8-26-2020

Applicant's initial

ss.

COUNTY OF Washoe

I, JOHN MICHAEL GAGLIARDI, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

John Michael Gagliardi
Original Signature of Applicant

Subscribed and Sworn to before me this 27th day of August, 2020

Suzanne M. Peters
Notary Public

SUZANNE MARIE PETERS
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 18-3422-2
MY APPT. EXPIRES JULY 06, 2022

(seal)

Applicant's initial JMG

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Applicant's initial

# 4ZZ

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR NEVADA PHARMACY 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 Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH_____

Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b

☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b

☐ Partnership - Pages 1,2,6,10,11a&b

☐ Sole Owner – Pages 1,2,8,10,11a&b

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Affordable Excellence Surgery Center

Physical Address: 6120 S. Fort Apache Rd, Ste. 200

City: Las Vegas NV State: Zip Code: 89148 Telephone: 702 948 8894

Fax: 702-948-8956 Toll Free Number: _____

E-mail: MikeC@215sc.com

Website: _____

Managing Pharmacist: Mary Grear License Number: 10687

**TYPE OF PHARMACY AND SERVICES PROVIDED**

| Yes/No | TYPE OF PHARMACY | Yes/No | SERVICES PROVIDED |
|---|---|---|---|
| ☐ | ☐ Retail | ☐ | ☐ Off-site Cognitive Services |
| ☐ | ☐ Hospital (# beds_____) | ☒ | ☐ Parenteral |
| ☐ | ☐ Internet | ☐ | ☐ Parenteral (outpatient) |
| ☐ | ☐ Nuclear | ☐ | ☐ Outpatient/Discharge |
| ☒ | ☐ Ambulatory Surgery Center | ☐ | ☐ Mail Service |
| ☐ | ☐ Community | ☐ | ☐ Long Term Care |
| ☐ | ☐ Other: _____ | ☐ | ☐ Sterile Compounding |
| | | ☐ | ☐ Non Sterile Compounding |
| | All boxes must be checked | ☐ | ☐ Mail Service Sterile Compounding |
| | For the application to be complete | ☐ | ☐ Other Services: _____ |

## APPLICATION FOR NEVADA PHARMACY LICENSE

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, site 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.

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 pharmacy 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.

MAChesek

Original Signature of Person Authorized to Submit Application, no copies or stamps

Mike Chesek

Print Name of Authorized Person

7/29/20

Date

| **Board Use Only** | Date Processed:_____ | Amount: 500.00 |
|---|---|---|

APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation: Nevada

Parent Company if any: _____

Mailing Address: 6120 S. Fort Apache Rd, Ste. 200

City: Las Vegas State: NV Zip: 89148

Telephone: 702-948-8894 Fax: 702-948-8956

Contact Person: Mike Chesek

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Jeremy Lipshutz (Name) 6120 S. Fort Apache Rd, Ste 100 Las Vegas NV 89148 (Business Address)

C51780

b) _____ (Name) _____ (Business Address)

c) _____ (Name) _____ (Business Address)

d) _____ (Name) _____ (Business Address)

2) Provide the number of shares issued by the corporation. 1

3) What was the price paid per share? ~~0~~

List any physician shareholders and percentage of ownership.

Name: Jeremy Lipshutz %: 100

Name: _____ %: _____

**Hours of Operation for the pharmacy:**

~~Monday thru Friday~~ Thursday 8 am 5 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20281694749

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Jeremy Lipshutz

Responsible Person of Affordable Excellence Surgery Center

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Jeremy Lipshutz
Print Name of Authorized Person

7/29/20
Date

## Managing Pharmacist

Pharmacist Name: Mary Grear, RPh License #: 10687

Pharmacy Name: Affordable Excellence Surgery Cente

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

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 the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

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.

| | 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 above, please include the following information

Board Administrative Action: State: NV Date: 2002 Case #: 02-036-RPH

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

## PHARMACY MANAGER'S RESPONSIBILITIES
## (PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Mary Green, RPh
Signature

7/29/2020
Date

# APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
## for a Pharmacy or Wholesaler located in Nevada

Date 8/9/20

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Ambulatory Surgery Center
Nature of Pharmacy or Wholesaler

Affordable Excellence Surgery Center 6120 S Fort Apache Rd, Ste 200 Las Vegas NV 89148
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name Lipshutz | First Name Jeremy | Middle Name Marc

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] Candlestick Ave | Henderson | NV 89052
Present Residence Address-Street or RFD | City | State/Zip

Dates 9/2015 - present

Present Business Address 6120 S. Fort Apache Rd #200 | City Las Vegas, NV | State/Zip 89148

Dates 2014 - present

Present Position with the Pharmacy or Wholesaler
Medical Director - Surgery Center

Phone:
Residence .
Business 702-948-8894

Date of Birth | Place of Birth (City, County, State)
Boston, Suffolk, MA

Age 47 | Social Security Number | Sex Male

| Color of Eyes | Color of Hair | Complexion | Weight | Build | Height |
|---|---|---|---|---|---|
| Hazel | Brown | White | 450lbs | Heavy | 6'0" |

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No N/A Date

Place (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial

MARITAL INFORMATION-Continued

A. **Current Marriage** 11/12/2000 (Date) Novi, Oakland MI (City, County and State)

Spouse's full name (Maiden) Renee Debra (Miller) Lipshutz Nc

Date of Birth ... Place of Birth Southfield, MI

Resident addre ... Candlestick Ave (Street) Henderson (City) NV (State) 89052 (Zip)

Telephone: Reside... ... Business 702-250-8266

Spouse's employer Lipshutz+Hills Medical Group, LLP Occupation Marketing

Address of employer 6120 S. Fort Apache Rd #100 (Street) Las Vegas (City) NV (State) 89148 (Zip)

**B. Previous Marriages**: If ever legally separated, divorced, or annulled, indicate below:

| Name of Spouse | Date of Order or Decree | Date of Place of Marriage | Nature of Action | City County and State |
|---|---|---|---|---|
| N/A | | | | |

List of names, current address and telephone numbers of previous spouses:

| Name | Street | City | State | Zip | Telephone |
|---|---|---|---|---|---|
| N/A | | | | | |

**3. FAMILY INFORMATION:**

**A. Children and Dependents**:

List all children, including step-children and adopted children and give the following information:

| Name | Birth Date | Birth Place | Residence Address |
|---|---|---|---|
| Parker Lipshutz | | Royal Oak, MI | Candlestick Ave Henderson, NV 89052 |
| Maxwell Lipshutz | | Cleveland, OH | " |
| Ryder Lipshutz | | Commerce Twp, MI | " |

**B. Child Support Information:**

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and 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; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or 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.

Applicant's initial .....

**FAMILY INFORMATION**-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address

Contact person

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

| | Name (Maiden) | Birth Date | Address | Occupation |
|---|---|---|---|---|
| Father | Nelson Lipshutz | | Radcliff Rd, Waban, MA 02468 | Consultant |
| Mother | Sallee (Horhovitz) Lipshutz | | " | Exec'tv'p |
| Father-in-Law | Stuart Fishman | | Mountain City St, Henderson, NV 89052 | Retired |
| Mother-in-Law | Dena (Gorsoff) Fishman | | " | Retired |

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

| | Name (Maiden) | Birth Date | Address | Occupation |
|---|---|---|---|---|
| | Abigail (Lipshutz) Schildcrout | | LaSalle, Huntington Woods, MI | Physician |
| Spouse | Douglas Schildcrout | | LaSalle " 48070 | Engineer |
| | Rebeca (Lipshutz) Peak | | Adams St, Westborough, MA | Physician |
| Spouse | Brian Peak | | " 01581 | Entrepreneur |
| Spouse | | | | |
| Spouse | | | | |

**4. EDUCATION:**

| | Name of School | Location | Dates Attended | Graduate |
|---|---|---|---|---|
| Grammar School | Ainger Elementary | Waban, MA | 1980-1985 | Yes ☒ No ☐ |
| High School | Newton South High School | Newton MA | 1987-1991 | Yes ☒ No ☐ |
| College | Grinnell College | Grinnell, IA | 1991-1995 | |
| University | Johns Hopkins U. Public Health. | Baltimore, MD | 1996-1998 | Yes ☒ No ☐ |
| | Wayne State U. School of Medicine | Detroit, MI | 1998-2003 | |
| Other | UNLV-William S. Boyd School of Law | Las Vegas, NV | 2015-2019 | Yes ☒ No ☐ |

Type of degree obtained, if any MD, JD, MHS

College or university where obtained Wayne State U. SOM, UNLV-Boyd School of Law, Johns Hopkins U

Applicant's initial

**5 MILITARY INFORMATION:**

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch N/A Date of entry-active service .....

Date of separation ..... Type of discharge .....

Rating at separation ..... Serial number .....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☒ No ☐

County Middlesex State MA Date registered 1991

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

| Date of Arrest | Age | Charge | Location-City and State | Deposition/Date | Arresting Agency |
|---|---|---|---|---|---|
| N/A | | | | | |
| | | | | | |
| | | | | | |

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? N/A city, county and state .....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? N/A city, county and state .....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

| Name | Relationship | Charge | Location | Date |
|---|---|---|---|---|
| N/A | | | | |
| | | | | |
| | | | | |

Applicant's initial .....

**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS**-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☒ No ☐ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

| Plaintiff/Defendant or Claimant/Respondent | Date Filed | Court and Case Number | City, County and State | Disposition/Date |
|---|---|---|---|---|
| Defendant | 8/31/2015 | Eighth Judicial District Ct-NV A-14-701103-B | Las Vegas, Clark, NV | Dismissed with Prejudice 7/12/20 |
| Defendant | Under Seal | US District Ct - NV 2:19-CV-1879-JCM-VCF | Las Vegas, Clark, NV | Pending |

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☒ No ☐ If yes, complete the following:

| Name of Entity | Type of Entity | Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy |
|---|---|---|
| Bardar Enterprises, LLC-series I | LLC-Corporation | 2015 |
| Lipshutz+Wills Medical Group LLP | LLP-Partnership | 2019 |
| Jeremy M. Lipshutz, MD, Ltd | S-Corporation | 2019 |

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

| Month and Year (From-To) | Street and Number | City | State or County |
|---|---|---|---|
| 9/2015 – present | 2284 Candlestick Ave | Henderson | NV |
| 11/2011 – 9/2015 | 502 Beneficial Pl | Henderson | NV |
| 2/2010 – 11/2011 | 1355 Quiet River Ave | Henderson | NV |
| 3/2009 – 2/2010 | 1363 Quiet River Ave | Henderson | NV |
| 9/2005 – 3/2009 | West Bloomfield Oaks, Dr | West Bloomfield | MI |
| 6/2003 – 9/2005 | Fenwick Rd | University Hts | OH |
| 6/1999 – 6/2003 | Main St | Royal Oak | MI |
| 6/1998 – 6/1999 | | Troy | MI |
| 3/1980 – 6/1999 | 24 Radcliff Rd | Newton (Waban) | MA |

Applicant's initial .....

## 8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
|---|---|---|
| 11/2011 - present | Lipshutz+Wills Medical Group,LLP 6120S. Fort | 1700 |
| **Title** | **Description of Duties** | **Name of Supervisor** |
| Physician | Medical Practice as a doctor | Self |

| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
|---|---|---|
| | | |
| **Title** | **Description of Duties** | **Name of Supervisor** |
| | | |

| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
|---|---|---|
| | | |
| **Title** | **Description of Duties** | **Name of Supervisor** |
| | | |

| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
|---|---|---|
| | | |
| **Title** | **Description of Duties** | **Name of Supervisor** |
| | | |

| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
|---|---|---|
| | | |
| **Title** | **Description of Duties** | **Name of Supervisor** |
| | | |

| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
|---|---|---|
| | | |
| **Title** | **Description of Duties** | **Name of Supervisor** |
| | | |

| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
|---|---|---|
| | | |
| **Title** | **Description of Duties** | **Name of Supervisor** |
| | | |

| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
|---|---|---|
| | | |
| **Title** | **Description of Duties** | **Name of Supervisor** |
| | | |

| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
|---|---|---|
| | | |
| **Title** | **Description of Duties** | **Name of Supervisor** |
| | | |

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial .....

**9. CHARACTER REFERENCES:**

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

| Name of Where Employed | Street | City | State | Zip | Telephone | Years Known |
|---|---|---|---|---|---|---|
| Name Scott Averbach | Ho | RiverSpey | Henderson, NV | 89012 | | 11 |
| Employer | Business | | | | | |
| Name Lisa Averbach | Ho | RiverSpey | Henderson, NV | 89012 | | 11 |
| Employer | Business | | | | | |
| Name Rajiv KhamanKar | Home | | | | | 5 |
| Employer | Business | | | | | |
| Name Allen Gessen | Home | | | | | 30 |
| Employer | Business | | | | | |
| Name Stephanie Lerner | Home | | | | | 10 |
| Employer | Business | | | | | |

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor, Lawyer, Race horse/race dog owner, Securities dealer, Insurance
Doctor, Contractor, Real estate broker or salesman, Barber/Cosmetologist, Gaming
Accountant, Pilot, Sports promoter, Trainer or manager, Educator

Yes ☒ No ☐

If yes, state type, where and years held

Medical License MI 2005-present; Medical License NV 2009-present; Lawyer, State Bar of Nevada 2019 - present

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

N/A

Applicant's initial

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

N/A

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Surgery Center Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Surgery Center Owner/Medical Director Yes ☐ No ☒

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Sometimes - will not always be present when open. Yes ☒ No ☐



Date of photograph 8/19/20

Applicant's initial

STATE OF Nevada
ss.
COUNTY OF Clark

I, Jeremy Lipshutz, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 14 day of August, 2020

Notary Public

(seal)

MINDY GARCIA-PRECIADO
Notary Public, State of Nevada
Appointment No. 17-3910-1
My Appt. Expires Sept. 26, 2021

Applicant's initial

SECRETARY OF STATE

STATE OF NEVADA

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, 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, **Affordable Excellence Surgery Center, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 01/20/2020, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/31/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200731968684
You may verify this certificate online at http://www.nvsos.gov

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

# Initial List and State Business License Application

## Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

**Affordable Excellence Surgery Center, LLC**

NAME OF ENTITY

**TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT**

***IMPORTANT:*** *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☐ Corporation

☐ This corporation is publicly traded, the Central Index Key number is:

| Filed in the Office of | Business Number |
|---|---|
| Barbara K. Cegavske | E4272552020-4 |
| | Filing Number |
| | 20200427256 |
| Secretary of State | Filed On |
| State Of Nevada | 01/20/2020 12:49:50 PM |
| | 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 and exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption Code 002

**For nonprofit entities formed under NRS Chapter 81:** entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

**For nonprofit entities formed under NRS Chapter 82 and 80:** **Charitable Solicitation Information - check applicable box**

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required

☐ Yes - the "Charitable Solicitation Registration Statement" is required.

☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

**"Failure to include the required statement form will result in rejection of the filing and could result in late fees."**

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(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 MANAGING MEMBER:

| Name | Country |
|---|---|
| Jeremy M. Lipshutz, MD, Ltd. | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 6120 South Fort Apache Road, Suite 200 | Las Vegas | NV | 89148 |

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 Jeremy M. Lipshutz, MD, Ltd.
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Managing Member
Title

01/17/2020
Date

# 4AAA

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR NEVADA PHARMACY 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 Pharmacy or ☐Ownership Change (Provide current license number if making changes: PH_____
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b
☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b
☐ Partnership - Pages 1,2,6,10,11a&b
☐ Sole Owner – Pages 1,2,8,10,11a&b

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Desert Orthopaedic Pain Center

Physical Address: 8205 West Warm Springs Rd. #130 Las Vegas

City: Las Vegas State: NV Zip Code: 89113 Telephone: _____

Fax: 702.735.7921 Toll Free Number: 702.735.7358

E-mail: ernie.elliott@doclv.com

Website: _____

Managing Pharmacist: Mary Grear License Number: 10687

**TYPE OF PHARMACY AND SERVICES PROVIDED**

| Yes/No | TYPE OF PHARMACY | Yes/No | SERVICES PROVIDED |
|---|---|---|---|
| ☐ ☑ | Retail | ☐ ☑ | Off-site Cognitive Services |
| ☐ ☑ | Hospital (# beds_____) | ☒ ☑ | Parenteral |
| ☐ ☑ | Internet | ☐ ☑ | Parenteral (outpatient) |
| ☐ ☑ | Nuclear | ☐ ☑ | Outpatient/Discharge |
| ☑ ☐ | Ambulatory Surgery Center | ☐ ☑ | Mail Service |
| ☐ ☑ | Community | ☐ ☑ | Long Term Care |
| ☐ ☑ | Other: _____ | ☐ ☑ | Sterile Compounding |
| | | ☐ ☑ | Non Sterile Compounding |
| | All boxes must be checked | ☐ ☑ | Mail Service Sterile Compounding |
| | For the application to be complete | ☐ ☑ | Other Services: _____ |

## APPLICATION FOR NEVADA PHARMACY LICENSE

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Ernie Elliott
Print Name of Authorized Person

2/20/2020
Date

**Board Use Only** Date Processed:_____ Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.**

Type of Partnership: General_____ Limited X

List names of 4 largest partners and percentage of ownership:

Name: Troy Watson %: 5.11

Name: Michael Miao %: 5.11

Name: Andrew Kim %: 5.11

Name: Paramvir Kang %: 5.11

Partnership Name: Institute of Orthopaedic Surgery LLC

Mailing Addres 5. Desert Inn Rd.

City, State Zip Code: Las Vegas NV 89121

Telephone Nui _____ Fax Number: 702.735.7921

Contact Person: Evie Elliott

List any physician shareholders and percentage of ownership.

Name: Troy Watson %: 5.11

Name: Michael Miao %: 5.11

Name: Andrew Kim %: 5.11

**Hours of Operation for the pharmacy:**

Monday thru Friday 7 am 5 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Ernie Elliott

Responsible Person of Desert Orthopaedic Pain Center

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Ernie Elliott
Print Name of Authorized Person

8/20/2020
Date

## Managing Pharmacist

Pharmacist Name: Mary Grear, RPh License #: 10687

Pharmacy Name: Desert Orthopaedic Pain Center

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

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 the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

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.

| | 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 above, please include the following information

Board Administrative Action: State: NV Date: 4/2002 Case #: 02-036-RPHS

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

## PHARMACY MANAGER'S RESPONSIBILITIES
## (PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Mary Cowan, RPh
Signature

8/24/2020
Date

# APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
## for a Pharmacy or Wholesaler located in Nevada

Date 8/24/2020

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Business Pharmacy License

Desert Orthopaedic Center Pain Center, 8205 W. Warm Springs Rd. Ste #130, Las Vegas, NV 89113
Nature of Pharmacy or Wholesaler
Name and Address of Business for Which Designated Representative Is Requested

INSTITUTE OF ORTHOPAEDIC SURGERY, LLC
If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

| Miao | Michael | |
|---|---|---|
| Last Name | First Name | Middle Name |

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

| 9 Wade Hampton Trail | Henderson | NV 89052 |
|---|---|---|
| Present Residence Address-Street or RFD | City | State/Zip |

| E. Desert Inn Rd. | Las Vegas | NV 89121 |
|---|---|---|
| Present Business Address | City | State/Zip |

Dates

Present Position with the Pharmacy or Wholesaler

Phone:
Residenc
Business 702-731-1616

| Los Angeles, CA | |
|---|---|
| Date of Birth | Place of Birth (City, County, State) |

| 57 | | M |
|---|---|---|
| Age | Social Security Number or ITIN | Sex |

| Brown | Black | Tan | 210 | Broad | 5'11" |
|---|---|---|---|---|---|
| Color of Eyes | Color of Hair | Complexion | Weight | Build | Height |

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? (Yes) No If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single (Married) Separated Divorced Widowed Engaged

Applicant's initial

MARITAL INFORMATION-Continued

A. **Current Marriage** 5/18/1991 (Date) Honolulu, HI (City, County and State)

Spouse's full name (Maiden) Myra Joy Bowling SS# or IT _____

Date of Birth _____ Place of Birth Honolulu, HI

Resident addres Wade Hampton Trail (Street) Henderson (City) NV (State) 89052 (Zip)

Telephone: Residence _____ Business N/A

Spouse's employer N/A Occupation N/A

Address of employer _____ (Street) (City) (State) (Zip)

B. **Previous Marriages**: If ever legally separated, divorced, or annulled, indicate below:

| Name of Spouse | Date of Order or Decree | Date of Place of Marriage | Nature of Action | City County and State |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

List of names, current address and telephone numbers of previous spouses:

| Name | Street | City | State | Zip | Telephone |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

**3. FAMILY INFORMATION:**

**A. Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

| Name | Birth Date | Birth Place | Residence Address |
|---|---|---|---|
| Tyler | | Fontana, CA | Wade Hampton Trail Henderson, NV 89052 |
| Jared | | Las Vegas, NV | Wade Hampton Trail Henderson, NV 89052 |
| Rylan | | Henderson, NV | Wade Hampton Trail Henderson, NV 89052 |

**B. Child Support Information:**

Please mark the appropriate response:

✓ ▪ I am not subject to a court order for the support of child.

▪ I am subject to a court order for the support of one or more children and 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; or

▪ I am subject to a court order for the support of one or more children and NOT in compliance with the order or 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.

Applicant's initial _____

**FAMILY INFORMATION**-Continued

District attorney or public agency responsible for enforcing the child support order:

Name

Address

Contact person

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

| | Name (Maiden) | Birth Date | Address | Occupation |
|---|---|---|---|---|
| Deceased Father | | | | |
| Deceased Mother | | | | |
| Deceased Father-in-Law | | | | |
| Mother-in-Law | Myrna Woo Hoang Hu | | Hawane Pl Honolulu, HI | N/A |

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

| | Name (Maiden) | Birth Date | Address | Occupation |
|---|---|---|---|---|
| Spouse | Deborah Miao | | N Granada Ave Alhambra, CA 91801 | Retired |
| Spouse | | | | |
| Diana Miao | | | Brentwood Ave San Francisco, CA 94127 | Dental Hygienist |
| Spouse | Michael Eng | | | Bartending |
| Pamela Miao | | | Dormouse San Diego, CA 92129 | School Admin. |
| Spouse | | | | |

**4. EDUCATION:**

| | Name of School | Location | Dates Attended | Graduate |
|---|---|---|---|---|
| Grammar School | Delevan Drive Elementary | Los Angeles, CA | 1968-77 | Yes / No |
| High School | Flintridge Prep | Los Angeles, CA | 1977-80 | Yes / No |
| College University | Harvard University | MA | 1980-1984 | Yes / No |
| Other | University of Southern California | CA | 1986-1991 | Yes / No |

Type of degree obtained, if any Medical Doctorate

College or university where obtained University of Southern California

Applicant's initial

**5 MILITARY INFORMATION:**

A. Have you ever served in any armed forces? Yes → [No] →

Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes → No → If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? [Yes] → No →

County Los Angeles, CA State CA Date registered 1981

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes → No → If yes, give details in space provided below. List all cases without exception.

| Date of Arrest | Age | Charge | Location-City and State | Deposition/Date | Arresting Agency |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes → [No] → If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes → [No] →

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes → [No] →

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes → No →

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes → [No] →
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes → [No] →
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes → [No] →
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

| Name | Relationship | Charge | Location | Date |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

Applicant's initial _____

**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS**-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ➔ No ➔ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

| Plaintiff/Defendant or Claimant/Respondent | Date Filed | Court and Case Number | City, County and State | Disposition/Date |
|---|---|---|---|---|
| Defendant | 1998 | | Fontana, Los Angeles, CA | Settled 5/20/99 |
| Defendant | 2001 | | Fontana, Los Angeles, CA | 2002 |
| Defendant | 1998 | | Fontana, Los Angeles, CA | 2001 |
| Defendant | 1998 | | Fontana, Los Angeles, CA | Dismissed 1999 |

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ➔ No ➔ If yes, complete the following:

| Name of Entity | Type of Entity | Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

| Month and Year (From-To) | Street and Number | City | State or County | |
|---|---|---|---|---|
| 9/2001-current | Wade Hampton Trail | Henderson | NV | 89052 |
| 5/2000-9/2001 | 93 Fountain Head Circle | Henderson | NV | 89052 |
| 8/1997-5/2000 | 7426 Butterfield Pl. | Rancho Cucumunga | CA | 91730 |
| 8/1996-8/1997 | 3718 Columa Dorado Dr. #B106 | San Diego | CA | 92124 |
| 6/1991-8/1996 | 5600 Munhall Rd. | Pittsburgh | PA | 15217 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Applicant's initial _____

## 8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

| | | |
|---|---|---|
| 6/2000 | Desert Orthopaedic Center 2800 E. Desert Inn Rd. #100, Las Vegas, NV 89121 | |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| MD/Partner | Ortho Surgery/Sports Med | Michael Pendleton |
| Title | Description of Duties | Name of Supervisor |
| 8/1997-5/2000 | So. California Permanente Medical Group 9985 Sierra Ave, Fontana, CA 92335 | |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| MD | Ortho Surgery/Sports Med | David Anderson, MD |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial_____

## 9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

| Name of Where Employed | Street | City | State | Zip | Telephone | Years Known |
|---|---|---|---|---|---|---|
| Name Connie M. | Hom | . Green Valley Pkwy Henderson, NV 89074 | | | | 20 |
| Employer N/A | Business | | | | | |
| Name Jennifer Kwok | Hom | Aragon Canyon St. Las Vegas, NV 89135 | | | | 20 |
| Employer N/A | Business | | | | | |
| Name Kelly Tourek | Home | Desert Highlands Dr. Henderson, NV 89052 | | | | 10 |
| Employer N/A | Business | | | | | |
| Name Dawn Soong | Home | Newfort Isle Ct. Las Vegas, NV 89117 | | | | 18 |
| Employer N/A | Business | | | | | |
| Name Michelle Chir | Hom | /ia Savona Henderson, NV 89052 | | | | |
| Employer | Business | | | | | |

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

| | | | | |
|---|---|---|---|---|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |

Yes → No →

If yes, state type, where and years held

MD HI 2000-current

MD CA 1996-Current

MD NV 2000-current

MD PA 1991-1996

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes → No →
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes → No →

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes → No →

If yes to the above, state where, when and for what reason:

Applicant's initial _____

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes → No

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes → No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes → No

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes → No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes → No

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes → No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes → No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes → No



Date of photograph_____

Applicant's initial_____

STATE OF Nevada

ss.

COUNTY OF Clark

I, Michael Miao, MD, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 20th day of August, 2020

Notary Public

CAROL ANNE BALL
Notary Public, State of Nevada
Appointment No. 05-96747-1
My Appt. Expires Apr 25, 2021

(seal)

Applicant's initial

# APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
## for a Pharmacy or Wholesaler located in Nevada

Date 8/26/2020

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Business Pharmacy License
Nature of Pharmacy or Wholesaler

Desert Orthopaedic Center Pain Center, 8205 W. Warm Springs Rd. Ste #130, Las Vegas, NV 89113
Name and Address of Business for Which Designated Representative Is Requested

INSTITUTE OF ORTHOPAEDIC SURGERY, LLC
If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

| Kim | Andrew | B |
|---|---|---|
| Last Name | First Name | Middle Name |

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

| Plaza De Rafael | Las Vegas | NV 89102 |
|---|---|---|
| Present Residence Address-Street or RFD | City | State/Zip |
| 2800 E. Desert Inn Rd. #100 Dates | Las Vegas | NV 89121 |
| Present Business Address | City | State/Zip |

Provider Partner Dates 1/9/2017
Present Position with the Pharmacy or Wholesaler

Phone:
Residence
Business 702-731-1616

Chicago, IL
Date of Birth — Place of Birth (City, County, State)

42 — Age
Social Security Number or ITIN
Male — Sex

| Brown | Grey | Medium | 245 | | 6'1" |
|---|---|---|---|---|---|
| Color of Eyes | Color of Hair | Complexion | Weight | Build | Height |

Scars, tattoos or distinguishing marks and/or characteristics

Are you a citizen of the United States? (Yes) No If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single (Married) Separated Divorced Widowed Engaged

Applicant's initial

MARITAL INFORMATION-Continued

A. **Current Marriage** 03/26/2013
Date — City, County and State

Spouse's full name (Maiden) Glenda Docatre SS# or ITIN

Date of Birth _____ Place of Birth Chicago, IL

Resident addres Plaza De Rafael (Street) Las Vegas (City) NV (State) 89102 (Zip)

Telephone: Residenc _____ Business N/A

Spouse's employer N/A Occupation Registered Nurse

Address of employer _____ (Street) (City) (State) (Zip)

B. **Previous Marriages**: If ever legally separated, divorced, or annulled, indicate below:

| Name of Spouse | Date of Order or Decree | Date of Place of Marriage | Nature of Action | City County and State |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

List of names, current address and telephone numbers of previous spouses:

| Name | Street | City | State | Zip | Telephone |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

3. **FAMILY INFORMATION:**

A. **Children and Dependents**:

List all children, including step-children and adopted children and give the following information:

| Name | Birth Date | Birth Place | Residence Address |
|---|---|---|---|
| Elijah | | Las Vegas | Plaza De Rafael Las Vegas, NV 89102 |
| Luke | | Las Vegas | Plaza De Rafael Las Vegas, NV 89102 |

B. **Child Support Information:**

Please mark the appropriate response:

✓ ▬ I am not subject to a court order for the support of child.

▬ I am subject to a court order for the support of one or more children and 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; or

▬ I am subject to a court order for the support of one or more children and NOT in compliance with the order or 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.

Applicant's initial _____

**FAMILY INFORMATION**-Continued

District attorney or public agency responsible for enforcing the child support order:

Name

Address

Contact person

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

| | Name (Maiden) | Birth Date | Address | Occupation |
|---|---|---|---|---|
| Father | Byung Chul Kim | | N. Knox Skokie, IL 60076 | Retired |
| Mother | In Sub Kim | | N. Knox Skokie, IL 60076 | Retired |
| Father-in-Law | Roland Docatre | | Buckhorn Island Ave, Las Vegas, NV 89113 | Retired |
| Mother-in-Law | Lucy Docatre | | Buckhorn Island Ave, Las Vegas, NV 89113 | Registered Nurse |

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

| | Name (Maiden) | Birth Date | Address | Occupation |
|---|---|---|---|---|
| Spouse | Cynthia Kim | | Laflin St Chicago, IL 60607 | Teacher |
| Spouse | | | | |
| Spouse | | | | |
| Spouse | | | | |

**4. EDUCATION:**

| | Name of School | Location | Dates Attended | Graduate |
|---|---|---|---|---|
| Grammar School | Devonshire | Skokie, IL | 1985-1989 | Yes No |
| High School | Niles North | Skokie, IL | 1992-1996 | Yes No |
| College University | University of Illinois at Urbana | Champagne, IL | 1996-2000 | Yes No |
| Other | NOVA Southeastern University | Florida | 2002-2006 | Yes No |

Type of degree obtained, if any DO

College or university where obtained NOVA Southeastern University

Applicant's initial

**5 MILITARY INFORMATION:**

A. Have you ever served in any armed forces? Yes No

Branch_____Date of entry-active service_____

Date of separation_____Type of discharge_____

Rating at separation_____Serial number_____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County_____State_____Date registered_____

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

| Date of Arrest | Age | Charge | Location-City and State | Deposition/Date | Arresting Agency |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when?_____city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when?_____city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

| Name | Relationship | Charge | Location | Date |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

Applicant's initial_____

**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS**-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes No (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

| Plaintiff/Defendant or Claimant/Respondent | Date Filed | Court and Case Number | City, County and State | Disposition/Date |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes No If yes, complete the following:

| Name of Entity | Type of Entity | Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

| Month and Year (From-To) | Street and Number | City | State or County |
|---|---|---|---|
| 2015-present | Plaza De Rafael | Las Vegas | NV |
| 2013-2015 | 349 Falcons Fire | Las Vegas | NV |
| 2011-2013 | 1601 Trineo Ct | Las Vegas | NV |
| 2010-2011 | 1540 S. Centreca | Los Angeles | CA |
| 2007-2010 | 2626 North Blvd | Houston | TX |
| 2006-2007 | 9020 N. Knox | Skokie | IL |
| 2003-2006 | 9411 Evergreen Pl | Davie | FL |
| 2002-2003 | 2876 S. University Dr. | Davie | FL |
| 2000-2002 | 9020 N. Knox | Skokie | IL |
| 1996-2000 | University of Illinois Campus | Urbona | IL |
| 1980-1996 | 9020 N. Knox | Skokie | IL |

Applicant's initial K

## 8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

| | | |
|---|---|---|
| 12/2016-Present | Desert Orthopaedic Center 2800 E. Desert Inn Rd. #100, Las Vegas, NV 89121 | |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| DO/Partner | Pain Management | Michael Pendleton |
| Title | Description of Duties | Name of Supervisor |
| 10/2011-12/2016 | Southern Nevada Pain Center 6950 W. Desert Inn Rd.#110 Las Vegas, NV 89117 | |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| DO | Pain Management | |
| Title | Description of Duties | Name of Supervisor |
| 7/2010-6/2011 | UCLA, UCLA VA Campus | |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Fellow | Fellowship Training | Quyah Pham, MD |
| Title | Description of Duties | Name of Supervisor |
| 7/2007-7/2010 | University of Texas-Houston | |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Resident | Residency Training | Gerard Francsico, MD |
| Title | Description of Duties | Name of Supervisor |
| 7/2006-6/2007 | Advocate Lutheran General | |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Intern | Internship Training | Gary Soloman, MD |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial _____

## 9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

| Name of Where Employed | Street | City | State | Zip | Telephone | Years Known |
|---|---|---|---|---|---|---|
| Name Adam Boester | Hom | Sul Ross St. Houston, TX 77098 | | | | 18 |
| Employer | Business | | | | | |
| Name Mazen Hamameh | Hom | Whitefield St. Dearborn Heights, MI 48127 | | | | 18 |
| Employer Premier Pediatrics | Business | | | | | |
| Name Tom Kim | Hom | Lurking Ave Deerfield, IL 60115 | | | | 30 |
| Employer District 219 | Business | | | | | |
| Name Khuram Khan | Hom | Watercrest Circle East Parkland, FL 33076 | | | | 18 |
| Employer Prestige Anesthesia | Business | | | | | |
| Name Daniel D. Lee, MD | Hom | Hawk Ridge Dr. Las Vegas, NV 89135 | | | | 9 |
| Employer Desert Orthopaedic Center | Business | | | | | |

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

| | | | | |
|---|---|---|---|---|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |

Yes — No

If yes, state type, where and years held

NV 2011-Current
CA 2010-Current
AZ 2014-Current
TX 2008-Current

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes — No
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes — No

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes — No

If yes to the above, state where, when and for what reason:

Applicant's initial _____

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes No



Date of photograph_____

Applicant's initial_____

STATE OF Nevada

ss.

COUNTY OF Clark

I, Andrew Kim, DO, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 20th day of August 2020

Notary Public

(seal) CAROL ANNE BALL
Notary Public, State of Nevada
Appointment No. 05-96747-1
My Appt. Expires Apr 25, 2021

Applicant's initial

# APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
## for a Pharmacy or Wholesaler located in Nevada

Date 8/2/2020

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Business Pharmacy License
Nature of Pharmacy or Wholesaler

Desert Orthopaedic Center Pain Center, 8205 W. Warm Springs Rd. Ste #130, Las Vegas, NV 89113
Name and Address of Business for Which Designated Representative Is Requested

INSTITUTE OF ORTHOPAEDIC SURGERY, LLC
If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

| Kang | Parminder | S |
|---|---|---|
| Last Name | First Name | Middle Name |

Parm
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

| Enchanted View St. | Las Vegas | NV/89149 |
|---|---|---|
| Present Residence Address-Street or RFD | City | State/Zip |
| 2800 E. Desert Inn Rd. #100 Dates | Las Vegas | NV/89121 |
| Present Business Address | City | State/Zip |

Dates
Present Position with the Pharmacy or Wholesaler

Phone:
Residence

Business 702-731-1616

Date of Birth — Place of Birth (City, County, State)

41 — Age

Social Security Number or ITIN

Male — Sex

| Brown | Black | Medium | 218 | Medium | 5'10" |
|---|---|---|---|---|---|
| Color of Eyes | Color of Hair | Complexion | Weight | Build | Height |

Scars, tattoos or distinguishing marks and/or characteristics Left Chest Tatoo (Khunda)

Are you a citizen of the United States? (Yes) No If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single (Married) Separated Divorced Widowed Engaged

Applicant's initial

MARITAL INFORMATION-Continued

A. **Current Marriage** 11/30/2018 (Date) Las Vegas, Clark, NV (City, County and State)

Spouse's full name (Maiden) Tamara Vannah SS# or ITIN

Date of Birth · Place of Birth Las Vegas, NV

Resident address Enchanted View St. (Street) Las Vegas (City) NV (State) 89149 (Zip)

Telephone: Residence Business

Spouse's employer Vannah & Vannah Occupation Attorney

Address of employer 400 S. 7th St. (Street) Las Vegas (City) NV (State) 891010 (Zip)

B. **Previous Marriages**: If ever legally separated, divorced, or annulled, indicate below:

| Name of Spouse | Date of Order or Decree | Date of Place of Marriage | Nature of Action | City County and State |
|---|---|---|---|---|
| Gurpreet Singh | 12/18/2012 | Houston, TX | Divorce | Flagstaff, AZ |

List of names, current address and telephone numbers of previous spouses:

| Name | Street | City | State | Zip | Telephone |
|---|---|---|---|---|---|
| Gurpreet Singh | Deceased | | | | |

3. **FAMILY INFORMATION:**

A. **Children and Dependents**:

List all children, including step-children and adopted children and give the following information:

| Name | Birth Date | Birth Place | Residence Address |
|---|---|---|---|
| Sukhamani Kang | | Flagstaff, AZ | Enchanted View St. Las Vegas, NV 89149 |

B. **Child Support Information:**

Please mark the appropriate response:

✓ ▬ I am not subject to a court order for the support of child.

▬ I am subject to a court order for the support of one or more children and 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; or

▬ I am subject to a court order for the support of one or more children and NOT in compliance with the order or 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.

Applicant's initial

**FAMILY INFORMATION**-Continued

District attorney or public agency responsible for enforcing the child support order:

Name _____

Address _____

Contact person _____

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

| | Name (Maiden) | Birth Date | Address | Occupation |
|---|---|---|---|---|
| Father | Bolden Kang | | Emory Oak Dr. Las Vegas, NV 89138 | Retired |
| Mother | Gurmeet Ghuman | | Emory Oak Dr. Las Vegas, NV 89138 | Homemaker |
| Father-in-Law | Robert Vannah | | Congressional Court, Las Vegas, NV 89113 | Attorney |
| Mother-in-Law | Marsha Dorny | | Congressional Court, Las Vegas, NV 89113 | Homemaker |

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

| | Name (Maiden) | Birth Date | Address | Occupation |
|---|---|---|---|---|
| Spouse | Tajinder Kang | | Emory Oak Dr. Las Vegas, NV 89138 | Medical Student |
| | | | | |
| Spouse | Vimni Kang | | Corby St. Omaha, NE 68116 | Doctor |
| Spouse | Awinder Singh | | Corby St. Omaha, NE 68116 | Doctor |
| | | | | |
| Spouse | | | | |
| | | | | |
| Spouse | | | | |

**4. EDUCATION:**

| | Name of School | Location | Dates Attended | Graduate |
|---|---|---|---|---|
| Grammar School | Brinley Middle School | Las Vegas, NV | 1991-1993 | Yes / No |
| High School | Clark High School | Las Vegas, NV | 1993-1997 | Yes / No |
| College University | University of California at Berkeley | Berkeley, CA | 1997-2001 | Yes / No |
| Other | State University of New York Downstate Medical Center | Brooklyn, NY | 2001-2005 | Yes / No |

Type of degree obtained, if any Medical Doctorate

College or university where obtained State University of New York Downstate Medical Center

Applicant's initial _____

**5 MILITARY INFORMATION:**

A. Have you ever served in any armed forces? Yes No

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County Clark State Nevada Date registered 6/1997

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

| Date of Arrest | Age | Charge | Location-City and State | Deposition/Date | Arresting Agency |
|---|---|---|---|---|---|
| 11/25/2009 | 30 | Misdemeanor Assault | Houston, TX | Sealed 5/19/2011 | Houston Police Dept. |
| | | | | | |
| | | | | | |

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when? 10/21/2014 city, county and state Houston, Morris County, TX

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

| Name | Relationship | Charge | Location | Date |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

Applicant's initial _____

**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS**-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ➔ No ➔ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

| Plaintiff/Defendant or Claimant/Respondent | Date Filed | Court and Case Number | City, County and State | Disposition/Date |
|---|---|---|---|---|
| Defendant | 10/30/2018 | A-18-782012-C | Las Vegas, Clark, NV | Pending-10/1/2017 |
| | | | | |
| | | | | |

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ➔ No ➔ If yes, complete the following:

| Name of Entity | Type of Entity | Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

| Month and Year (From-To) | Street and Number | City | State or County |
|---|---|---|---|
| 8/2017-Present | Enchanted View St. | Las Vegas | NV |
| 8/2011-8/2017 | 9191 Dutch Oven Ct. | Las Vegas | NV |
| 7/2010-8/2011 | 530 North Union Blvd. Apt 201 | St. Louis | MO |
| 7/2005-7/2010 | 1330 Old Spanish Trail | Houston | TX |
| 8/2001-6/2005 | 825 New York Ave. | Brooklyn | NY |
| 8/1997-8/2001 | 2498 Piedmont Ave | Berkeley | CA |
| 6/1990-7/1997 | 4613 Stacey Ave. | Las Vegas | NV |
| | | | |
| | | | |
| | | | |
| | | | |

Applicant's initial _____

## 8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

| | | |
|---|---|---|
| May 2012 | Desert Orthopaedic Center 2800 E. Desert Inn Rd. #100, Las Vegas, NV 89121 | |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Provider/Partner | Ortho Consults/Surgery/Admin | Michael Pendleton |
| Title | Description of Duties | Name of Supervisor |
| 8/2010 | Washington University in St. Louis 6605 Euclid Ave, St. Louis, MO 63110 | |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Fellow | Specialized Training in Joint replacement | |
| Title | Description of Duties | Name of Supervisor |
| 7/2005 | Baylor College of Medicine Baylor Plaza, Houston, TX 77030 | |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Resident | Training in Orthopaedics | John Marymont |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

## 9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

| Name of Where Employed | Street | City | State | Zip | Telephone | Years Known |
|---|---|---|---|---|---|---|
| Name Jaswinder Grover | Hom | moke Ranch Rd., Las Vegas, NV 89128 | | | | 8 |
| Employer NV Spine Clinic | Business | | | | | |
| Name Ed McDougal | Home | loomington Dr. Las Vegas, NV 89134 | | | | 8 |
| Employer Smith & Nephew | Business | | | | | |
| Name Mario Daubs | Home | | | | | 8 |
| Employer | Business | | | | | |
| Name Thomas Alfreda | Home | W. Horizon Ridge Pkwy, Henderson, NV 89052 | | | | 7 |
| Employer Self-employed | Business | Primary Care Physician | | | | |
| Name Amanda Graham | Hom | ampart St. 100, Las Vegas, NV 89145 | | | | 6 |
| Employer Self | Business | Interventional Pain | | | | |

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

| | | | | |
|---|---|---|---|---|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |

Yes — No

If yes, state type, where and years held

MD Nevada-2012-present

MD MO 2010-2012

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes — No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes — No

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes — No

If yes to the above, state where, when and for what reason:

Applicant's initial _____

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes No



Date of photograph _____

Applicant's initial _____

STATE OF Nevada

ss.

COUNTY OF Clark

I, Parminder S. Kang, MD, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 20th day of August 2020

Notary Public

CAROL ANNE BALL
Notary Public, State of Nevada
Appointment No. 05-96747-1
My Appt. Expires Apr 25, 2021

(Seal)

Applicant's initial

# APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
## for a Pharmacy or Wholesaler located in Nevada

Date 8/20/2020

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Business Pharmacy License
Nature of Pharmacy or Wholesaler

Desert Orthopaedic Center Pain Center, 8205 W. Warm Springs Rd. Ste #130, Las Vegas, NV 89113
Name and Address of Business for Which Designated Representative Is Requested

Institute of Orthopaedic Surgery, LLC
If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Watson (Last Name) | Troy (First Name) | S. (Middle Name)

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Kittansett Loop (Present Residence Address-Street or RFD) | Henderson (City) | NV 89052 (State/Zip)

2800 E. Desert Inn Rd. #100 (Present Business Address) | Dates | Las Vegas (City) | NV 89121 (State/Zip)

Physician/Partner (Present Position with the Pharmacy or Wholesaler) | Dates 6/1/2000-Present

Phone: Residence 70

Business 702-731-1616

Date of Birth | Los Angeles, CA (Place of Birth (City, County, State))

54 (Age) | Social Security Number or ITIN | Male (Sex)

| Color of Eyes | Color of Hair | Complexion | Weight | Build | Height |
|---|---|---|---|---|---|
| Green | Brown | | 165 | | 5'9" |

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? [Yes] No If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single [Married] Separated Divorced Widowed Engaged

Applicant's initial BW

MARITAL INFORMATION-Continued

A. **Current Marriage** 8/24/1996 (Date) Los Angeles, CA (City, County and State)

Spouse's full name (Maiden) Judith Batliner Watson SS# or ITIN _____

Date of Birt _____ Place of Birth Los Angeles, CA

Resident addres Kittansett Loop (Street) Henderson (City) NV (State) 89052 (Zip)

Telephone: Reside _____ Business _____

Spouse's employer N/A Occupation _____

Address of employer _____ (Street) _____ (City) _____ (State) _____ (Zip)

B. **Previous Marriages**: If ever legally separated, divorced, or annulled, indicate below:

| Name of Spouse | Date of Order or Decree | Date of Place of Marriage | Nature of Action | City County and State |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

List of names, current address and telephone numbers of previous spouses:

| Name | Street | City | State | Zip | Telephone |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

**3. FAMILY INFORMATION:**

**A. Children and Dependents**:

List all children, including step-children and adopted children and give the following information:

| Name | Birth Date | Birth Place | Residence Address |
|---|---|---|---|
| Skyler | | Charlotte, NC | Kittansett Loop, Henderson, NV 89052 |
| Clayton | | Charlotte, NC | Kittansett Loop, Henderson, NV 89052 |
| Chloe | | Las Vegas, NV | Kittansett Loop, Henderson, NV 89052 |

**B. Child Support Information:**

Please mark the appropriate response:

✓ ▬ I am not subject to a court order for the support of child.

▬ I am subject to a court order for the support of one or more children and 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; or

▬ I am subject to a court order for the support of one or more children and NOT in compliance with the order or 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.

Applicant's initial TSW

**FAMILY INFORMATION**-Continued

District attorney or public agency responsible for enforcing the child support order:

Name

Address

Contact person

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

| | Name (Maiden) | Birth Date | Address | Occupation |
|---|---|---|---|---|
| Father | | | | |
| Mother | Deceased | | | |
| Father-in-Law | Harriette Watson | | Mission Viejo, CA | Retired Teacher |
| Mother-in-Law | | | | |

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

| | Name (Maiden) | Birth Date | Address | Occupation |
|---|---|---|---|---|
| Spouse | Brooks Watson | | Austin, TX | Retired |
| Spouse | Shawn Watson | | Conneticut | Restaurant Owner |
| Spouse | | | | |
| Spouse | | | | |

**4. EDUCATION:**

| | Name of School | Location | Dates Attended | Graduate |
|---|---|---|---|---|
| Grammar School | | | | Yes No |
| High School | Capistrano Valley High School | CA | 1980-1983 | Yes No |
| College University | University of Southern California | CA | 8/1983-12/1987 | Yes No |
| Other | Georgetown University | Washington D.C. | 8/1990-5/1994 | Yes No |

Type of degree obtained, if any Medical Doctorate

College or university where obtained Georgetown University, Washington D.C.

Applicant's initial

**5 MILITARY INFORMATION:**

A. Have you ever served in any armed forces? Yes No

Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County_____ State_____ Date registered_____

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

| Date of Arrest | Age | Charge | Location-City and State | Deposition/Date | Arresting Agency |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

| Name | Relationship | Charge | Location | Date |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

Applicant's initial_____

**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS**-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes — No — (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

| Plaintiff/Defendant or Claimant/Respondent | Date Filed | Court and Case Number | City, County and State | Disposition/Date |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes — No — If yes, complete the following:

| Name of Entity | Type of Entity | Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy |
|---|---|---|
| | | |
| | | |
| | | |

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

| Month and Year (From-To) | Street and Number | City | State or County |
|---|---|---|---|
| | Kittansett Loop | Henderson | NV |
| | 9 Clear Crossing Trail | Henderson | NV |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Applicant's initial _____

## 8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

| | | |
|---|---|---|
| 6/2000 | Desert Orthopaedic Center 2800 E. Desert Inn Rd. #100, Las Vegas, NV 89121 | N/A |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| MD | Ortho Foot/Ankle Consults/Surgeries/Admin | Michael Pendleton |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial TSW

## 9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

| Name of Where Employed | Street | City | State | Zip | Telephone | Years Known |
|---|---|---|---|---|---|---|
| Name Jim Goode | Hom | St. Rose Pky | Henderson | NV 89052 | | 5 |
| Employer Arthur | Business | Medtronic Pkwy | Minneapolis | MN | | 3 |
| Name Shawn Parsons | Hom | E Desert Inn | Las Vegas | NV | | 5 |
| Employer Medtronic | Business | E Desert Inn | Las Vegas | NV | | 5 |
| Name D. Lee | Hon | E Desert Inn | Las Vegas | NV | | 5 |
| Employer DOC | Business | | | | | |
| Name T. Watson | Hom | | | | | |
| Employer DOC | Business | | | | | |
| Name M. Miao | Hom | | | | | |
| Employer DOC | Business | | | | | |

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

| | | | | |
|---|---|---|---|---|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |

Yes — No

If yes, state type, where and years held

NC 1999-2000

GA 1997-1997

LA 1995-2000

NV 2000-Current

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes — No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes — No

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes — No

If yes to the above, state where, when and for what reason:

Applicant's initial _____

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes No



Date of photograph_____

Applicant's initial_____

STATE OF Nevada

ss.

COUNTY OF Clark

I, Troy S. Watson, MD, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 20th day of August, 2020

Notary Public

CAROL ANNE BALL
Notary Public, State of Nevada
Appointment No. 05-96747-1
My Appt. Expires Apr 25, 2021

(seal)

Applicant's initial

| | | |
|---|---|---|
| **Baldauf** | 5.11% | - |
| **Bassewitz** | 5.11% | - |
| **Dunn** | 5.11% | - |
| **Fontes** | 5.11% | - |
| **Fouse** | 5.11% | - |
| **Hanson** | 5.11% | - |
| **Huff** | 5.11% | - |
| **Kang** | 5.11% | - |
| **Kim** | 5.11% | |
| **Lee, D** | 5.11% | - |
| **Lee, M** | 5.11% | - |
| **Miao** | 5.11% | - |
| **Nevins** | 3.83% | - |
| **Park** | 4.26% | - |
| **Perry** | 5.11% | - |
| **Raissi** | 5.11% | - |
| **Stewart** | 5.11% | - |
| **Tingey** | 5.11% | - |
| **Watson** | 5.11% | - |
| **Winder** | 5.11% | - |
| **TOTAL** | 100.00% | - |

# 4BBB

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR NEVADA PHARMACY 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 Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH_____

Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b

☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b

☐ Partnership - Pages 1,2,6,10,11a&b

☐ Sole Owner – Pages 1,2,8,10,11a&b

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: First Specialty Surgery Center

Physical Address: 6120 S. Fort Apache Rd, Ste. 200

City: Las Vegas NV State: Zip Code: 89148 Telephone: 702-948-8891

Fax: 702-948-8956 Toll Free Number: _____

E-mail: MikeC@215sc.com

Website: _____

Managing Pharmacist: Mary Grear License Number: 10687

**TYPE OF PHARMACY AND SERVICES PROVIDED**

| Yes/No | TYPE OF PHARMACY | Yes/No | SERVICES PROVIDED |
|---|---|---|---|
| ☐ | Retail | ☐ | Off-site Cognitive Services |
| ☐ | Hospital (# beds____) | ☒ | Parenteral |
| ☐ | Internet | ☐ | Parenteral (outpatient) |
| ☐ | Nuclear | ☐ | Outpatient/Discharge |
| ☒ | Ambulatory Surgery Center | ☐ | Mail Service |
| ☐ | Community | ☐ | Long Term Care |
| ☐ | Other: _____ | ☐ | Sterile Compounding |
| | | ☐ | Non Sterile Compounding |
| | All boxes must be checked | ☐ | Mail Service Sterile Compounding |
| | For the application to be complete | ☐ | Other Services: _____ |

## APPLICATION FOR NEVADA PHARMACY LICENSE

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, site 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.

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 pharmacy 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.

Mchael
Original Signature of Person Authorized to Submit Application, no copies or stamps

Mike Chesek
Print Name of Authorized Person

7/29/20
Date

**Board Use Only** Date Processed:_____ Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation: Nevada

Parent Company if any: _____

Mailing Address: 6120 S. Fort Apache Rd, Ste 200

City: Las Vegas State: NV Zip: 89148

Telephone: 702-948-8894 Fax: 702-948-8956

Contact Person: Mike Chesek

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Jeremy Lipshutz 6120 S Fort Apache Rd, Ste 100 Las Vegas NV 89148
Name Business Address
C5178647

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. 1

3) What was the price paid per share? ~~0~~

List any physician shareholders and percentage of ownership.

Name: Jeremy Lipshutz %: 100

Name: _____ %: _____

**Hours of Operation for the pharmacy:**

~~Monday thru Friday~~ Thursday 8 am 5 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20201694751

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Jeremy Lipshutz
Responsible Person of First Specialty Surgery Center
hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Jeremy Lipshutz
Print Name of Authorized Person

7/29/20
Date

## Managing Pharmacist

Pharmacist Name: Mary Grear, RPh License #: 10687

Pharmacy Name: First Specialty Surgery Center, LLC

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

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 the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

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.

| | 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 above, please include the following information

Board Administrative Action: State: WV Date: 2002 Case #: 02-036-RPH-S

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

## PHARMACY MANAGER'S RESPONSIBILITIES
## (PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Mary Green RPh
Signature

7/29/2020
Date

# APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
## for a Pharmacy or Wholesaler located in Nevada

Date 8/9/20

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for First Specialty Surgery Center
Nature of Pharmacy or Wholesaler

6170 S. Fort Apache Rd Ste. 200 Las Vegas NV 89148
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name Lipshutz | First Name Jeremy | Middle Name Marc

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD: Candlestick Ave | City: Henderson | State/Zip: NV 89052

Dates: 9/2015 – present

Present Business Address: 6120 S. Fort Apache Rd #200 | City: Las Vegas, NV | State/Zip: 89148

Dates: 2014-present

Present Position with the Pharmacy or Wholesaler: Medical Director – Surgery Center

Phone Residence:

Business: 702-948-8894

Date of Birth:

Place of Birth (City, County, State): Boston, Suffolk, MA

Age: 47 | Social Security Number: | Sex: Male

| Color of Eyes | Color of Hair | Complexion | Weight | Build | Height |
|---|---|---|---|---|---|
| Hazel | Brown | White | 450lbs | Heavy | 6'0" |

Scars, tattoos or distinguishing marks and/or characteristics: None

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No N/A Date

Place (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial

MARITAL INFORMATION-Continued

A. **Current Marriage** 11/12/2000 (Date) Novi, Oakland MI (City, County and State)

Spouse's full name (Maiden) Renee Debra (Miller) Lipshutz No.

Date of Birth Place of Birth Southfield, MI

Resident address 6 Candlestick Ave (Street) Henderson (City) NV (State) 89052 (Zip)

Telephone: Residence Business 702-250-8266

Spouse's employer Lipshutz-Wilk Medical Group, LLP Occupation Marketing

Address of employer 6120 S. Fort Apache Rd #100 (Street) Las Vegas (City) NV (State) 89148 (Zip)

**B. Previous Marriages**: If ever legally separated, divorced, or annulled, indicate below:

| Name of Spouse | Date of Order or Decree | Date of Place of Marriage | Nature of Action | City County and State |
|---|---|---|---|---|
| N/A | | | | |

List of names, current address and telephone numbers of previous spouses:

| Name | Street | City | State | Zip | Telephone |
|---|---|---|---|---|---|
| N/A | | | | | |

**3. FAMILY INFORMATION:**

**A. Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

| Name | Birth Date | Birth Place | Residence Address |
|---|---|---|---|
| Parker Lipshutz | | Royal Oak, MI | Candlestick Ave Henderson, NV 89c |
| Maxwell Lipshutz | | Cleveland, OH | " |
| Ryder Lipshutz | | Commerce Twp, MI | " |

**B. Child Support Information:**

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and 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; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or 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.

Applicant's initial

**FAMILY INFORMATION**-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address

Contact person

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

| | Name (Maiden) | Birth Date | Address | Occupation |
|---|---|---|---|---|
| Father | Nelson Lipshutz | | Radcliff Rd, Woburn, MA 02468 | Consultant |
| Mother | Sallee (Horhovitz) Lipshutz | | " | Executive |
| Father-in-Law | Stuart Fishman | | Mountain City St, Henderson, NV 89052 | Retired |
| Mother-in-Law | Dena (Gorsoff) Fishman | | " | Retired |

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

| | Name (Maiden) | Birth Date | Address | Occupation |
|---|---|---|---|---|
| | Abigail (Lipshutz) Schildcrout | | LaSalle, Huntington Woods, MI | Physician |
| Spouse | Douglas Schildcrout | | LaSalle " 48070 | Engineer |
| | Rebeca (Lipshutz) Peak | | Adams St., Westborough, MA | Physician |
| Spouse | Brian Peak | | " 01581 | Entrepreneur |
| Spouse | | | | |
| Spouse | | | | |

**4. EDUCATION:**

| | Name of School | Location | Dates Attended | Graduate |
|---|---|---|---|---|
| Grammar School | Ainger Elementary | Woburn, MA | 1980-1985 | Yes ☒ No ☐ |
| High School | Newton South High School | Newton, MA | 1987-1991 | Yes ☒ No ☐ |
| College | Grinnell College | Grinnell, IA | 1991-1995 | Yes ☒ No ☐ |
| University | Johns Hopkins U. Public Health | Baltimore, MD | 1996-1998 | Yes ☒ No ☐ |
| | Wayne State U. School of Medicine | Detroit, MI | 1998-2002 | |
| Other | UNLV-William S. Boyd School of Law | Las Vegas, NV | 2015-2019 | Yes ☒ No ☐ |

Type of degree obtained, if any MD, JD, MHS

College or university where obtained Wayne State U. SOM, UNLV-Boyd School of Law, Johns Hopkins

Applicant's initial

**5 MILITARY INFORMATION:**

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch N/A Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☒ No ☐

County Middlesex State MA Date registered 1991

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

| Date of Arrest | Age | Charge | Location-City and State | Deposition/Date | Arresting Agency |
|---|---|---|---|---|---|
| N/A | | | | | |
| | | | | | |
| | | | | | |

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? N/A city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? N/A city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

| Name | Relationship | Charge | Location | Date |
|---|---|---|---|---|
| N/A | | | | |
| | | | | |
| | | | | |

Applicant's initial _____

**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS**-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☒ No ☐ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

| Plaintiff/Defendant or Claimant/Respondent | Date Filed | Court and Case Number | City, County and State | Disposition/Date |
|---|---|---|---|---|
| Defendant | 8/31/2015 | Eighth Judicial District Ct-NV A-14-701103-B | Las Vegas, Clark, NV | Dismissed with Prejudice 7/12/2016 |
| Defendant | Under Seal | US District Ct - NV 2:19-CV-1839-KJD-VCF | Las Vegas, Clark, NV | Pending |

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☒ No ☐ If yes, complete the following:

| Name of Entity | Type of Entity | Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy |
|---|---|---|
| Bardar Enterprises, LLC-series I | LLC-Corporation | 2015 |
| Lipshutz+Wills Medical Group LLP | LLP-Partnership | 2019 |
| Jeremy M. Lipshutz, MD, Ltd | S-Corporation | 2019 |

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

| Month and Year (From-To) | Street and Number | City | State or County |
|---|---|---|---|
| 9/2015 - present | Candlestick Ave | Henderson | NV |
| 11/2011 - 9/2015 | 502 Beneficial Pl | Henderson | NV |
| 2/2010 - 11/2011 | 1355 Quiet River Ave | Henderson | NV |
| 3/2009 - 2/2010 | 1363 Quiet River Ave | Henderson | NV |
| 9/2005 - 3/2009 | West Bloomfield Oaks Dr | West Bloomfield | MI |
| 6/2003 - 9/2005 | Fenwick Rd | University Hts | OH |
| 6/1999 - 6/2003 | Main St | Royal Oak | MI |
| 6/1998 - 6/1999 | | Troy | MI |
| 3/1980 - 6/1999 | 24 Radcliff Rd | Newton (Waban) | MA |

Applicant's initial .....

## 8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
|---|---|---|
| 11/2011 - present | Lipshutz+Hills Medical Group, LLP 6120S. Fort | 1700 |
| **Title** | **Description of Duties** | **Name of Supervisor** |
| Physician | Medical Practice as a doctor | Self |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |

If additional space is needed, continue on page 10 or provide attachment.

1

**9. CHARACTER REFERENCES:**

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

| Name of Where Employed | Street | City | State | Zip | Telephone | Years Known |
|---|---|---|---|---|---|---|
| Name Scott Auerbach | Hc | RiverSpey | Henderson, | NV 89012 | | 11 |
| Employer | Business | | | | | |
| Name Lisa Auerbach | Home | RiverSpey | Henderson, | NV 89012 | | 11 |
| Employer | Business | | | | | |
| Name Rajiv Khamankar | Home | | | | | 5 |
| Employer | Business | | | | | |
| Name Allen Gessen | Home | | | | | 30 |
| Employer | Business | | | | | |
| Name Stephanie Lerner | Home | | | | | 10 |
| Employer | Business | | | | | |

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

| | | | | |
|---|---|---|---|---|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |

Yes ☒ No ☐

If yes, state type, where and years held

Medical License MI 2005-present; Medical License NV 2009-present; Lawyer, State Bar of Nevada 2019 - present

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

N/A

Applicant's initial _____

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

N/A

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Surgery Center Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Surgery Center Owner/Medical Director Yes ☐ No ☒

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Sometimes - will not always be present when open. Yes ☒ No ☐



Date of photograph 8/19/20

Applicant's initial

STATE OF Nevada

ss.

COUNTY OF Clark

I, Jeremy Lipshutz, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 19 day of August, 2020

Notary Public

(seal)

MINDY GARCIA-PRECIADO
Notary Public, State of Nevada
Appointment No. 17-3910-1
My Appt. Expires Sept. 26, 2021

Applicant's initial

SECRETARY OF STATE

STATE OF NEVADA

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, 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, **First Specialty Surgery Center, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 01/20/2020, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/31/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200731968672
You may verify this certificate online at http://www.nvsos.gov

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

# Initial List and State Business License Application

## Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

**First Specialty Surgery Center, LLC**

NAME OF ENTITY

**TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT**

***IMPORTANT:*** *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

- ☐ Corporation
  - ☐ This corporation is publicly traded, the Central Index Key number is:
- ☐ Nonprofit Corporation (see nonprofit sections below)
- ☑ Limited-Liability Company
- ☐ Limited Partnership
- ☐ Limited-Liability Partnership
- ☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)
- ☐ Business Trust

| Filed in the Office of | Business Number |
|---|---|
| Barbara K. Cegavske | E4272612020-5 |
| | Filing Number |
| | 20200427262 |
| Secretary of State | Filed On |
| State Of Nevada | 01/20/2020 12:50:08 PM |
| | Number of Pages |
| | 2 |

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

**CHECK ONLY IF APPLICABLE**

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- ☐ 001 - Governmental Entity
- ☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

**For nonprofit entities formed under NRS chapter 80:** entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

- ☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption Code 002

**For nonprofit entities formed under NRS Chapter 81:** entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

- ☐ Unit-owners' Association
- ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

**For nonprofit entities formed under NRS Chapter 82 and 80:** **Charitable Solicitation Information - check applicable box**

Does the Organization intend to solicit charitable or tax deductible contributions?

- ☐ No - no additional form is required
- ☐ Yes - the "Charitable Solicitation Registration Statement" is required.
- ☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

**"Failure to include the required statement form will result in rejection of the filing and could result in late fees."**

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(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 MANAGING MEMBER:

| Name | Country |
|---|---|
| Jeremy M. Lipshutz, MD, Ltd. | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 6120 South Fort Apache Road, Suite 200 | Las Vegas | NV | 89148 |

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 Patrick N. Chapin
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*

Organizer
Title

01/15/2020
Date

# 4CCC

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR NEVADA PHARMACY 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 Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH_____

Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b
☐ Partnership - Pages 1,2,6,10,11a&b
☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b
☒ Sole Owner – Pages 1,2,8,10,11a&b

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Signature Surgery Center

Physical Address: 6930 S. Cimarron Rd Suite 100

City: Las vegas State: NV Zip Code: 89113 Telephone: 702 780 4222

Fax: * Toll Free Number: _____

E-mail: * _____

Website: * _____

Managing Pharmacist: Mary Grear License Number: 10687

**TYPE OF PHARMACY AND SERVICES PROVIDED**

| Yes/No | | Yes/No | |
|---|---|---|---|
| ☐ ☒ | Retail | ☐ ☐ | Off-site Cognitive Services |
| ☐ ☒ | Hospital (# beds____) | ☒ ☐ | Parenteral |
| ☐ ☒ | Internet | ☐ ☐ | Parenteral (outpatient) |
| ☐ ☒ | Nuclear | ☐ ☐ | Outpatient/Discharge |
| ☒ ☐ | Ambulatory Surgery Center | ☐ ☐ | Mail Service |
| ☐ ☒ | Community | ☐ ☐ | Long Term Care |
| ☐ ☒ | Other: _____ | ☐ ☐ | Sterile Compounding |
| | | ☐ ☐ | Non Sterile Compounding |
| All boxes must be checked | | ☐ ☐ | Mail Service Sterile Compounding |
| For the application to be complete | | ☐ ☐ | Other Services: _____ |

## APPLICATION FOR NEVADA PHARMACY LICENSE

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, site 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.

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 pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Himanshu Shah
Print Name of Authorized Person

8/18/20
Date

**Board Use Only** Date Processed:_____ Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A SOLE OWNER.** All information relates to the person listed as the owner.

Owner's Name: Himanshu Shah ✓ CS1115

Business Name: Signature Surgery Center, LLC

Current Business Address: 6930 S Cimarron Rd Suite 100

City: Las Vegas State: NV Zip Code: 89113

Telephone: 702-780-4222 Fax: 702-684-5503

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

**Hours of Operation for the pharmacy:**

Monday thru Friday 8 am 4 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Himansu Shah

Responsible Person of Signature Surgery Center.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Himansu Shah
Print Name of Authorized Person

8/20/20.
Date

## Managing Pharmacist

Pharmacist Name: Mary Corear, RPh License #: 10687

Pharmacy Name: Signature Surgery Center

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

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 the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

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.

| | 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 above, please include the following information

Board Administrative Action: State: NJ Date: 4/2002 Case #: 02036RP15

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

## PHARMACY MANAGER'S RESPONSIBILITIES
## (PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Mary Cowan RPh
Signature

8/20/2020
Date

# APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
## for a Pharmacy or Wholesaler located in Nevada

Date 8/20/20

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Signature Surgery Center
Nature of Pharmacy or Wholesaler

6930 S. Cimarron St. Suite 100 Las Vegas NV 89113
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

**1. PERSONAL INFORMATION:**

SHAH (Last Name) | Himansu (First Name) | RAMESH (Middle Name)

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Foothills Village Dr (Present Residence Address-Street or RFD) | HENDERSON (City) | NV 89012 (State/Zip)

6930 S. Cimarron Rd (Present Business Address) Dates 08/20 | Las Vegas (City) | NV 89113 (State/Zip)

Present Position with the Pharmacy or Wholesaler | Dates | Phone: Residence | Business

Date of Birth | KARAMSAD, GUJARAT, INDIA (Place of Birth (City, County, State))

53 (Age) | Social Security Number or ITIN | M (Sex)

| Color of Eyes | Color of Hair | Complexion | Weight | Build | Height |
|---|---|---|---|---|---|
| Brown | Black/gray | Brown | 152 lbs | Medium | 5' 5 1/2" |

Scars, tattoos or distinguishing marks and/or characteristics Right Eyebrow Scar.

Are you a citizen of the United States? (Yes) No If alien, registration No

If naturalized, certificate N Date 3/13/1987

Place Newark, NJ (If naturalized, document must be verified.)

**2. MARITAL INFORMATION:**

Single (Married) Separated Divorced Widowed Engaged

Applicant's initial HD

A. **Current Marriage** 12/3/1994 (Date) Baroda, Gujarat, India (City, County and State)

Spouse's full name (Maiden) Lopa DilitKumar SHAH SS# or ITIN

Date of Birth _____ Place of Birth Baroda, India

Resident address Foothills Village Dr Henderson NV 89012
Street City State Zip

Telephone: Residenc _____ Business 702-492-4810

Spouse's employer SOUTHWEST Medical Associates Occupation Physician

Address of employer 2845 SIENNA Heights Ave Henderson NV 89052
Street City State Zip

B. **Previous Marriages**: If ever legally separated, divorced, or annulled, indicate below:

| Name of Spouse | Date of Order or Decree | Date of Place of Marriage | Nature of Action | City County and State |
|---|---|---|---|---|
| N/A | | | | |
| | | | | |
| | | | | |

List of names, current address and telephone numbers of previous spouses:

| Name | Street | City | State | Zip | Telephone |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

**3. FAMILY INFORMATION:**

A. **Children and Dependents**:

List all children, including step-children and adopted children and give the following information:

| Name | Birth Date | Birth Place | Residence Address |
|---|---|---|---|
| AMAR SHAH | | Livingston NJ | Foothills Village Dr. Henderson NV 89012 |
| RUSHIL SHAH | | Langhorn PA | Foothills Village Dr Henderson NV 89012 |

B. **Child Support Information:**

Please mark the appropriate response:

- (circled) I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and 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; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or 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.

Applicant's initial HS

**FAMILY INFORMATION**-Continued

District attorney or public agency responsible for enforcing the child support order:

Name _____

Address _____

Contact person _____

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

| | Name (Maiden) | Birth Date | Address | Occupation |
|---|---|---|---|---|
| Father | RAMESH SHAH | | Deceased | |
| Mother | Ansuya SHAH | | 8 Frey Rd Hillsborough NJ 08844 | Retired |
| Father-in-Law | Dilitkumar SHAH | | Deceased | |
| Mother-in-Law | ILA SHAH | | Deceased | |

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

| | Name (Maiden) | Birth Date | Address | Occupation |
|---|---|---|---|---|
| | Hemangini Shah (sister) | | Winchester Lane Homdel NJ 07733 | Physician |
| Spouse | CHIRAG SHAH (B-in Law) | | Winchester Lane Homdel NJ 07733 | Physician. |
| | PRASANT SHAH (Brother) | | Frey Rd Hillsborough NJ 08844 | Computer Engineer |
| Spouse | Jolly SHAH (S-in Law) | | Frey Rd Hillsborough NJ 08844 | Pharmy Tech |
| Spouse | | | | |
| Spouse | | | | |

**4. EDUCATION:**

| | Name of School | Location | Dates Attended | Graduate |
|---|---|---|---|---|
| Grammar School | Demarest | Hoboken NJ | 09/74-06/81 | (Yes) No |
| High School | Hoboken High Schol | Hoboken NJ | 09/81-06/85 | (Yes) No |
| College University | STEVENS Institute of Tech. | Hoboken NJ | 08/85-05/89 | (Yes) No |
| Other | UMDNJ-NJMS | Newark NJ | 08/89-05/93 | (Yes) No |

Type of degree obtained, if any ① B.S. ② M.D.

College or university where obtained STEVENS Institute of Technology UMDNJ-NJMS Newark

Applicant's initial HD

**5 MILITARY INFORMATION:**

A. Have you ever served in any armed forces? Yes — (No)

Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes — No — If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes — (No)

County_____ State_____ Date registered_____

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes — (No) — If yes, give details in space provided below. List all cases without exception.

| Date of Arrest | Age | Charge | Location-City and State | Deposition/Date | Arresting Agency |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes — (No) — If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes — (No)

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes — (No)

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes — (No)

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes — (No)
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes — (No)
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes — (No)
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

| Name | Relationship | Charge | Location | Date |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

Applicant's initial HJS

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a ~~part~~ to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
(Yes) → No → (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

| Plaintiff/Defendant or Claimant/Respondent | Date Filed | Court and Case Number | City, County and State | Disposition/Date |
|---|---|---|---|---|
| Jushn Biel Vs SHAH | 11/20/2009 | DC Clark County NV A580455 Dept #10 | Las Vegas, Clark NV | 12/31/2013 Dismissed w/prejudice |
| Wilson vs SHAH | 3/17/20 | DC Clark County NV A-20-812466-C | Las Vegas, Clark NV | Pending |

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes → (No) → If yes, complete the following:

| Name of Entity | Type of Entity | Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

| Month and Year (From-To) | Street and Number | City | State or County |
|---|---|---|---|
| 01/1995 - 06/1997 | Baldwin Dr. | New Providence | NJ 07974 |
| 07/1997 - 06/2000 | 4334 Burling St | Flushing | NY 11355 |
| 07/2000 - 06/2002 | 2201 Tremont St | Philadelphia | PA 19115 |
| 07/2002 - 08/2003 | 2541 Citrus Garden Circle | Henderson | NV 89052 |
| 09/2013 - 02/2013 | 2508 Skippers Cove Ave | Henderson | NV 89052 |
| 03/2013 - Present | Foothills Village Dr | Henderson | NV 89012 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Applicant's initial TD

**8. EMPLOYMENT:**

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
|---|---|---|
| 07-2002 - 10-2008 | UNSOM 1707 W. Charleston Blvd NV 89102 | Full time |
| **Title** | **Description of Duties** | **Name of Supervisor** |
| Physician | Plastic Surgeon | Dr. ZAMBONI |

| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
|---|---|---|
| 11/2003 - 10-2018 | VA Medical Center 6900 N. Pecos Rd N. Las Vegas NV 89086 | Full time |
| **Title** | **Description of Duties** | **Name of Supervisor** |
| Physician | Plastic Surgeon | Dr Losanoff |

| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
|---|---|---|
| 11/2008 - Present | Himanshu Shah MD, PLLC | Full time |
| **Title** | **Description of Duties** | **Name of Supervisor** |
| Physician | Plastic Surgeon | Self Employed |

| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
|---|---|---|
| **Title** | **Description of Duties** | **Name of Supervisor** |

| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
|---|---|---|
| **Title** | **Description of Duties** | **Name of Supervisor** |

| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
|---|---|---|
| **Title** | **Description of Duties** | **Name of Supervisor** |

| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
|---|---|---|
| **Title** | **Description of Duties** | **Name of Supervisor** |

| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
|---|---|---|
| **Title** | **Description of Duties** | **Name of Supervisor** |

| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
|---|---|---|
| **Title** | **Description of Duties** | **Name of Supervisor** |

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial HS

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

| Name of Where Employed | Street | City | State | Zip | Telephone | Years Known |
|---|---|---|---|---|---|---|
| Name Dr Sudhir Khemka | Home | Josephine Dr. Henderson NV 89044 | | | | 10 years |
| Employer Dr Sudhir Khemka MD PLLC | Business | 291 Josephine Dr. Henderson NV 8904 | | | | |
| Name Ramesh Srinivasan | Home | Ping Dr. Henderson NV 89074 | | | | 15 years |
| Employer Agilysys Inc | Business | 6775 South Edmond ST Suite 230 Las Vegas NV 89118 | | | 702 875-4998 | |
| Name Dr. Bipin Sand | Home | Regents gate Dr. Henderson NV 89012 | | | | 11 years |
| Employer Valley Health Physician Alliance | Business | 825 N. Gibson Rd. Suite 201 Henderson NV 89074 | | | 702-492-1162 | |
| Name Dr. Vikas Sayal | Home | Mallard Creek Henderson NV 89052 | | | | 5 1/2 years |
| Employer Pulmonary Group LLC | Business | 2904 W Horizon Ridge Pkwy Suite 100 Henderson NV 89052 | | | 780-0300 | |
| Name Madhukar Suthnur | Home | Via Cadoma, Henderson, NV 89052 | | | | .5.5years |
| Employer Agilysys Inc | Business | 6775 S. Edmond ST Suite 100 Las Vegas, NV 89118 | | | 702-754-4845 | |

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor (Doctor) Accountant — Lawyer, Contractor, Pilot — Race horse/race dog owner, Real estate broker or salesman, Sports promoter — Securities dealer, Barber/Cosmetologist, Trainer or manager — Insurance, Gaming, Educator

(Yes) → No →

If yes, state type, where and years held

New York, Pennsylvania, Nevada, Arizona

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes → (No) →
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes → (No) →

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes → (No) →

If yes to the above, state where, when and for what reason:

Applicant's initial HS

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability?
Yes — (No)

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry?
Yes — (No)

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances?
Yes — (No)

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler
Yes — (No)

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?
Yes — (No)

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler?
(Yes) — No

20. Will you be employed fulltime with the pharmacy or wholesaler?
Yes — (No)

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?
(Yes) — No



Date of photograph 8/20/20

Applicant's initial HS

STATE OF Nevada

ss.

COUNTY OF Clark

I, Himansu SHAH, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 20 day of August 2020 by Himansu Shah

Notary Public

SAHOLIZAH WALSH
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 07-25-22
Certificate No: 07-1709-1

(seal)

Applicant's initial HS

SECRETARY OF STATE

STATE OF NEVADA

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, 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, **Signature Surgery Center LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 04/22/2019, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/20/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202008201019501
You may verify this certificate online at http://www.nvsos.gov

# 4DDD

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR NEVADA PHARMACY 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 Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH_____
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b
☐ Partnership - Pages 1,2,6,10,11a&b
☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b
☐ Sole Owner – Pages 1,2,8,10,11a&b

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Ultimate Specialty Surgery Center

Physical Address: 6120 S. Fort Apache Rd, Ste. 200 Las Vegas NV 89148

City: Las Vegas State: Zip Code: 89148 Telephone: 702-948-8894

Fax: 702-948-8956 Toll Free Number: _____

E-mail: Mike@215sc.com

Website: _____

Managing Pharmacist: Mary Great License Number: 10687

**TYPE OF PHARMACY AND SERVICES PROVIDED**

| Yes/No | | Yes/No | |
|---|---|---|---|
| ☐ | Retail | ☒ | Off-site Cognitive Services |
| ☐ | Hospital (# beds_____) | ☒ | Parenteral |
| ☐ | Internet | ☐ | Parenteral (outpatient) |
| ☐ | Nuclear | ☐ | Outpatient/Discharge |
| ☒ | Ambulatory Surgery Center | ☐ | Mail Service |
| ☐ | Community | ☐ | Long Term Care |
| ☐ | Other: _____ | ☐ | Sterile Compounding |
| | | ☐ | Non Sterile Compounding |
| | | ☐ | Mail Service Sterile Compounding |
| | | ☐ | Other Services: _____ |

All boxes must be checked
For the application to be complete

## APPLICATION FOR NEVADA PHARMACY LICENSE

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, site 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.

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 pharmacy 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.

MBChesek

Original Signature of Person Authorized to Submit Application, no copies or stamps

Mike Chesek

Print Name of Authorized Person

7/29/20

Date

| Board Use Only | Date Processed: | Amount: 500.00 |
|---|---|---|

APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation: Nevada

Parent Company if any: _____

Mailing Address: 6120 S. Fort Apache Rd, Ste. 200

City: Las Vegas State: NV Zip: 89148

Telephone: 702-948-8894 Fax: 702-948-8956

Contact Person: Mike Chesek

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Jeremy Lipshutz 6120 S. Fort Apache Rd, Ste 100 Las Vegas NV 89148 C517864
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. 1

3) What was the price paid per share? Ø

List any physician shareholders and percentage of ownership.

Name: Jeremy Lipshutz %: 100

Name: _____ %: _____

**Hours of Operation for the pharmacy:**

~~Monday~~ Thursday thru Friday 8 am 5 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20201694148

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Jeremy Lipshutz

Responsible Person of Ultimate Specialty Surgery Center

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Jeremy Lipshutz
Print Name of Authorized Person

7/29/20
Date

## Managing Pharmacist

Pharmacist Name: Mary Cowan, RPh License #: 10687

Pharmacy Name: Ultimate Specialty Surgery Center, LLC

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

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 the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

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.

| | 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 above, please include the following information

Board Administrative Action: State: NV Date: 2002 Case #: 02-036-RPH-S

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

## PHARMACY MANAGER'S RESPONSIBILITIES
## (PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Mary Green RPh
Signature

7/29/2020
Date

# APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
## for a Pharmacy or Wholesaler located in Nevada

Date 8/9/20

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Ambulatory Surgery Center
Nature of Pharmacy or Wholesaler

Ultimate Specialty Surgery Center 6120 S. Fort Apache Rd, Ste 200 Las Vegas NV 89148
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name Lipshutz | First Name Jeremy | Middle Name Marc

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD: Candlestick Ave | City: Henderson | State/Zip: NV 89052
Dates: 9/2015 - present

Present Business Address: 6120 S. Fort Apache Rd #200 | City: Las Vegas, NV | State/Zip: 89148
Dates: 2014-present

Present Position with the Pharmacy or Wholesaler: Medical Director - Surgery Center

Phone: Residenc

Business 702-948-8894

Date of Birth

Place of Birth (City, County, State): Boston, Suffolk, MA

| Age | Social Security Number | Sex |
|---|---|---|
| 47 | | Male |

| Color of Eyes | Color of Hair | Complexion | Weight | Build | Height |
|---|---|---|---|---|---|
| Hazel | Brown | White | 450lbs | Heavy | 6'0" |

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No N/A Date

Place (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial

MARITAL INFORMATION-Continued

A. **Current Marriage** 11/12/2000 (Date) Novi, Oakland MI (City, County and State)

Spouse's full name (Maiden) Renee Debra (Miller) Lipshutz

Date of Birth ..... Place of Birth Southfield, MI

Resident address Candlestick Ave (Street) Henderson (City) NV (State) 89052 (Zip)

Telephone: Residence N/A Business 702-250-8266

Spouse's employer Lipshutz-Wilk Medical Group, LLP Occupation Marketing

Address of employer 6120 S. Fort Apache Rd #100 (Street) Las Vegas (City) NV (State) 89148 (Zip)

**B. Previous Marriages**: If ever legally separated, divorced, or annulled, indicate below:

| Name of Spouse | Date of Order or Decree | Date of Place of Marriage | Nature of Action | City County and State |
|---|---|---|---|---|
| N/A | | | | |

List of names, current address and telephone numbers of previous spouses:

| Name | Street | City | State | Zip | Telephone |
|---|---|---|---|---|---|
| N/A | | | | | |

**3. FAMILY INFORMATION:**

**A. Children and Dependents**:

List all children, including step-children and adopted children and give the following information:

| Name | Birth Date | Birth Place | Residence Address |
|---|---|---|---|
| Parker Lipshutz | | Royal Oak, MI | Candlestick Ave Henderson, NV 89052 |
| Maxwell Lipshutz | | Cleveland, OH | " |
| Ryder Lipshutz | | Commerce Twp, MI | " |

**B. Child Support Information:**

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and 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; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or 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.

Applicant's initial .....

**FAMILY INFORMATION**-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address

Contact person

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

| | Name (Maiden) | Birth Date | Address | Occupation |
|---|---|---|---|---|
| Father | Nelson Lipshutz | | 20 Cliff Rd, Waban, MA 02468 | Consultant |
| Mother | Sallee (Horkovitz) Lipshutz | | " | Executive |
| Father-in-Law | Stuart Fishman | | Mountain City St, Henderson, NV 89052 | Retired |
| Mother-in-Law | Dena (Gorsoff) Fishman | | " | Retired |

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

| | Name (Maiden) | Birth Date | Address | Occupation |
|---|---|---|---|---|
| | Abigail (Lipshutz) Schilder | | LaSalle, Huntington Woods, MI | Physician |
| Spouse | Douglas Schildcrout | | LaSalle " 48070 | Engineer |
| | Rebeca (Lipshutz) Peak | | Adams St, Westborough, MA | Physician |
| Spouse | Brian Peak | | " 01581 | Entrepreneur |
| Spouse | | | | |
| Spouse | | | | |

**4. EDUCATION:**

| | Name of School | Location | Dates Attended | Graduate |
|---|---|---|---|---|
| Grammar School | Ainger Elementary | Waban, MA | 1980-1985 | Yes ☒ No ☐ |
| High School | Newton South High School | Newton, MA | 1987-1991 | Yes ☒ No ☐ |
| College | Grinnell College | Grinnell, IA | 1991-1995 | |
| University | Johns Hopkins U. Public Health | Baltimore, MD | 1996-1998 | Yes ☒ No ☐ |
| | Wayne State U. School of Medicine | Detroit, MI | 1998-2003 | |
| Other | UNLV-Williams, Boyd School of Law | Las Vegas, NV | 2015-2019 | Yes ☒ No ☐ |

Type of degree obtained, if any MD, JD, MHS

College or university where obtained Wayne State U. SOM, UNLV-Boyd School of Law, Johns Hopkins U.

Applicant's initial

**5 MILITARY INFORMATION:**

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch N/A Date of entry-active service .....

Date of separation ..... Type of discharge .....

Rating at separation ..... Serial number .....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☒ No ☐

County Middlesex State MA Date registered 1991

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

| Date of Arrest | Age | Charge | Location-City and State | Deposition/Date | Arresting Agency |
|---|---|---|---|---|---|
| N/A | | | | | |
| | | | | | |
| | | | | | |

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? N/A city, county and state .....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? N/A city, county and state .....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

| Name | Relationship | Charge | Location | Date |
|---|---|---|---|---|
| N/A | | | | |
| | | | | |
| | | | | |

Applicant's initial .....

**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS**-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☒ No ☐ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

| Plaintiff/Defendant or Claimant/Respondent | Date Filed | Court and Case Number | City, County and State | Disposition/Date |
|---|---|---|---|---|
| Defendant | 8/31/2015 | Eighth Judicial District Ct-NV A-14-701103-B | Las Vegas, Clark, NV | Dismissed with Prejudice 7/17/2 |
| Defendant | Under Seal | US District Ct - NV 2:19-CV-1839-KJD-VCF | Las Vegas, Clark, NV | Pending |

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☒ No ☐ If yes, complete the following:

| Name of Entity | Type of Entity | Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy |
|---|---|---|
| Border Enterprises, LLC-series I | LLC-Corporation | 2015 |
| Lipshutz & Wills Medical Group LLP | LLP-Partnership | 2019 |
| Jeremy M. Lipshutz, MD, Ltd | S-Corporation | 2019 |

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

| Month and Year (From-To) | Street and Number | City | State or County |
|---|---|---|---|
| 9/2015 - present | Candlestick Ave | Henderson | NV |
| 11/2011 - 9/2015 | 502 Beneficial Pl | Henderson | NV |
| 2/2010 - 11/2011 | 1355 Quiet River Ave | Henderson | NV |
| 3/2009 - 2/2010 | 1363 Quiet River Ave | Henderson | NV |
| 9/2005 - 3/2009 | West Bloomfield Oaks, Dr | West Bloomfield | MI |
| 6/2003 - 9/2005 | Fenwick Rd | University Hts | OH |
| 6/1999 - 6/2003 | Main St | Royal Oak | MI |
| 6/1998 - 6/1999 | | Troy | MI |
| 3/1980 - 6/1999 | 24 Radcliff Rd | Newton (Waban) | MA |

Applicant's initial .....

## 8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
|---|---|---|
| 11/2011 - present | Lipshutz-Wills Medical Group, LLP 6120 S. Fort | 1700 |
| **Title** | **Description of Duties** | **Name of Supervisor** |
| Physician | Medical Practice as a doctor | Self |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours |
| Title | Description of Duties | Name of Supervisor |

If additional space is needed, continue on page 10 or provide attachment.

**9. CHARACTER REFERENCES:**

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

| Name of Where Employed | Street | City | State | Zip | Telephone | Years Known |
|---|---|---|---|---|---|---|
| Name Scott Auerbach | Hom | RiverSpey | Henderson, NV | 89012 | | 11 |
| Employer | Business | | | | | |
| Name Lisa Auerbach | Hom | RiverSpey | Henderson, NV | 89012 | | 11 |
| Employer | Business | | | | | |
| Name Rajiv Khamankar | Home | | | | | 5 |
| Employer | Business | | | | | |
| Name Allen Gossen | Home | | | | | 30 |
| Employer | Business | | | | | |
| Name Stephanie Lerner | Home | | | | | 10 |
| Employer | Business | | | | | |

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

| | | | | |
|---|---|---|---|---|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |

Yes ☒ No ☐

If yes, state type, where and years held

Medical License MI 2005-present; Medical License NV 2009-present; Lawyer, State Bar of Nevada 2019 - present

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

N/A

Applicant's initial

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

N/A

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Surgery Center Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Surgery Center Owner / Medical Director Yes ☐ No ☒

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Sometimes - will not always be present when open. Yes ☒ No ☐



Date of photograph 8/19/20

Applicant's initial

STATE OF Nevada

ss.

COUNTY OF Clark

I, Jeremy Lipshutz, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 19 day of August, 2020

Notary Public

(seal)

MINDY GARCIA-PRECIADO
Notary Public, State of Nevada
Appointment No. 17-3910-1
My Appt. Expires Sept. 26, 2021

Applicant's initial

SECRETARY OF STATE

STATE OF NEVADA

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, 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, **Ultimate Specialty Surgery Center, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 01/20/2020, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/31/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200731968681
You may verify this certificate online at http://www.nvsos.gov

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

# Initial List and State Business License Application

## Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

**Ultimate Specialty Surgery Center, LLC**

NAME OF ENTITY

**TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT**

***IMPORTANT:*** *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☐ Corporation

☐ This corporation is publicly traded, the Central Index Key number is:

| | |
|---|---|
| Filed in the Office of<br>Barbara K. Cegavske<br>Secretary of State<br>State Of Nevada | Business Number<br>E4272522020-7 |
| | Filing Number<br>20200427253 |
| | Filed On<br>01/20/2020 12:49:31 PM |
| | Number of Pages<br>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 and exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
Exemption Code 002

**For nonprofit entities formed under NRS Chapter 81:** entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

**For nonprofit entities formed under NRS Chapter 82 and 80:** **Charitable Solicitation Information - check applicable box**

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required

☐ Yes - the "Charitable Solicitation Registration Statement" is required.

☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

**"Failure to include the required statement form will result in rejection of the filing and could result in late fees."**

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(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 MANAGING MEMBER:

| Name | Country |
|---|---|
| Jeremy M. Lipshutz, MD, Ltd. | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 6120 South Fort Apache Road, Suite 200 | Las Vegas | NV | 89148 |

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 Jeremy M. Lipshutz, MD, Ltd.
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Managing Member
Title

01/17/2020
Date

# 4EEE

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR NEVADA PHARMACY 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 Pharmacy or ☐Ownership Change (Provide current license number if making changes: PH 03609
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership. *ADRESS CHANGE*

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Partnership - Pages 1,2,6,10,11a&b
☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: All city Pharmacy LLC

Physical Address: 821 N Lamb BLVD STE 5

City: LAS Vegas State: NV Zip Code: 89110 Telephone: 7028347704

(702) 834-7704 Fax: 702 834-7705 Toll Free Number: _____

E-mail: hrc allcitypharmacy.com

Website: www.allcitypharmacy.com

Managing Pharmacist: Janice ROSE License Number: 13727

**TYPE OF PHARMACY AND SERVICES PROVIDED**

| Yes/No | | Yes/No | |
|---|---|---|---|
| ☑ | ☐ Retail | ☐ | ☐ Off-site Cognitive Services |
| ☐ | ☐ Hospital (# beds____) | ☐ | ☐ Parenteral |
| ☐ | ☐ Internet | ☐ | ☐ Parenteral (outpatient) |
| ☐ | ☐ Nuclear | ☐ | ☐ Outpatient/Discharge |
| ☐ | ☐ Ambulatory Surgery Center | ☐ | ☐ Mail Service |
| ☐ | ☐ Community | ☐ | ☐ Long Term Care |
| ☐ | ☐ Other: _____ | ☐ | ☐ Sterile Compounding |
| | | ☐ | ☐ Non Sterile Compounding |
| | All boxes must be checked | ☐ | ☐ Mail Service Sterile Compounding |
| | For the application to be complete | ☐ | ☐ Other Services: _____ |

## APPLICATION FOR NEVADA PHARMACY LICENSE

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, site 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.

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 pharmacy 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.

Janice Rose

Original Signature of Person Authorized to Submit Application, no copies or stamps

Janice Rose — 9-24-20

Print Name of Authorized Person — Date

| **Board Use Only** | Date Processed:_____ | Amount: _____ |
|---|---|---|

APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICY TRADED CORPORATION**

State of Incorporation: NEVADA

Parent Company if any: _____

Mailing Address: 821 N. LAMB BLVD STE 5

City: LAS VEGAS State: NV Zip: 89110

Telephone: (702) 834-7704 Fax: (702) 834-7705

Contact Person: ERICA VITAL ESPINOSA

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

**Hours of Operation for the pharmacy:**

Monday thru Friday 9 am 6 pm Saturday _____ am _____ pm CLOSED

Sunday _____ am _____ pm 24 Hours _____
CLOSED

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20161161525

APPLICATION FOR NEVADA PHARMACY LICENSE

**OWNERSHIP IS A SOLE OWNER.** All information relates to the person listed as the owner.

Owner's Name: Garen Garakhanyan

Business Name: All City Pharmacy LLC

Current Business Address: 821 N. Lamb BLVD STE 5

City: Las Vegas State: NV Zip Code: 89110

Telephone: (702) 834-7704 Fax: (702) 834-7705

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: %:

Name: %:

Name: %:

**Hours of Operation for the pharmacy:**

Monday thru Friday 9 am 6 pm Saturday ____ am ____ pm

Sunday CLOSED am ____ pm 24 Hours CLOSED

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20161161505

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Janice ROSE

Responsible Person of All City pharmacy LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Janice Rose

Original Signature of Person Authorized to Submit Application, no copies or stamps

Janice Rose

Print Name of Authorized Person

9-24-20

Date

## Managing Pharmacist

Pharmacist Name: Janice Rose License #: 13727

Pharmacy Name: All City Pharmacy LLC

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

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 the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

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.

| | 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 above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

## PHARMACY MANAGER'S RESPONSIBILITIES
## (PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature _____ Date 9-24-20

SECRETARY OF STATE

STATE OF NEVADA

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ALL CITY PHARMACY L.L.C.**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/16/2016, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/21/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202009211089753
You may verify this certificate online at http://www.nvsos.gov

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW

WesternUnion WU

WESTERN UNION FINANCIAL SERVICES INC., ISSUER - Englewood, Colorado

Payable at Wells Fargo Bank Grand Junction, Downtown, N.A., Grand Junction, Colorado

MONEY ORDER

19-145338543

A 736097 B 092120
T 1142 10
19145338543 L 029979

$ [redacted]

NOT GOOD OVER $500

PAY EXACTLY FIVE HUNDRED DOLLARS AND NO CENTS

PAY TO THE ORDER OF NEVADA STATE BOARD OF PHARMACY

PURCHASER'S ADDRESS (REQUIRED) 821 N Lamb Blvd Ste H D

Lic # PH03609

PURCHASER'S SIGNATURE

PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE

⑆102100400⑆ 40191453385430⑈

MONEY ORDER RECEIPT - NON NEGOTIABLE

Payable to: [redacted]

**RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK.** For your own records, it is recommended that you make a photocopy of the completed Money Order before providing it to the receiver.

**PURCHASE AGREEMENT:** You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not stop payment on, or replace, or refund a lost or stolen WUFSI Money Order unless (1) you fill in the face of the Money Order at the time of purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) You provide WUFSI with this original Money Order receipt issued by Western Union Financial Services Inc., Englewood, Colorado. For customer service, call 1-800-999-9650.

* 1 9 1 4 5 3 3 8 5 4 3 *

LOAD THIS DIRECTION, THIS SIDE UP

LOAD THIS DIRECTION, THIS SIDE UP

# Nevada State Board of Pharmacy

For licensing inquires please send an email to, pharmacy@pharmacy.nv.gov (mailto:pharmacy@pharmacy.nv.gov).

For current information on **disciplinary actions taken against licensees**, please send an email to shunting@pharmacy.nv.gov (mailto:shunting@pharmacy.nv.gov).

## VERIFY LICENSE

| Last Name | First Name | License# | City | State | Country | Discipline | Action |
|---|---|---|---|---|---|---|---|
| Rose | Janice | 13727 | HENDERSON | NV | United States | None | |

**License Number :** 13727

**Name :** Rose, Janice

**License Type :** Pharmacist

**License Status :** Active

**License Date :** 07/28/1997

**Discipline :**

**Expiration Date :** 10/31/2021




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## ENTITY INFORMATION

### ENTITY INFORMATION

**Entity Name:**

ALL CITY PHARMACY L.L.C.

**Entity Number:**

E0124232016-8

**Entity Type:**

Domestic Limited-Liability Company (86)

**Entity Status:**

Active

**Formation Date:**

03/16/2016

**NV Business ID:**

NV20161161525

**Termination Date:**

Perpetual

**Annual Report Due Date:**

3/31/2021

**Series LLC:**

**Restricted LLC:**

### REGISTERED AGENT INFORMATION

**Name of Individual or Legal Entity:**

ELEN ZAKARYAN

**Status:**

Active

**CRA Agent Entity Type:**

**Registered Agent Type:**

Non-Commercial Registered Agent

**NV Business ID:**

**Office or Position:**

**Jurisdiction:**

**Street Address:**

821 N. LAMB BLVD, LAS VEGAS, NV, 89110, USA

**Mailing Address:**

821 N. LAMB BLVD, LAS VEGAS, NV, 89110

**Individual with Authority to Act:**

**Fictitious Website or Domain Name:**

**OFFICER INFORMATION**

☐ **VIEW HISTORICAL DATA**

| Title | Name | Address | Last Updated | Status |
|---|---|---|---|---|
| Managing Member | GAREN GARAKHANYAN | 821 NORTH LAMB BLVD SUITE 4, LAS VEGAS, NV, 89110, USA | 03/15/2019 | Active |
| Managing Member | GAREN GARAKHANYAN | 821 NORTH LAMB BLVD SUITE 4, LAS VEGAS, NV, 89110, USA | 03/15/2019 | Active |

**Page 1 of 1, records 1 to 2 of 2**

Filing History Name History Mergers/Conversions

## ENTITY INFORMATION

### ENTITY INFORMATION

**Entity Name:**

ALL CITY PLAZA, LLC

**Entity Number:**

E0378002015-6

**Entity Type:**

Domestic Limited-Liability Company (86)

**Entity Status:**

Active

**Formation Date:**

08/06/2015

**NV Business ID:**

NV20151470702

**Termination Date:**

Perpetual

**Annual Report Due Date:**

8/31/2021

**Series LLC:**

**Restricted LLC:**

### REGISTERED AGENT INFORMATION

**Name of Individual or Legal Entity:**

ANGELA FURNCHYAN

**Status:**

Active

**CRA Agent Entity Type:**

**Registered Agent Type:**

Commercial Registered Agent

**NV Business ID:**

**Office or Position:**

**Jurisdiction:**

**Street Address:**

3446 W HACIENDA AVE, LAS VEGAS, NV, 89118, USA

**Mailing Address:**

**Individual with Authority to Act:**

SARKIS FURNCHYAN

**Fictitious Website or Domain Name:**

**OFFICER INFORMATION**

☐ **VIEW HISTORICAL DATA**

| Title | Name | Address | Last Updated | Status |
|---|---|---|---|---|
| Managing Member | SARKIS FURNCHYAN | 3446 W HACIENDA AVE, LAS VEGAS, NV, 89118, USA | 08/30/2018 | Active |
| Managing Member | JANET FURNCHYAN | 3446 W HACIENDA AVE, LAS VEGAS, NV, 89118, USA | 08/30/2018 | Active |

**Page 1 of 1, records 1 to 2 of 2**

Filing History Name History Mergers/Conversions